Vermont Test Package for Tax Year 2021





Vermont Test Cases

FIT Test 1:

Required Vermont Forms/Schedules: FIT-161

Taxpayer(s) Information:

Name of Estate or Trust: Marvin Brooks Estate

Federal Employer ID: 93-3244556 Name or Fiduciary: Lauren Brooks

Title of Fiduciary: Executrix

Date of Death: Apr-02-2021

Mailing Address: 133 State St.

City: Montpelier

State: Vermont

Zip Code: 05633

Country: US

Tax Year Begin Date: Jan-01-2021
Tax Year End Date: Dec-31-2021

Type of Estate or Trust: Estate

Return Information:

Distributions on 1041 Line 18: None Non-VT municipal bond income: None

Any trust beneficiaries skip

persons: No Qualified settlement fund: No

Federal taxable income: 16,000.00

State & local income taxes: 1,100

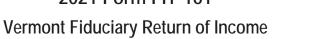
Interest income from US

Obligations: 1,000.00
Estimated payments made: 1,200.00
Carry forward from prior years: 200.00

Overpayent applied to future

year: Yes

2021 Form FIT-161





	Name of Estate or Trust				IN	Data of	Death (MM/NDDV)	VVV)
1	MARVIN BROOKS ESTATE				933244556		Date of Death (MMDDYYYY) 04 / 02 / 2021	
-	Name of Fiduciary				iduciary	Tax year BEGIN date (MMDDYYYY)		
	LAUREN BROOKS				EXECUTRIX			21
	Mailing Address of Fiduciary (Number and Stre	eet/Road or	PO Box)				01 / 01 / 2021 Tax year END date (MMDDYYYY)	
	133 STATE ST			and/or Creation of T		12/	31 / 20	21
	Additional Line for Mailing Address of Fidu	uciary, if ne	eded	Check ONE	🗖			
				Estate K	evocable Banl rust Esta		rantor Irre ust Tru	evocable ist
	City	State	ZIP Code					
	MONTPELIER	VT	05633	Check here if	this Che	ck here if this		ere if this
-	Foreign Country			is an EXTENI return	DED lis ar retur	AMENDED	is your F	INAL
				Totalii	Tetui		TCturri	
							П _{уст}	
A.	Were any distributions reported on federal F	orm 1041	l, Line 18, made to r	onresident beneficia	ries?	<i></i> .	A. Yes	✓ No
В.		•				_	yes	No
	Line 2a and Schedule FIT-166, Part I	• • • • • • •			• • • • • • • • • • • • • • • •		B. 🔲 163	INO
C	Are any present or future trust beneficiaries	alrim mana	ama?				Yes	No
C.	Are any present or future trust beneficiaries	skip pers	ons?				П	<u> </u>
D	Is this return for a Qualified Settlement Fund	l (federal	Form 1120-SF)?			,	Yes	No
ъ.	is this feturn for a Quantied Settlement I und	i (icaciai	10mi 1120-31)				. Ц	ш
1.	Federal taxable income from Form 1041, Lin	ne 23. or	modified gross inco	me of	Check to			
1.	Qualified Settlement Fund (from federal For				Check to indicate 1.		1600	00.00
			,	•				
2a.	Income from Non-Vermont state and local of	bligation	s (from Schedule FI'	Γ-166, Part I, Line 3) 2a			00
2b.	Bonus Depreciation allowed under federal la	w for 20	21		2b			00
							110	
2c.	State and local income taxes included on fed	eral Forn	n 1041, Line 11. (Se	e instructions)	2c		110	00.00
				1	Check to indicate loss 3		1710	۱۸ ۸۸
3.	Federal Taxable Income with Additions (Ad	d Lines 1	, 2a, 2b, and 2c.)	<u>l</u>	loss 3		1/10	<u>00</u>
4-	The state of the other states				4		100	00.00
4a.	Interest income from U.S. Obligations							00
4b.	Capital Gains Exclusion (from Schedule FIT	-162 Lir	na 21 If less than 76	ero enter -O-)	4b			.00
40.	Capital Gains Exclusion (from Schedule 141	-102, LII	ie 21. II iess uian ze	10, enter -0)				•00
4c.	Adjustment for prior years' Bonus Depreciat	ion			4c.			.00
	riajustinent for prior years. Bonus Bepreena							•••
4d.	Add Lines 4a, 4b, and 4c				4d		100	00.00
	, , ,							
5.	Vermont taxable income (Line 3 minus Line	4d)			← indicate loss 5		1610	00.00
6.	Vermont Tax from the tax rate schedule on p	page 2 of	this form		6		114	<u>12.00</u>
7.	Additions to Vermont Tax (from Schedule F	TT-166, I	Part II, Line 1c)					00
								ΛΛ
8.	Subtractions from Vermont Tax (from Scheo	iule FIT-	166, Part II, Line 2d)	8			00
0	Wannand Tananida Addicional India	(A 117	: (1.7 . 4				114	2.00
9.	Vermont Tax with Additions and Subtraction	us (Add I	Lines o and /, then s	uditact Line 8)				<u>-</u> 4.00
10.	Income Adjustment (from Schedule FIT-166	Part III	Line 10 or 100%)			10	100.00	%
10.	meonie Aujustinent (nom schedule F11-100	, ran III	, Line 10, 01 100%)		• • • • • • • • • • • • • • • • • • • •		FIT-161	/0
							ige 1 of 2	
	5/15/						ov 10/21	

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Name of Estate or Trust					
MARVIN	BROOKS	ESTATE			
		FEIN			
93324	14556				



11.	Adjusted tax (Mu	ıltiply Line 9 by	Line 10)			11.	1142.00
12.	Other states cred	it (from Schedul	e FIT-167, Line 21)			12.	.00.
13.	Total Vermont ta	xes (Line 11 mir	nus Line 12)			13.	1142.00
14.	Payment 14a. Vermont T	ax Withheld on	1099		•	.00	
	14b. Estimated	Tax or Extension	n Payments	14b	•	1200.00	
						.00	
	Attach cop	y of Form RW-	171 or Schedule K-1	VT			
						.00	
	14e. 2020 Over	payment Applied	d	14e	•	200.00	
14f.	Total Payments (Add Lines 14a,	14b, 14c, 14d, and 14	4e)		14f.	1400.00
15.	Overpayment: If	Line 13 is less th	nan Line 14f, subtrac	ct Line 13 from L	ine 14f	15.	258 .00
16.	Amount of overp	ayment to be cre	edited to 2022 taxes				258 .00
17	_						.00.
17.	Amount of overp	ayment to be Kr	EFUNDED (Lille 13	illillus Lille 16).			
18.	BALANCE DUI	E: If Line 14f is	less than Line 13, su	btract Line 14f fr	rom Line 13.	18.	.00.
	Vermont 2021 Tax Schedule				_		ment Fund, tax is 8.95% o
	If Taxable income is over	But not over	The Vermont Tax is	of the amount over	taxable i	ncome.	
ı	\$0	\$2,750	3.35%	\$0			15th day of the fourth month
ı	\$2,750	\$6,450	\$92.00 + 6.60%	\$2,750			ating or income year. Attach
ı	\$6,450	\$9,850	\$336.00 + 7.60%	\$6,450			Form 1041, U.S. Income Tax or federal Form 1120-SF fo
į	\$9,850		\$595.00 + 8.75%	\$9,850		e taxable period.	of lederal Form 1120-SF to
taxpa or m	yer, this declaration	on further provid ny other person o	es under 32 V.S.A. §	§ 5901-5903 that	t this informa	ation has not been and will	repared by a person other than the not be used for any other purpose orm is signed by the taxpayer and
Sigr	nature of Responsible (Officer				Date	Daytime Telephone Number
Prin	ted Name			Email Ac	Idress (optional)	<u>I</u>	
Paid	l Preparer's Signature				Check if self-employed	Date	Preparer's Telephone Number
Prep	parer's Printed Name			Preparer	's Email Addres	s (optional)	
Firm	n's Name (or yours if se	elf-employed) and ad	dress			Preparer's SSN or PTIN	FEIN
	Check if	the Department of	Taxes may discuss r shown.			r Danartmant Usa Only	Form FIT-161

Ck. Amt.

Init.

