

Name of Estate or Trust

### Vermont Department of Taxes

## 2020 Schedule FIT-167



Tax Year End Date (MMDDYYYY)

# **Vermont Credit for Tax Paid to Another State or Canadian Province for Fiduciaries**

#### Attach to Form FIT-161

## For Residents and Some Part-Year Residents Only

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Vou	must complete a separate Schedule FIT-167 for each state or Canadian province and a	ttach a conv of the other state return	las instructions
10u	must complete a separate Schedule F11-107 for each state of Canadian province and a	ttach a copy of the other state return. S	see mstructions.
1.	Name of state or Canadian province. Use standard two-letter abbreviation		1.
2.	Enter total income taxed in another state or Canadian province and also subject to Vermont tax	.00	
3.	2020 Bonus Depreciation add back taxed in another state or Canadian province AND taxed in Vermont	.00	
4.	Non-Vermont state/local obligations taxed in another state or Canadian province AND taxed in Vermont	.00	
5.	Add Lines 2 through 4. If negative, enter -0-		.00
6.	Bonus Depreciation subtracted from income in another state or Canadian province in TY 2020	.00	
7.	U.S. Government interest income	.00	
8.	Add Lines 6 and 7		.00
9.	Modified total income for income taxed in another state or Canadian province AND to (Line 5 minus Line 8)	nxed in Vermont	
10.	Total income (from federal Form 1041, Line 3)10.	.00	
11.	Non-Vermont state/lecal obligations from Form FIT-161, Line 2a	.00	
12.	Bonus Depreciation from Form FIT-461, Line 2b	.00	
13.	Add Lines 10 through 12. If negative, enter -0		.00
14.	U.S. Government interest income from Form FIT-161, Time 4a .14.	.00	
15.	Bonus Depreciation from Form FIT-161, Line 4c	.00	
16.	Add Lines 14 and 15	16	.00
17.	Line 13 minus Line 16	17	.00
18.	Vermont income tax from Form FIT-161, Line 6	.00	
19.	Computed tax credit (Divide Line 9 by Line 17, and multiply result by Line 18.) Resultine 9		
	Line 17	19.	.00
	income from Line 9 above	OSS	
21.	<b>VERMONT CREDIT</b> for income tax paid to another state or Canadian province. Enter the lesser of Line 19 or Line 20. Also enter on Form FIT-161, Line 12	21.	.00

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