

Schedule FIT-K-1VTF

Vermont Beneficiary Information for Fiduciaries



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This schedule is REQUIRED Attach to Form FIT-161

Name of Estate or Trust, FEIN, Tax Year End Date (MMDDYYYY)

HEADER INFORMATION - REQUIRED ITEMS

Entity Name, Federal ID Number, Social Security Number, Address, Recipient Type, Residency Status, City, State, ZIP Code, Foreign Country, Percentage of Estate's or Trust's income or loss to this recipient.

VERMONT RESIDENT BENEFICIARY

Place an "X" in the box left of the line number to indicate a loss amount.

- 1. Beneficiary's share of distributed net income allocated to Vermont .00
2. Interest / dividends from obligations of other states .00
3. Interest / dividends from U.S. obligations .00

VERMONT NONRESIDENT BENEFICIARY

- 4a. Business Income .00
4b. Capital gain or loss .00
4c. Partnership, S Corporation, LLC .00
4d. Rent, royalties, estates, trusts. .00
4e. Farm income .00
4f. Other income .00
4g. Total nonresident income .00

PAYMENT INFORMATION

- 5. Total annual nonresident estimated payments allocated to this beneficiary .00
6. Total annual real estate withholding payments allocated to this beneficiary .00
7. Other payments allocated to this beneficiary. .00