Test 2:

Required Vermont Forms/Schedules: FIT-161, FIT-166

Taxpayer(s) Information:

Name of Estate or Trust:Ross TrustFederal Employer ID:90 0008076Name or Fiduciary:Bob RossTitle of Fiduciary:Trustee

State, Canadian province or country

during non-VT Residency: MA

Mailing Address:

City:

Montpelier
State:

Vermont
Zip Code:

Country:

US

Tax Year Begin Date:

Tax Year End Date:

Type of Estate or Trust:

Jan-01-2021

Dec-31-2021

Irrevocable Trust

Return Information:

Distributions on 1041 Line 18: Yes

Non-VT municipal bond income: None

Any trust beneficiaries skip persons: No

Qualified settlement fund: No

Federal taxable income: 20,000.00 Non-VT state & local obligations: 800.00 State & local income taxes: 1,000.00 Interest income from US Obligations: 300.00 Bonus depreciation allowed: 500.00 Prior year bonus depreciation adjustment: 300.00 R&D credit: 200.00 2,500.00 Interest income: VT Interest income: 2,500.00 Ordinary dividends: 1,000.00 VT ordinary dividends: 1,000.00 3,000.00 Capital gain or (loss): VT capital gain or (loss): 3,000.00

Rents, royalties, partnerships, SCorps,

trusts etc: 68,000.00

VT Rents, royalties, partnerships, SCorps,

trusts etc: 38,000.00
Other income: 1,000.00
VT other income: 1,000.00
Estimated payments made: 1,000.00
Non-resident estimated payments: 200.00
Carry forward from prior years: 450.00
Overpayent applied to future year: 600.00

2021 Form FIT-161



Vermont Fiduciary Return of Income

	Name of Estate or Trust			FEIN	Date of Death (MMDDYYYY)		
F	ROSS TRUST			900008076	/ /		
	Name of Fiduciary			Title of Fiduciary		Tax year BEGIN date (MMDDYYYY)	
E	BOB ROSS			TRUSTEE		01 / 01 / 2021	
	Mailing Address of Fiduciary (Number and Stre	eet/Road or	PO Box)	State of Domicile at Death		Tax year END date (MMDDYYYY)	
I	PO BOX 547			and/or Creation of Trust	12 / 31 / 2021		
	Additional Line for Mailing Address of Fidu	iciary, if nee	eded	Check ONE	Rank	kruptcy Grantor Irrevocable	
	0"	T 61 1	710.0.1	Estate Revocable Trust	Estat	kruptcy Grantor Irrevocable Trust	
	City	State	ZIP Code 05601				
- 1	4ONTPELIER Foreign Country	VT	03001	Check here if this is an EXTENDED		ck here if this Check here if this is your FINAL	
	i oreigii Counti y			return	retur		
	Wang and distributions are stad on following	1041	I : 10 1- 4	: 1 1 6: -:: - 0		A ✓ Yes No	
	Were any distributions reported on federal Fo	01111 1041	, Line 18, made to not	iresident beneficiaries?		A.	
В.	Did the estate or trust have non-Vermont mu Line 2a and Schedule FIT-166, Part I					B. Yes 🗸 No	
	Zine za una senedule 111 100, 1 ut 1						
C.	Are any present or future trust beneficiaries s	skip perso	ons?			C. Yes No	
D.	Is this return for a Qualified Settlement Fund	l (federal	Form 1120-SF)?				
1.	Federal taxable income from Form 1041, Lin Qualified Settlement Fund (from federal Form	ne 23, or	modified gross income	of Check	to	20000 00	
	Qualified Settlement Fund (from federal Form	m 1120-S	SF)	De lindica	1	20000.00	
•		. 1	/C	166 D (11' 2)		800.00	
2a.	Income from Non-Vermont state and local of	bligation	s (from Schedule FIT-	166, Part I, Line 3)	2a		
2b.	Bonus Depreciation allowed under federal la	w for 20	21		2h	500 .00	
4D.	Bonus Depreciation anowed under rederar la	.w 101 20.	21		20		
2c.	State and local income taxes included on federal	eral Forn	n 1041. Line 11. (See i	nstructions)	2c.	1000.00	
3.	Federal Taxable Income with Additions (Add	d Lines 1	, 2a, 2b, and 2c.)	····· ← indica	ie 3	22300.00	
						000	
4a.	Interest income from U.S. Obligations				4a	300.00	
						0.0	
4b.	Capital Gains Exclusion (from Schedule FIT	-162, Lir	ne 21. If less than zero	, enter -0)	4b	.00	
1.	A diagram of famous and a second Page 194				4.	300.00	
4c.	Adjustment for prior years' Bonus Depreciat	1011			4c		
4d.	Add Lines 4a, 4b, and 4c				. 4d.	600 .00	
	Tide Zines Tu, Te, and Territoria						
5.	Vermont taxable income (Line 3 minus Line	4d)		← indica	te 5	21700.00	
6.	Vermont Tax from the tax rate schedule on p	age 2 of	this form		6	1632 .00	
						0.0	
7.	Additions to Vermont Tax (from Schedule F	IT-166, F	Part II, Line 1c)		7 . _	.00	
0			166 D 4 H 41 - 25		_	200 .00	
8.	Subtractions from Vermont Tax (from Sched	iule FTT-	100, Part II, Line 2d).		8		
9.	Vermont Tax with Additions and Subtraction	ne (ines 6 and 7 than author	tract Line 8)	0	1432 .00	
7.	vermont rax with Additions and Subtraction	is (Auu L	and /, then sub	и аст Lille 0)	9• _		
10.	Income Adjustment (from Schedule FIT-166	. Part III	Line 10, or 100%)			1060 <u>,</u> 26%	
_~•		, 111,	, 10, 01 100/0)			Form FIT-161	
						Page 1 of 2	

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Name of Estate or Trust						
ROSS TRUST						
	FEIN					
900008076						



11.	Adjusted tax (Multiply Line 9 by Line 10)	863.00
12.	Other states credit (from Schedule FIT-167, Line 21)	.00
13.	Total Vermont taxes (Line 11 minus Line 12)	863.00
14.	Payment 14a. Vermont Tax Withheld on 1099 .14a00	
	14b. Estimated Tax or Extension Payments	
	14c. Vermont Real Estate Withholding	
	14d. Nonresident Payments from Form WH-435	
	14e. 2020 Overpayment Applied	
14f.	Total Payments (Add Lines 14a, 14b, 14c, 14d, and 14e)	1650.00
15.	Overpayment: If Line 13 is less than Line 14f, subtract Line 13 from Line 14f	787.00
16.	Amount of overpayment to be credited to 2022 taxes	600.00
17.	Amount of overpayment to be REFUNDED (Line 15 minus Line 16)	187.00
18.	BALANCE DUE: If Line 14f is less than Line 13, subtract Line 14f from Line 13	.00
_		

Vermont 2021 Tax Schedule								
If Taxable income is over	But not over	The Vermont Tax is	of the amount over					
\$0	\$2,750	3.35%	\$0					
\$2,750	\$6,450	\$92.00 + 6.60%	\$2,750					
\$6,450	\$9,850	\$336.00 + 7.60%	\$6,450					
\$9,850		\$595.00 + 8.75%	\$9,850					

If filing for a Qualified Settlement Fund, tax is 8.95% of taxable income.

File this return no later than the 15th day of the fourth month following the close of the operating or income year. Attach a legible copy of the federal Form 1041, U.S. Income Tax Return for Estates and Trusts, or federal Form 1120-SF for the same taxable period.

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration further provides under 32 V.S.A. §§ 5901-5903 that this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

tained by the preparet.					
Signature of Responsible Officer		Date	Daytime Telephone Number		
Printed Name	Email Address (optional)				
Paid Preparer's Signature	Check if self-employed	Date	Preparer's Telephone Number		
Preparer's Printed Name	Preparer's Email Address	s (optional)			
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN	FEIN		
	•				

Check if the Department of Taxes may discuss this return with the preparer shown.

For Department Use Only Ck. Amt. Init.

Form FIT-161 Page 2 of 2 Rev. 10/21

2021 Schedule FIT-166

Vermont Income Adjustments and Tax Computations for Fiduciaries



Attach to Form FIT-161

Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)
ROSS TRUST	900008076	12 / 31 / 2021

PAF	Taxable Municipal Bond Income	
1.	Total interest and dividend income from all state and local obligations exempt from federal tax (See Line-by-Line Instructions)	1000.00
2.	Interest and dividend income from Vermont state and local obligations included in Line 1	200.00
3.	Income from non-Vermont state and local obligations to be added to Vermont taxable income. (Subtract Line 2 from Line 1, but not less than zero.) Enter here and on Form FIT-161, Line 2a	<u>00. 008</u>
4.	If all municipal bond income was distributed , check here so that it does not get added back on Form FIT-161, Line 2a.	
PAF	RT II ADDITIONS AND SUBTRACTIONS TO TAX	
1.	Additions to Vermont Tax 1a. Tax on lump-sum distributions (from federal Forms 4972 and 5329)	
	1b. Recapture of federal investment credit (from federal Form 4255)	
1c.	Total additions (Add Lines 1a and 1b; then, multiply by 24%). Enter here and on Form FIT-161, Line 7	.00
2	Subtractions from Vermont tax	
	2a. Investment tax credit - Vermont-based only (from federal Form 3468)	
	2b. Multiply Line 2a by 24%	
	2c. Research & Development Credit, 32 V.S.A. § 5930d	
2d.	Total subtractions from Vermont tax (Add Lines 2b and 2c) Enter here and on Form FIT-161, Line 8	200.00



Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)
ROSS TRUST	900008076	12 / 31 / 2021

PART III INCOME ADJUSTMENT CALCULATION

Nonresidents and Part-Year Residents must complete this section.

Dates of Vermont residency in 2021							Name of State(s), Canadian province, or	
From (MMDDYYYY):	/	/	To (MMDDYYYY):	/	/		country during non-Vermont residency (use standard 2-letter abbreviation)	MA

		A. Federal Amount \$		B. Vermont Portion \$
1.	Interest income	<u> 2500</u> .00	1B	<u> 2500</u> .00
2.	Total ordinary dividends2A	1000.00	2B	1000.00
3.	Business income (or loss)	.00	Check to indicate loss 3B	.00
4.	Capital gain (or loss)	3000.00	Check to indicate loss 4B	3000.00
5.	Rents, royalties, partnerships, S Corporations, LLCs, other estates and trusts, etc	00. <u>00088</u>	Check to indicate loss ► SB	38000.00
6.	Farm income (or loss)	.00	Check to indicate loss 6B	.00
7.	Ordinary gain (or loss)	.00	Check to indicate loss 7B	.00
8.	Other income (Specify type of income) Check to indicate loss 8A.	1000.00	Check to indicate loss 8B.	1000.00
9.	Total income (Add Lines 1 through 8)		Check to	.00
l 0.	Adjustment percentage. Divide Line 9B by Line 9A. right of the decimal. Enter here and on Form FIT-16	Express as a percentage with two	digits to the	10. 60,26 %

FIT Test 3:

Required Vermont Forms/Schedules: FIT-161, FIT-162

Taxpayer(s) Information:

Name of Estate or Trust: Hubert Mann Trust

Federal Employer ID: 93-6699887 Name of Fiduciary: Strong Mann

Title of Fiduciary: Trustee
State of domicile: VT

Mailing Address: 133 State St.
City: Montpelier
State: Vermont
Zip Code: 05633
Country: US

Tax Year Begin Date:

Jan-01-2021

Tax Year End Date:

Dec-31-2021

Type of Estate or Trust:

Irrevocable Trust

Return Information:

Distributions on 1041 Line 18:

None
Non-VT municipal bond income:

Any trust beneficiaries skip persons:

No
Qualified settlement fund:

No

 Federal taxable income:
 45,000.00

 State & local income taxes:
 8,000.00

 Form 1041 sch. D line 18a(s):
 38,500.00

 Form 1041 sch. D lime 18b(2):
 2,800.00

Net capital gain from sale of assets held

for less than 3 years: 700.00

Stocks or bonds publicly traded or traded

on an exchange: 35,000.00
Estimated payments made: 2,000.00
Real estate withholding payments: 5,000.00
Overpayent applied to future year: Yes

2021 Form FIT-161



Vermont Fiduciary Return of Income

_				
<u> </u>	Name of Estate or Trust	FEIN Date of Death (MMDDYYY 936699887 / /		
<u> </u>	HUBERT MANN TRUST Name of Fiduciary		Title of Fiduciary	Tax year BEGIN date (MMDDYYYY)
	STRONG MANN		TRUSTEE	01 / 01 / 2021
	Mailing Address of Fiduciary (Number and Street/Road or PO Box)		State of Domicile at Death	Tax year END date (MMDDYYYY)
	1446 VT ROUTE 15		and/or Creation of Trust	12 / 31 / 2021
	Additional Line for Mailing Address of Fiduciary, if needed		Check ONE Revocable B	ankruptcy Grantor Irrevocable
<u> </u>	City Ctoto 710	P Code	Estate Trust	state Trust Trust
	City State ZIF JOHNSON VT 0565			
	Foreign Country			heck here if this an AMENDED Check here if this is your FINAL
			return re	eturn return
			•	
A.	Were any distributions reported on federal Form 1041, Line 18,	made to non	nresident beneficiaries?	
В.				B. Yes No
	Line 2a and Schedule FIT-166, Part I			B. 🗀 163
C.	Are any present or future trust beneficiaries skip persons?			Yes No
٠.	The may present of rules alone content into samp persons.			
D.	Is this return for a Qualified Settlement Fund (federal Form 112	0-SF)?		D. Yes No
1.	Federal taxable income from Form 1041, Line 23, or modified g Qualified Settlement Fund (from federal Form 1120-SF)	gross income	c of Check to indicate	45000 .00
	Quantied Settlement rund (from federal rorm 1120-Sr)		····· loss 1	
2a.	Income from Non-Vermont state and local obligations (from Sc	hedule FIT-1	166, Part I, Line 3) 2 a	00
2b.	Bonus Depreciation allowed under federal law for 2021			00
20	State and local income towar included on federal Form 1041 Li	no 11 (Coo i	naturations) 2-	. 8000 .00
2c.	State and local income taxes included on federal Form 1041, Li			
3.	Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, a	nd 2c.)	····· Crieck to indicate loss	53000 .00
4a.	Interest income from U.S. Obligations		4a	00
4h	Comital Coing Evolucion (from Schodule EIT 162 Line 21 If I	ass than some	antan ())	5000.00
4b.	Capital Gains Exclusion (from Schedule FIT-162, Line 21. If le	ess man zero	, enter -0)4 b	
4c.	Adjustment for prior years' Bonus Depreciation			00
				5000 00
4d.	Add Lines 4a, 4b, and 4c			5000 .00
_	Vermont taxable income (Line 3 minus Line 4d)		Check to ← indicate	48000.00
5.	vermont taxable income (Line 3 minus Line 4d)		loss 5	
6.	Vermont Tax from the tax rate schedule on page 2 of this form			3933.00
	1 0			
7.	Additions to Vermont Tax (from Schedule FIT-166, Part II, Lin	e 1c)		.00
0		H 1: 21)		00
8.	Subtractions from Vermont Tax (from Schedule FIT-166, Part I	1, Line 2d).		00
9.	Vermont Tax with Additions and Subtractions (Add Lines 6 and	d 7, then sub	tract Line 8)	3933 .00
- •	(.135 <u>2.116</u> 5 0 mil	.,	,	
10.	Income Adjustment (from Schedule FIT-166, Part III, Line 10,	or 100%)		
_				Form FIT-161
	5.45.4			Page 1 of 2

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		Name of Estate or Trust
HUBERT	MANN	TRUST
		FEIN
93669	99887	



11.	Adjusted tax (Mu	ltiply Line 9 by	Line 10)		11.	3933.00		
12.	Other states credi	t (from Schedule	e FIT-167, Line 21)		12.	.00		
13.	Total Vermont taxes (Line 11 minus Line 12)				13.	3933.00		
14.	Payment 14a. Vermont T	ax Withheld on	1099		.00			
					2000.00			
	Attach cop	y of Form RW-	nolding 171 or Schedule K-1	VT				
	14d. Nonresident Payments from Form WH-435		14d.	.00				
	14e. 2020 Over	payment Applied	i		.00			
14f.	Total Payments (Add Lines 14a,	14b, 14c, 14d, and 14	1e)	14f.	7000.00		
15.	Overpayment: If	Line 13 is less th	nan Line 14f, subtrac	t Line 13 from Li	ne 14f	3067 .00		
16.	Amount of overp	ayment to be cre	edited to 2022 taxes		16.	<u> </u>		
17.	Amount of overp	ayment to be RE	EFUNDED (Line 15	minus Line 16) .		.00		
10								
18.	BALANCE DUE: If Line 14f is less than Line 13, subtract Line 14f from Line 13				00			
- [Vermont 2021 Tax Schedule			If filing for a Qualified Settlement Fund, tax is 8.95% of taxable income.				
	If Taxable income is over	But not over	The Vermont Tax is	of the amount over	taxable income.			
	\$0	\$2,750	3.35%	\$0	File this return no later than the	•		
	\$2,750	\$6,450	\$92.00 + 6.60%	\$2,750	following the close of the oper a legible copy of the federal I			
	\$6,450	\$9,850	\$336.00 + 7.60%	\$6,450	Return for Estates and Trusts			
L	\$9,850		\$595.00 + 8.75%		the same taxable period.			
		-	\$373.00 + 0.7370	\$9,850	the same taxable period.	, or lederal Form 1120-of for		
or m	ayer, this declaration ade available to an ade by the prepare	on further provid y other person of r.	this return is true, c es under 32 V.S.A. §	orrect, and compl § 5901-5903 that	ete to the best of my knowledge. If p this information has not been and wil eturn unless a separate valid consent	orepared by a person other than the l not be used for any other purpose form is signed by the taxpayer and		
or m	ayer, this declarationade available to ar	on further provid y other person of r.	this return is true, c es under 32 V.S.A. §	orrect, and compl § 5901-5903 that	ete to the best of my knowledge. If p this information has not been and wil	prepared by a person other than the l not be used for any other purpose		
or m retai	ayer, this declaration ade available to an ade by the prepare	on further provid y other person of r.	this return is true, c es under 32 V.S.A. §	orrect, and compl § 5901-5903 that eparation of this re	ete to the best of my knowledge. If p this information has not been and wil eturn unless a separate valid consent	orepared by a person other than the l not be used for any other purpose form is signed by the taxpayer and		
or m retai: Sign	ayer, this declaration ade available to ar ned by the preparest nature of Responsible O	on further provid y other person of r.	this return is true, c es under 32 V.S.A. §	orrect, and compl § 5901-5903 that eparation of this re	ete to the best of my knowledge. If p this information has not been and wil eturn unless a separate valid consent to Date	orepared by a person other than the l not be used for any other purpose form is signed by the taxpayer and		
or m retai: Sign Prin	ayer, this declaration and available to an aned by the prepared nature of Responsible Conted Name	on further provid y other person of r.	this return is true, c es under 32 V.S.A. §	orrect, and compl § 5901-5903 that eparation of this re	ete to the best of my knowledge. If p this information has not been and will eturn unless a separate valid consent to Date Date Date	prepared by a person other than the I not be used for any other purpose form is signed by the taxpayer and Daytime Telephone Number		
or m retai Sign Prin Paid	ayer, this declarationade available to an end by the prepared nature of Responsible Conted Name	on further provid by other person of c.	this return is true, c es under 32 V.S.A. § other than for the pre	orrect, and compl § 5901-5903 that eparation of this re	ete to the best of my knowledge. If p this information has not been and will eturn unless a separate valid consent to Date Date Date	prepared by a person other than the I not be used for any other purpose form is signed by the taxpayer and Daytime Telephone Number		

For Department Use Only

Ck. Amt.

2021 Schedule FIT-162

Capital Gains Exclusion Calculation for Estates or Trusts

Name of Estate or Trust



Tax Year End Date (MMDDYYYY)

Attach to Form FIT-161

FEIN

I	HUBERT MANN TRUST	936699887	12/31/2021
PAF	RT I Flat Exclusion		
1.	Enter lesser of Line 18a(2) or 19(2) from federal Form 1041, Schedule D	.1. _	38500.00
2.	Enter amount from: 2a. Federal Form 1041, Schedule D, Line 18b(2)	2800 .00	
	2b. Federal Form 1041, Schedule D, Line 18c(2)	.00	
3.	Add Lines 2a and 2b		2800.00
4.	Subtract Line 3 from Line 1. <i>Entry cannot be less than zero.</i>	.4. _	35700 .00
If yo	u filed federal Form 4952, complete Lines 5 through 7		
5.	Enter amount from: 5a. Federal Form 4952, Line 4g	.00	
	5b. Federal Form 4952, Line 4e	.00	
5c.	Multiply Line 5a by Line 5b. Enter result here	5c	.00
	5d. Federal Form 4952, Line 4b	.00	
	5e Federal Form 4952, Line 4e 5e.	.00	
6.	Add Lines 5d and 5e. Enter result here	6	.00
7.	Divide Line 5c by Line 6. Enter result here		.00
8.	Subtract Line 7 from Line 4. <i>Entry cannot be less than zero.</i>	8	.00
9.	Enter the lesser of Line 8 or \$5,000	9	.00

(continued on next page)





Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)
HUBERT MANN TRUST	936699887	12 / 31 / 2021

PAF	RT II Percentage Exclusion (Use this section only if you have eligible gains. See Technical Bulletin TB-	60, Taxation of Gain on the Sale of Ca	pital Assets, for
	more information, or continue on to Part III)		•
10.	Enter the amount from Part I, Line 4	.00	
11.	Enter amount of adjusted net capital gain from the sale of assets held for three years or less		
12.	Assets held for more than three years. Subtract Line 11 from Line 10. <i>Entry cannot be less than zero.</i>	.00	
Ente	r the amount of net adjusted capital gain from the sale of the following assets held for r	nore than three years.	
13a.	Real estate or portion of real estate used as a primary or nonprimary home	.00	
13b.	Depreciable personal property (except for farm property or standing timber)	.00	
13c.	Stocks or bonds publicly traded or traded on an exchange or any other financial instruments	.00	
14.	Add Lines 13a through 13c	.00	
15.	Subtract Line 14 from Line 12. Enter result here. Entry cannot be less than zero. This is the amount of net capital gain eligible for exclusion	.00	
Line	16 federal Form 4952 information. If no investment interest expense for ineligible a Part I of this form. Otherwise, you may need to recompute federal Form 4952 to reflet the capital gain exclusion.		
16.	Enter amount from Part I, Line 7, or recomputed federal Form 4952	.00	
17.	Subtract Line 16 from Line 15. Entry cannot be less than zero.	17.	.00
18.	Multiply Line 17 by 40%; enter result or \$350,000, whichever is less	18.	.00
PAF	RT III Capital Gain Exclusion		
19.	Enter the greater of Line 9 or Line 18.	19.	.00
20.	Multiply x 40%. Enter result here Federal Taxable Income from Form FIT-161, Line 1	20.	.00
21.	Enter the lesser of Line 19 or Line 20. This is the capital gain exclusion. Enter on Form FIT-161, Line 4b		.00

FIT Test 4:

Required Vermont Forms/Schedules: FIT-161, FIT-167

Taxpayer(s) Information:

Name of Estate or Trust: Estate of William Broom

Federal Employer ID: 90-0008074

Name or Fiduciary: Milicent Peters

Title of Fiduciary: Executrix

Other state where income was earned: TX

Mailing Address: 3562 Forest Lake Rd

City: Norton
State: Vermont
Zip Code: 05907
Country: US

Tax Year Begin Date: Jan-01-2021
Tax Year End Date: Dec-31-2021

Type of Estate or Trust: Estate

Return Information:

Distributions on 1041 Line 18: Yes

Non-VT municipal bond income: None

Any trust beneficiaries skip persons: No

Qualified settlement fund: No

Federal taxable income: 50,000.00
Bonus depreciation allowed: 1,000.00
State & local income taxes: 2,000.00
Prior year bonus depreciation adjustment: 500.00
Income taxed in another state: 40,000.00
Total income: 115,000.00
Tax withheld from 1099: 1,400.00

2021 Form FIT-161



Vermont Fiduciary Return of Income

	Name of Estate or Trust			FEIN		Date of Death (MMDDYYYY)	
Ι	ESTATE OF WILLIAM BROOM			900008074		03 / 02 / 2021	
	Name of Fiduciary			Title of Fiduciary		Tax year BEGIN date (MMDDYYYY	
ľ	MILICENT PETERS			EXECUTRIX		01 / 01 / 20)21
	Mailing Address of Fiduciary (Number and Stre	eet/Road or	PO Box)	State of Domicile at Dea	th	Tax year END date (MMD	DYYYY)
	3562 FOREST LAKE RD			and/or Creation of Trust NH 12 / 31 /			
	Additional Line for Mailing Address of Fidu	ıciary if nee	-ded	Check ONE	1111	127 317 2	
	, identification of walking radio cool of radio	iolal jį li iloc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	F _{state} Revoc			evocable
	City	State	ZIP Code	Trust	Estat	e Trust Tr	ust
7	NORTON	VT	05907				
		V I	03907	Check here if this			here if this
	Foreign Country			is an EXTENDED return	L return	AMENDED is your return	FINAL
							П.,
A.	Were any distributions reported on federal Fe	orm 1041	, Line 18, made to not	resident beneficiaries	?		No
В.		nicipal be	ond income? If "Yes,"	see instructions for b	oth		
	Line 2a and Schedule FIT-166, Part I					B. Yes	✓ No
C.	Are any present or future trust beneficiaries s	skip perso	ons?			C. Yes	✓ No
		1 1					
D.	Is this return for a Qualified Settlement Fund	l (federal	Form 1120-SF)?			 	✓ No
		`					
1.	Federal taxable income from Form 1041, Lir	ne 23. or i	modified gross income	of	Check to		
	Federal taxable income from Form 1041, Lir Qualified Settlement Fund (from federal For	m 1120-S	SF)		indicate 1.	5000	00.00
	·		,	_	1033 —		
2a.	Income from Non-Vermont state and local of	bligations	s (from Schedule FIT-	166. Part I. Line 3)	2a.		00
			(
2b.	Bonus Depreciation allowed under federal la	w for 202	21		2h.	100	00.00
-~•	Zonas Zoprosianon ano wee ander rederar in	101 201					•••
2c.	State and local income taxes included on fed	eral Form	n 1041. Line 11. (See i	nstructions)	2c.	200	00.00
3.	Federal Taxable Income with Additions (Add	d Lines 1	2a 2b and 2c)	-	indicate 3	5300	00.00
•	redefin rando meome with redeficing (red	a Lines 1	, 2a, 20, and 20.)		10SS		•••
4a.	Interest income from U.S. Obligations				49		.00
Ta.	interest medine from 0.5. Congations				-		•00
lb.	Capital Gains Exclusion (from Schedule FIT	162 Lin	a 21 If loss than zore	antar ()	415		00
tu.	Capital Gallis Exclusion (from Schedule 111	-102, Lili	ie 21. II iess man zero	, enter -0)			00
10	Adjustment for prior years' Bonus Depreciat	ion			4-	5(00.00
4c.	Adjustifient for prior years Bolius Depreciat	1011			4C		00
1.3	Add Lines 4a, 4b, and 4c				4.1	5.0	00.00
ld.	Add Lines 4a, 4b, and 4c						<u></u> .00
_	V (11 ' (1' 2 ' 1'	4.15		\Box	Check to	5250	00.00
5.	Vermont taxable income (Line 3 minus Line	40)			loss 5	323	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
		2 6	4.1.0		_	43	27 .0 0
6.	Vermont Tax from the tax rate schedule on p	age 2 of	this form	• • • • • • • • • • • • • • • • • • • •	6	157	00
_					_		00
7.	Additions to Vermont Tax (from Schedule F	IT-166, F	art II, Line 1c)				00
		=					00
8.	Subtractions from Vermont Tax (from Sched	lule FIT-	166, Part II, Line 2d).		8		00
						4 2 4	27 44
9.	Vermont Tax with Additions and Subtraction	ns (Add L	ines 6 and 7, then sub	tract Line 8)		432	27 .0 0
						100 00	
10.	Income Adjustment (from Schedule FIT-166	, Part III,	Line 10, or 100%)				%
						Form FIT-161	
						Page 1 of 2	

Page 1 of 2 Rev. 10/21

Name of Estate or Trust					
ESTATE OF WILLIAM BROOM					
FEIN					
900008074					



11.	Adjusted tax (M	ultiply Line 9 by	Line 10)			11.	4327.00		
12.	Other states cred	Other states credit (from Schedule FIT-167, Line 21)							
13.	Total Vermont taxes (Line 11 minus Line 12)						2826.00		
14.	Payment 14a. Vermont	Γax Withheld on	1099		l .	1400.00			
						.00			
	Attach co	14c. Vermont Real Estate Withholding							
	14d. Nonreside	ent Payments from	n Form WH-435	14d	l•	.00			
	14e. 2020 Ove	rpayment Applied	d	146	·	.00			
14f.	Total Payments	(Add Lines 14a,	14b, 14c, 14d, and 1	4e)		14f	1400.00		
15.	Overpayment: If	Line 13 is less th	nan Line 14f, subtrac	ct Line 13 from I	ine 14f		.00		
16.	Amount of over	payment to be cre	edited to 2022 taxes			16.	.00.		
17.							.00		
18.	BALANCE DU	E: If Line 14f is	less than Line 13, su	btract Line 14f f	rom Line 13.	18.			
[Vermont 2021 Tax Schedule			_		nent Fund, tax is 8.95% of			
	If Taxable income is over	But not over	The Vermont Tax is	of the amount over	taxable i	ncome.			
ŀ	\$0	\$2,750	3.35%	\$0			15th day of the fourth month		
Ī	\$2,750	\$6,450	\$92.00 + 6.60%	\$2,750			ting or income year. Attach		
	\$6,450	\$9,850	\$336.00 + 7.60%	\$6,450			orm 1041, U.S. Income Tax or federal Form 1120-SF for		
	\$9,850		\$595.00 + 8.75%	\$9,850		e taxable period.	or rederait offit 1120-51 tol		
taxp or m retai	ayer, this declarati	on further provid ny other person o er.	es under 32 V.S.A. §	§ 5901-5903 tha	t this informa	ation has not been and will a	epared by a person other than the not be used for any other purpose rm is signed by the taxpayer and Daytime Telephone Number		
Sigi	nature of Responsible	Officer				Build	Baytime receptione number		
Prir	nted Name			Email A	ddress (optional)				
Pai	d Preparer's Signature	3			Check if self-employed	Date	Preparer's Telephone Number		
Pre	parer's Printed Name			Prepare	r's Email Addres	s (optional)			
Firn	m's Name (or yours if s	elf-employed) and ad	dress			Preparer's SSN or PTIN	FEIN		
_	Check if this retu		Taxes may discuss r shown.	r records.	Fo Ck. Amt.	r Department Use Only Init.	Form FIT-161 Page 2 of 2 Rev. 10/21		



2021 Schedule FIT-167



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

	Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)
	ESTATE OF WILLIAM BROOM	900008074	12 / 31 / 2021
You	must complete a separate Schedule FIT-167 for each state or Canadian province an	nd attach a copy of the other	state return. See instructions.
1.	Name of state or Canadian province. Use standard two-letter abbreviation		1. TX
2.	Enter total income taxed in another state or Canadian province and also subject to Vermont tax	40000 .00	
3.	2021 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		40000.00
6.	Bonus Depreciation subtracted from income in another state or Canadian province in TY 20216.	.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 AN (Line 5 minus Line 8)		40000.00
10.	Total income (from federal Form 1041, Line 9)	115000 .00	
11.	Non-Vermont state/local obligations from FIT-161, Line 2a	.00	
12.	Bonus Depreciation from Form FIT-161, Line 2b	1000 .00	
13.	Add Lines 10 through 12. If negative, enter -0	13.	116000.00
14.	U.S. Government interest income from Form FIT-161, Line 4a .14	.00	
15.	Bonus Depreciation from Form FIT-161, Line 4c	500 .00	
16.	Add Lines 14 and 15.	16.	500.00
17.	Line 13 minus Line 16	17.	115500.00
18.	Vermont income tax from Form FIT-161, Line 6	4327.00	
19.	Computed tax credit (Divide Line 9 by Line 17, and multiply result by Line 18.) Fine 9 40,000.00		
	Line 17 115,500.00 x Line 18 4,327.00		1499.00
20.	Income tax paid to another state or Canadian province based on modified adjusted income from Line 9 above	l gross 20.	<u> 1706.00</u>
21.	VERMONT CREDIT 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		1499.00

FIT Test 5:

Required Vermont Forms/Schedules: FIT-161, FIT-166 2 K-1VT-F

Taxpayer(s) Information:

Name of Estate or Trust: Wonder Woman Trust

Federal Employer ID: 90-0008073

Name or Fiduciary: Super Man

Title of Fiduciary: Trustee

Mailing Address: 268 Milwaukee Ave.

City: Kingman
State: AZ
Zip Code: 86409
Country: US

Tax Year Begin Date:

Tax Year End Date:

Dec-31-2021

Type of Estate or Trust:

Irrevocable Trust

Return Information:

Distributions on 1041 Line 18:

None

Non-VT municipal bond income:

Any trust beneficiaries skip persons:

No

Qualified settlement fund:

No

Federal taxable income: 3.000.00 Interest income from US obligations: 1,000.00 Interest & dividend income exempt from federal tax: 2,000.00 VT partnership income distributed to beneficiaries: 16,000.00 VT other income distributed to beneficiaries: 2,000.00 NRW distributed to trust via Partnership K-1VT: 500.00 Total NRW allocated to beneficiaries: 500.00 Beneficiary 1 Name: Ocean Blue Beneficiary 1 SSN: 456-78-9123 Non-Resident Beneficiary 1 Residency Status: Individual Beneficiary 1 Type: Beneficiary 1 Mailing Address: 15 Short Rd. Beneficiary 1 City: Rangeley Beneficiary 1 State: ME 04970 Beneficiary 1 Zip Code: 50% % of Entity's Income: **Baby Blue** Beneficiary 2 Name: 321-65-4987 Beneficiary 2 SSN:

Beneficiary 2 Residency Status:

Beneficiary 2 Type:

Beneficiary 2 Mailing Address:

Beneficiary 2 City:

Beneficiary 2 State:

Beneficiary 2 Zip Code:

% of Entity's Income:

Non-Resident
Individual

15 Main St.

Lenox

MA

01240

50%

2021 Form FIT-161



Vermont Fiduciary Return of Income

	Name of Estate or Trust		FEIN	Dat	e of Death (MMDDYYYY)	
	NONDER WOMAN TRUST		900008073 / /			
	Name of Fiduciary			Title of Fiduciary Tax year BEGIN date (MMDD		
	SUPER MAN			TRUSTEE		1 / 01 / 2021
 _	Mailing Address of Fiduciary (Number and Stre	et/Road or	PO Box)	State of Domicile at Death		ear END date (MMDDYYYY)
	268 MILWAUKEE AVE Additional Line for Mailing Address of Fidu	ciony if no	adad	and/or Creation of Trust Check ONE		2 / 31 / 2021
	Additional Line for Mailing Address of Fidu	ciary, ii riet	eueu	Revocable	Bankruptcy	Grantor Irrevocable
	City	State	ZIP Code	Trust	Estate	TrustTrust
I	CINGMAN	AZ	86409	Chack hara if this	Check here if t	his Check here if this
	Foreign Country			is an EXTENDED	is an AMENDE	D is your FINAL
				return	return	return return
В.	Were any distributions reported on federal For Did the estate or trust have non-Vermont mur Line 2a and Schedule FIT-166, Part I		B. Yes No			
С.	The any present of future trust beneficiaries s	кір реізс	ліз:			
D.	Is this return for a Qualified Settlement Fund	(federal	Form 1120-SF)?			D. Yes No
1.	Federal taxable income from Form 1041, Lin Qualified Settlement Fund (from federal Form	e 23, or i n 1120-S	modified gross income	e of Check to indicate loss	1	3000.00
						0.0
2a.	Income from Non-Vermont state and local of	oligations	s (from Schedule FIT-	166, Part I, Line 3)	2a	.00
2b.	Bonus Depreciation allowed under federal la	w for 202	21		b	.00
2c.	State and local income taxes included on feder					
3.	Federal Taxable Income with Additions (Add	Lines 1	, 2a, 2b, and 2c.)	Check to indicate loss	3	3000.00
4a.	Interest income from U.S. Obligations				ła	1000.00
4b.	Capital Gains Exclusion (from Schedule FIT-	162, Lin	ne 21. If less than zero	o, enter -0)	b	.00
4c.	Adjustment for prior years' Bonus Depreciati	on			lc	.00
4d.	Add Lines 4a, 4b, and 4c				d	.00
5.	Vermont taxable income (Line 3 minus Line	4d)		Check to ← indicate loss	5	2000.00
6.	Vermont Tax from the tax rate schedule on p	age 2 of	this form		6	67.00
7.	Additions to Vermont Tax (from Schedule Fl	T-166, F	Part II, Line 1c)		7	.00
8.	Subtractions from Vermont Tax (from Sched	ule FIT-	166, Part II, Line 2d).		8	.00
9.	Vermont Tax with Additions and Subtraction	s (Add L	ines 6 and 7, then sub	otract Line 8)	9	67.00
10.	Income Adjustment (from Schedule FIT-166,	Part III,	Line 10, or 100%)			100:00 % orm FIT-161
	5454					Page 1 of 2 Rev. 10/21

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		Name of Estate or Trust	
WONDER	WOMAN	TRUST	
		FEIN	
90000	08073		



Return for Estates and Trusts, or federal Form 1120-SF for

11.	Adjusted tax (Mu	ıltiply Line 9 by	Line 10)		11.	67.00
12.	Other states credi	it (from Schedul	e FIT-167, Line 21)		12	.00
13.	Total Vermont ta	xes (Line 11 mir	nus Line 12)		13	<u>67</u> .00
14.	Payment 14a. Vermont T	ax Withheld on	1099		.00	
	14b. Estimated	Tax or Extension	n Payments	14b	.00	
	14c. Vermont R	Real Estate Withl	nolding		.00	
		•	171 or Schedule K-1 in Form WH-435		.00	
	14e. 2020 Over	payment Applied	d	14e	.00	
14f.	Total Payments (Add Lines 14a,	14b, 14c, 14d, and 14	4e)	14f	.00
15.	Overpayment: If	Line 13 is less th	han Line 14f, subtrac	et Line 13 from L	ine 14f	.00
16.						
17.	Amount of overp	ayment to be RE	EFUNDED (Line 15	minus Line 16) .		.00
18.					om Line 13 18.	
Γ		Vermont 2021	Tax Schedule		If filing for a Qualified Settlem	ent Fund. tax is 8.95% of
ļ	If Taxable income is over	But not over	The Vermont Tax is	of the amount	taxable income.	, 111 212 276 6.
ŀ	\$0	\$2,750	3.35%	\$0	File this return no later than the	•
ŀ	\$2,750	\$6,450	\$92.00 + 6.60%	\$2,750	following the close of the opera-	•
ŀ	\$ (.450	#0.0F0	#00/ 00 7 /00/	A / 450	a legible copy of the federal Fo	orm 1041, U.S. Income lax

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration further provides under 32 V.S.A. §§ 5901-5903 that this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

\$6,450

\$9,850

Signature of Responsible Officer		Date	Daytime Telephone Number
Printed Name	Email Address (optional)		
Paid Preparer's Signature	Check if self-employed	Date	Preparer's Telephone Number
Preparer's Printed Name	Preparer's Email Address	s (optional)	
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN	FEIN

Check if the Department of Taxes may discuss this return with the preparer shown.

\$9,850

\$336.00 + 7.60%

\$595.00 + 8.75%

\$6,450

\$9,850

For Department Use Only
Ck. Amt. Init.

the same taxable period.

Form FIT-161 Page 2 of 2 Rev. 10/21

2021 Schedule FIT-166

Vermont Income Adjustments and Tax Computations for Fiduciaries



Attach to Form FIT-161

Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)
WONDER WOMAN TRUST	900008073	12 / 31 / 2021

PART I	Taxable Municipal Bond Income		
1. Tota fede	al interest and dividend income from all state and local obligations exempt from eral tax (See Line-by-Line Instructions)	1.	2000 .00
2. Inter	rest and dividend income from Vermont state and local obligations included in Line 1		.00
	ome from non-Vermont state and local obligations to be added to Vermont taxable income. otract Line 2 from Line 1, but not less than zero.) Enter here and on Form FIT-161, Line 2a .	3.	2000 .00
4. If al	l municipal bond income was distributed , check here so that it does not get added back on F	form FIT-161, Line 2a	. 🗸
PART II	ADDITIONS AND SUBTRACTIONS TO TAX		
1a.	tions to Vermont Tax Tax on lump-sum distributions (from federal Forms 4972 and 5329)	00	
1b.	Recapture of federal investment credit (from federal Form 4255)		
1c. Tota	al additions (Add Lines 1a and 1b; then, multiply by 24%). er here and on Form FIT-161, Line 7		.00.
2 Subtr	ractions from Vermont tax		
2a.	Investment tax credit - Vermont-based only (from federal Form 3468)	00	
2b.	Multiply Line 2a by 24%	00	
2c.	Research & Development Credit, 32 V.S.A. § 5930d	00	
	al subtractions from Vermont tax (Add Lines 2b and 2c)		



Name of State(s), Canadian province, or

Check to

← indicate loss

← Check to indicate

.00

.00

Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)
WONDER WOMAN TRUST	900008073	12 / 31 / 2021

PART III INCOME ADJUSTMENT CALCULATION

4. Capital gain (or loss)...... 5. Rents, royalties, partnerships, S Corporations, LLCs,

other estates and trusts, etc.

9. Total income

Nonresidents and Part-Year Residents must complete this section.

Dates of Vermont residency in 2021

← Check to indicate loss

Check to indicate

From (MMDDYYYY):	/ / To (MMD		To (MMDDYYYY):	YYY): / /		(use standard 2-letter abbreviation)				
			Fe	A. ederal Amo	unt \$			Ver	B. mont Portion \$	
1. Interest income	e		1A		0	0		1B		00
2. Total ordinary	dividends.		2A		.0.	0		2B		00
3. Business incom	ne (or loss)	[Check to indicate loss 3A.		.0.	0	Check to indicate loss	3B		00

Check to indicate loss .00 ← indicate .00 **6.** Farm income (or loss)...... loss ← Check to indicate loss Check to .00 ← indicate .00 7. Ordinary gain (or loss) **8.** Other income (Specify type of income) Check to indicate ← Check to indicate .00 .00

Check to indicate loss ← indicate loss .00 .00 (Add Lines 1 through 8)..... 9B. 10. Adjustment percentage. Divide Line 9B by Line 9A. Express as a percentage, with two digits to the %

.00

.00

Schedule FIT-K-1VTF

Vermont Beneficiary Information for Fiduciaries



This schedule is REQUIRED Attach to Form FIT-161

Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)
WONDER WOMAN TRUST	900008073	12/31/2021

HEADER INFORMATION - REQUIRED ITEMS Entity Name FEIN OR OR Individual Last Name (Beneficiary) First Name Initial Social Security Number 956789123 BLUE OCEAN Address Recipient Type ΙI 15 SHORT RD (I, C, S, L, P, X, or T) Address, Line 2 (if needed) Residency Vermont Nonresident Status Resident State ZIP Code City 04970 Check here if this your FINAL return RANGLEY ME Foreign Country (if not United States) Percentage of Estate's or Trust's income or loss to this recipient. % Calculate percentage to two places to the right of the decimal point. 50.00 Place an "X" in the box left of the line number to indicate a loss amount. VERMONT RESIDENT BENEFICIARY 1. Beneficiary's share of distributed net income allocated to Vermont00 .00 .00 **3.** Interest / dividends from U.S. obligations......**3.**____ **VERMONT NONRESIDENT BENEFICIARY** Check to indicate 4a. Check to indicate **4b**. Check to 8000 .00 indicate 4c. **4c.** Partnership, S Corporation, LLC..... Check to indicate 4d. **4d.** Rent, royalties, estates, trusts..... Check to indicate 4e. 1000 .00 9000.00 **PAYMENT INFORMATION** 250.00 .00 .00

Schedule FIT-K-1VTF

Vermont Beneficiary Information for Fiduciaries



This schedule is REQUIRED Attach to Form FIT-161

Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)
WONDER WOMAN TRUST	900008073	12/31/2021

HEADER INFORMATION - REQUIRED ITEMS Entity Name FEIN OR OR Individual Last Name (Beneficiary) First Name Initial Social Security Number BLUE BABY 921654987 Address Recipient Type ΙI 15 MAIN ST (I, C, S, L, P, X, or T) Address, Line 2 (if needed) Residency Vermont Nonresident Status Resident State ZIP Code City 01240 Check here if this your FINAL return LENOX ΜA Foreign Country (if not United States) Percentage of Estate's or Trust's income or loss to this recipient. % Calculate percentage to two places to the right of the decimal point. 50.00 Place an "X" in the box left of the line number to indicate a loss amount. VERMONT RESIDENT BENEFICIARY 1. Beneficiary's share of distributed net income allocated to Vermont00 .00 .00 **3.** Interest / dividends from U.S. obligations......**3.**____ **VERMONT NONRESIDENT BENEFICIARY** Check to indicate 4a. Check to indicate **4b**. Check to 8000 .00 indicate 4c. **4c.** Partnership, S Corporation, LLC..... Check to indicate 4d. **4d.** Rent, royalties, estates, trusts..... Check to indicate 4e. 1000 .00 9000.00 **PAYMENT INFORMATION** 250.00 .00 .00

Test 6:

Required Vermont Forms/Schedules: FIT-161, FIT-162, FIT-166

Taxpayer(s) Information:

Name of Estate or Trust: Jet Dynasty Estate

Federal Employer ID: 90-0008099

Name or Fiduciary: Net Dynasty

Title of Fiduciary: Executor

State, Canadian province or country

during non-VT Residency: NH

Mailing Address: 145 Main St.
City: Wolfeboro

State: NH
Zip Code: 03894

Date of Death:Feb-15-2021Tax Year Begin Date:Jan-01-2021Tax Year End Date:Dec-31-2021

Type of Estate or Trust: Estate

Return Information:

Distributions on 1041 Line 18: No
Non-VT municipal bond income: None
Any trust beneficiaries skip persons: No
Qualified settlement fund: No

Federal taxable income: 1,250,000.00

Income from non-VT state & local

obligations: 2,300.00 State & local income tax addback: 10,000.00 Sale of stocks & bonds capital gain: 36,000.00 Sale of partnership interest gain: 900,000.00 Date partnership interest sold: Oct-01-2021 25,000.00 Nonresident payments: Total interest income: 8,000.00 Total ordinary dividend income: 2,500.00 936,000.00 Total capital gains: 900,000.00 VT capital gains:

Total rents, royalties, partnerships, s-

corps, LLCs, other estates & trusts income: 1,000,000.00

VT rents, royalties, partnerships, s-corps,

LLCs, other estates & trusts income: 500,000.00

2021 Form FIT-161



Vermont Fiduciary Return of Income

_								
	Name of Estate or Trust			FE			ath (MMDDYY	
<u> </u>	JET DYNASTY ESTATE Name of Fiduciary			900080 Title of F		02 / 15 / 2021 Tax year BEGIN date (MMDDYYYY)		
—	NET DYNSTY			EXECUTO)1 / 20	
-	Mailing Address of Fiduciary (Number and Stre	ot/Pood or	DO Pov)	 				
<u> </u>	145 MAIN ST	erroau oi	FO DOX)	 State of Domicile at and/or Creation of T 		12/3		
\vdash	Additional Line for Mailing Address of Fidu	iciary if no	haha	Check ONE	1111	12/	<u>) </u>	<u></u>
	Additional Line for Mailing Address of Fluc	iciai y, ii Tiei	sucu	T	evocable Bank	kruptcy Gran		ocable/
\vdash	City	State	ZIP Code		rust Esta	te LTrust	Trus	st
	WOLFEBORO	NH	03894					
<u> </u>	Foreign Country	1 1111	03071	Check here if is an EXTEND		ck here if this AMENDED	Check he is your FI	
	i orongin obumi, j			return	retur		return	
Α.	Were any distributions reported on federal Fo	orm 1041	Line 18 made to no	nrasidant banaficia	rias?	A	Yes	No
	•							
В.	Did the estate or trust have non-Vermont mu Line 2a and Schedule FIT-166, Part I					R	Yes	No
	Line 2a and Schedule 111-100, 1 art 1							
C.	Are any present or future trust beneficiaries s	kin nerse	ons?			C.	Yes	No
.	The any present of future trust beneficialles t	жір рега	3113				_	
D.	Is this return for a Qualified Settlement Fund	l (federal	Form 1120-SF)?			D.	Yes	✓ No
	10 this return for a Quantities Settlement I ame	(1000101	1 01111 1120 21) 1 1 1 1					
1.	Federal taxable income from Form 1041, Lir	ne 23. or	modified gross incom	e of r	Check to			
1.	Federal taxable income from Form 1041, Lin Qualified Settlement Fund (from federal Form	m 1120-S	SF)		← indicate 1.	1	L25000	0.00
	· ·		,	_	— 1033 —			
2a.	Income from Non-Vermont state and local of	bligation	s (from Schedule FIT-	166, Part I, Line 3)	2a		230	0.00
		Ü	`	, , ,	_			
2b.	Bonus Depreciation allowed under federal la	w for 202	21		2b			00
	•				_			
2c.	State and local income taxes included on fed	eral Forn	n 1041, Line 11. (See	instructions)	2c		1000	0.00
				г	Check to			
3.	Federal Taxable Income with Additions (Add	d Lines 1	, 2a, 2b, and 2c.)		✓ indicate loss 3		12630	0.00
4a.	Interest income from U.S. Obligations				4a			00
							25000	0
4b.	Capital Gains Exclusion (from Schedule FIT	-162, Lir	ne 21. If less than zero	o, enter -0)	4b		35000	0.00
								0.0
4c.	Adjustment for prior years' Bonus Depreciat	ion			4c			00
							25000	0 00
4d.	Add Lines 4a, 4b, and 4c				4d		35000	<u>∪.00</u>
_	Vermont taxable income (Line 3 minus Line			Г	Check to		01220	0.00
5.	Vermont taxable income (Line 3 minus Line	4d)		L	loss 5.		91230	<u>u.00</u>
_							7955	9 00
6.	Vermont Tax from the tax rate schedule on p	age 2 of	this form		6		1733	<u>UU</u>
-	A1122 - W - C - C 1 1 1 E	ITT 166 I	N (II I 1 1)		_			ΛΛ
7.	Additions to Vermont Tax (from Schedule F.	IT-166, I	art II, Line Ic)					00
0	Sultanations from View AT (C. C.)		166 D H. L 2.15					00
8.	Subtractions from Vermont Tax (from Sched	ule FIT-	100, Part II, Line 2d)		8			uu
Λ	Vermont Toy with Addition 10.14	Na (A 11 T	inos 6 a - 17 /1 1	atmost I : 0\			7955	9 00
9.	Vermont Tax with Additions and Subtraction	ıs (Add I	lines o and /, then sul	orract line 8)	9		, , , , ,	00
10	Income Adjustment (from C-1-1-1-EFF 100	Dont III	Line 10 on 1000/			10	71.92	%
10.	Income Adjustment (from Schedule FIT-166	, rart III.	, Line 10, or 100%).			10 Form F		/0
							e 1 of 2	
	E 4 E 4					raye	1012	

Rev. 10/21

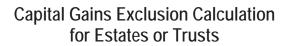
Name of Estate or Trust					
JET DYNASTY	ESTATE				
	FEIN				
900008099					



11.	Adjusted tax (Mu	ltiply Line 9 by	Line 10)			11.	57219.00
12.	Other states credi	t (from Schedule	e FIT-167, Line 21)			12.	.00.
13.							57219 .00
14.	Pavment					.00	
						.00	
	14c. Vermont R Attach cop	eal Estate Withhy of Form RW-	olding	14 0 VT		.00	
	14d. Nonresider	t Payments fron	n Form WH-435	14d	•	<u>25000</u> .00	
	14e. 2020 Overp	payment Applied	1	14e	·•	.00	
14f.	Total Payments (A	Add Lines 14a, 1	14b, 14c, 14d, and 14	4e)		14f.	25000.00
15.	Overpayment: If I	Line 13 is less th	nan Line 14f, subtrac	et Line 13 from L	ine 14f	15.	.00.
14							
16.							.00.
17.	Amount of overpa	ayment to be RE	EFUNDED (Line 15	minus Line 16)		17.	.00
18.	BALANCE DUE	E: If Line 14f is	less than Line 13, su	btract Line 14f fr	com Line 13.	18.	32219.00
Γ		Vermont 2021	Tax Schedule		If filing f	or a Qualified Settlen	nent Fund, tax is 8.95% of
Ī	If Taxable income is over	But not over	The Vermont Tax is	of the amount over	taxable i	ncome.	
ŀ	\$0	\$2,750	3.35%	\$0			15th day of the fourth month
ı	\$2,750	\$6,450	\$92.00 + 6.60%	\$2,750	_		ating or income year. Attach
Ī	\$6,450	\$9,850	\$336.00 + 7.60%	\$6,450	_		orm 1041, U.S. Income Tax or federal Form 1120-SF for
	\$9,850		\$595.00 + 8.75%	\$9,850		e taxable period.	or lead at 1 of 11 1120-of 101
taxpa or m retain	ayer, this declaration ade available to an ned by the preparer	on further provid y other person o	es under 32 V.S.A. §	§ 5901-5903 tha	t this informa	ation has not been and will a separate valid consent for	epared by a person other than the not be used for any other purpose orm is signed by the taxpayer and
Sign	nature of Responsible C	Officer				Date	Daytime Telephone Number
Prin	ited Name			Email Ad	ldress (optional)		
Paid	d Preparer's Signature				Check if self-employed	Date	Preparer's Telephone Number
Pre	parer's Printed Name			Prepare	r's Email Addres	s (optional)	
Firn	n's Name (or yours if se	lf-employed) and ad	dress			Preparer's SSN or PTIN	FEIN
	Check if t	he Department of n with the preparen	Taxes may discuss shown.		Fo	r Department Use Only	Form FIT-161

Ck. Amt.

2021 Schedule FIT-162



Name of Estate or Trust



Tax Year End Date (MMDDYYYY)

Attach to Form FIT-161

	JET DYNASTY ESTATE	900008099	12/31/2021
PAF	RT I Flat Exclusion		
1.	Enter lesser of Line 18a(2) or 19(2) from federal Form 1041, Schedule D	1.	936000.00
2.	Enter amount from: 2a. Federal Form 1041, Schedule D, Line 18b(2)	.00	
	2b. Federal Form 1041, Schedule D, Line 18c(2) 2b.	.00	
3.	Add Lines 2a and 2b	3	.00
4.	Subtract Line 3 from Line 1. <i>Entry cannot be less than zero.</i>	4	936000.00
If yo	u filed federal Form 4952, complete Lines 5 through 7		
5.	Enter amount from: 5a. Federal Form 4952, Line 4g	.00	
	5b. Federal Form 4952, Line 4e	.00	
5c.	Multiply Line 5a by Line 5b. Enter result here	5c	.00
	5d. Federal Form 4952, Line 4b	.00	
	5e Federal Form 4952, Line 4e 5e.	.00	
6.	Add Lines 5d and 5e. Enter result here	6.	.00
7.	Divide Line 5c by Line 6. Enter result here		.00
8.	Subtract Line 7 from Line 4. <i>Entry cannot be less than zero.</i>		936000.00
9.	Enter the lesser of Line 8 or \$5,000	9.	5000.00

(continued on next page)





Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)
JET DYNASTY ESTATE	900008099	12 / 31 / 2021

PAF	Percentage Exclusion (Use this section only if you have eligible gains. See Technical Bulletin TB-60, Taxation of Gain on the Sale	of Capital Assets, for
	more information, or continue on to Part III)	
10.	Enter the amount from Part I, Line 4	
11.	Enter amount of adjusted net capital gain from the sale of assets held for three years or less	
12.	Assets held for more than three years. Subtract Line 11 from Line 10. <i>Entry cannot be less than zero</i>	
Ente	the amount of net adjusted capital gain from the sale of the following assets held for more than three years.	
13a.	Real estate or portion of real estate used as a primary or nonprimary home	
13b.	Depreciable personal property (except for farm property or standing timber)	
13c.	Stocks or bonds publicly traded or traded on an exchange or any other financial instruments	
14.	Add Lines 13a through 13c	
15.	Subtract Line 14 from Line 12. Enter result here. Entry cannot be less than zero. This is the amount of net capital gain eligible for exclusion	
Line	16 federal Form 4952 information. If no investment interest expense for ineligible assets reported on federal Form 4 Part I of this form. Otherwise, you may need to recompute federal Form 4952 to reflect only investment interest incomplete capital gain exclusion.	952, enter Line 7 from me for assets eligible for
16.	Enter amount from Part I, Line 7, or recomputed federal Form 4952	
17.	Subtract Line 16 from Line 15. Entry cannot be less than zero	900000.00
18.	Multiply Line 17 by 40%; enter result or \$350,000, whichever is less	350000.00
PAF	RT III Capital Gain Exclusion	
19.	Enter the greater of Line 9 or Line 18	350000.00
20.	Multiply 1250000.00 x 40%. Enter result here	500000.00
21.	Enter the lesser of Line 19 or Line 20. This is the capital gain exclusion. Enter on Form FIT-161, Line 4b	350000 .00

2021 Schedule FIT-166

Vermont Income Adjustments and Tax Computations for Fiduciaries



Attach to Form FIT-161

Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)
JET DYNASTY ESTATE	900008099	12 / 31 / 2021

PA	RT I Taxable Municipal Bond Income		
1.	Total interest and dividend income from all state and local obligations exempt from federal tax (See Line-by-Line Instructions)	2300	.00
2.	Interest and dividend income from Vermont state and local obligations included in Line 1		.00
3.	Income from non-Vermont state and local obligations to be added to Vermont taxable income. (Subtract Line 2 from Line 1, but not less than zero.) Enter here and on Form FIT-161, Line 2a		.00
4.	If all municipal bond income was distributed , check here so that it does not get added back on Form FIT-161, Line 2	2a.	
PA	RT II ADDITIONS AND SUBTRACTIONS TO TAX		
1.	Additions to Vermont Tax 1a. Tax on lump-sum distributions (from federal Forms 4972 and 5329)		
	1b. Recapture of federal investment credit (from federal Form 4255)		
1c.	Total additions (Add Lines 1a and 1b; then, multiply by 24%). Enter here and on Form FIT-161, Line 7		.00
2	Subtractions from Vermont tax		
	2a. Investment tax credit - Vermont-based only (from federal Form 3468)		
	2b. Multiply Line 2a by 24%		
	2c. Research & Development Credit, 32 V.S.A. § 5930d 2c..00		
2d.	Total subtractions from Vermont tax (Add Lines 2b and 2c) Enter here and on Form FIT-161, Line 8		.00



Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)
JET DYNASTY ESTATE	900008099	12 / 31 / 2021

PART III INCOME ADJUSTMENT CALCULATION

Nonresidents and Part-Year Residents must complete this section.

Dates of Vermont residency in 2021				Name of State(s), Canadian province, or			
From (MMDDYYYY):	/	/	To (MMDDYYYY):	/	/	country during non-Vermont residency (use standard 2-letter abbreviation) NH	

		A. Federal Amount \$		B. Vermont Portion \$
1.	Interest income	00. 0008	1B	.00
2.	Total ordinary dividends2A	2500 .00	2B	.00
3.	Business income (or loss)	936000.00	Check to indicate loss 3B	900000.00
4.	Capital gain (or loss)	1000000.00	Check to indicate loss 4B	500000.00
5.	Rents, royalties, partnerships, S Corporations, LLCs, other estates and trusts, etc	.00	Check to indicate loss 5B	.00
6.	Farm income (or loss)	.00	Check to indicate loss 6B	.00
7.	Ordinary gain (or loss)	.00	Check to indicate loss 7B	.00
8.	Other income (Specify type of income) Check to indicate loss 8A.	.00	Check to indicate loss 8B	.00.
9.	Total income (Add Lines 1 through 8)		Check to	140000.00
l 0.	Adjustment percentage. Divide Line 9B by Line 9A. right of the decimal. Enter here and on Form FIT-16	E	digits to the	10. 71,92 %

Test 7:

Required Vermont Forms/Schedules: FIT-168

Taxpayer(s) Information:

Name of Estate or Trust: Jet Dynasty Estate

Federal Employer ID: 90-0008099
Name or Fiduciary: Net Dynasty
Title of Fiduciary: Executor
Mailing Address: 145 Main St.
City: Wolfeboro

State: NH Zip Code: 03894

Tax Year Begin Date: Jan-01-2021
Tax Year End Date: Dec-31-2021

Type of Estate or Trust: Estate

Return Information:

Estimated Tax Liability: 58,000.00
Previous Payments Made: 25,000.00
Extension Payment: 33,000.00

Form FIT-168

* 2 0 1 6 8 1 1 0 0 *

Application for Extension of Time to File Vermont Fiduciary Tax Return

• File this application on or before the due date of Form FIT-161, Vermont Fiduciary Tax Return.

 With the filing of this application, you are granted an automatic five and one-half month extension of time to file the tax return.

Name of Estate or Trust					FEIN
JET DYNASTY ESTATE					900008099
Name of Fiduciary					Title of Fiduciary
NET DYNASTY					EXECUTOR
Mailing Address of Fiduciary (Number and Street/Road or PO	Box)		Tax year l	BEGIN date (MMDDYYYY)	Tax year END date (MMDDYYYY)
145 MAIN ST			0101	2020	12312021
Additional Line for Mailing Address of Fiduciary, if needed				Check ONE Estate	
City	State	ZIP Code			
WOLFEBORO	NH	03894		For Departm	ent Use Only
Foreign Country		-			
Payment to accompany extension requ	est				
1. Estimated tax liability		1. <u> </u>	58000	.00	

Make check payable to Vermont Department of Taxes.

An extension of time to file a Vermont Fiduciary Tax Return does not extend the time for paying the tax. If any tax is due, you must pay the tax by the original due date. Any tax due and unpaid by the original due date will bear interest and penalty at the statutory rate. Returns filed after the due date without an authorized extension are subject to a late filing fee.

Mail to:

Vermont Department of Taxes PO Box 1700 Montpelier, VT 05601-1700 .00

Test 8:

Required Vermont Forms/Schedules: FIT-165 x4

Taxpayer(s) Information:

Name of Estate or Trust: Doo Family Revocable Trust

Federal Employer ID: 90-0008098
Name or Fiduciary: Scooby Doo
Title of Fiduciary: Trustee
Mailing Address: 299 Staso Rd.

City: Castleton

State: VT Zip Code: 05735

Tax Year Begin Date:

Jan-01-2022

Tax Year End Date:

Dec-31-2022

Type of Estate or Trust:

Revocable Trust

Return Information:

 $\begin{array}{ll} 1^{\text{st}} \, \text{Quarter} & 350.00 \\ 2^{\text{nd}} \, \text{Quarter} & 750.00 \\ 3^{\text{rd}} \, \text{Quarter} & 400.00 \\ 4^{\text{th}} \, \text{Quarter} & 550.00 \end{array}$

Form FIT-165

Vermont Fiduciary Estimated Tax Payment Voucher



Please PRINT in BLUE or BLACK INK

	FEIN				
DOO FAMILY REVOCABLE TRUS	ST			900008098	
	Name	e of Fiduciary		Title of Fiduciary	
SCOOBY DOO				TRUSTEE	
Mailing Address of Fiduciary (Number and Stre	et/Road or	Tax year BEGIN date (MMDDYYYY)	Tax year END date (MMDDYYYY)		
299 STASO RD			01 / 01 / 2022	12 / 31 / 2022	
Additional Line for Mailing Address of Fidur	ciary, if nee	eded	Check ONE		
			Estate Revocable Bankruptcy Grantor Irrevoca Trust Trust		
City	State	ZIP Code			
CASTLETON	VT	05735	Amount of		
Foreign Country			this payment	350 .00	
			""		
			•		

MAIL THIS VOUCHER AND YOUR PAYMENT, ON OR BEFORE THE DUE DATE, TO THE ADDRESS BELOW.

Form FIT-165
For Department Use Only
Ck. Amt. Init.

For Department Use Only
Page 1 of 1
Rev. 10/21

FORM FIT-165 Instructions Vermont Fiduciary Estimated Tax Payment Voucher

Estimated payments are now required for estates and trusts. This voucher is provided for you to pay estimated payments toward your fiduciary tax liability. Please complete the coupon below with all information on the estate or trust *including the Federal ID Number*, and send it to the address shown below.

Payment Dates*

1st payment APR 15 2nd payment JUN 15 3rd payment SEP 15 4th payment JAN 15

*If the due date falls on a weekend or a holiday, the payment and voucher are due the next business day.

Mail payment voucher to:

Taxpayer Services Division-Income Tax Vermont Department of Taxes PO Box 1700 Montpelier, VT 05601-1700 E-mail: tax.estate@vermont.gov

Form FIT-165

Vermont Fiduciary Estimated Tax Payment Voucher



Please PRINT in BLUE or BLACK INK

	FEIN			
DOO FAMILY REVOCABLE TRUS	900008098			
	Name	e of Fiduciary		Title of Fiduciary
SCOOBY DOO				TRUSTEE
Mailing Address of Fiduciary (Number and Stre	et/Road or	Tax year BEGIN date (MMDDYYYY)	Tax year END date (MMDDYYYY)	
299 STASO RD			01 / 01 / 2022	12 / 31 / 2022
Additional Line for Mailing Address of Fidu	ciary, if nee	Check ONE Revocable Bankruptcy Grantor Irrevocable Trust Trust Trust		
City	State	ZIP Code		te Trust Trust
CASTLETON	VT	05735	Amount of	
Foreign Country			this payment	750 .00
<u> </u>			_	_

MAIL THIS VOUCHER AND YOUR PAYMENT, ON OR BEFORE THE DUE DATE, TO THE ADDRESS BELOW.

For Department Use Only
Ck. Amt. Init.

For Department Use Only
Page 1 of 1
Rev. 10/21

FORM FIT-165 Instructions Vermont Fiduciary Estimated Tax Payment Voucher

Estimated payments are now required for estates and trusts. This voucher is provided for you to pay estimated payments toward your fiduciary tax liability. Please complete the coupon below with all information on the estate or trust *including the Federal ID Number*, and send it to the address shown below.

Payment Dates*

1st payment APR 15 2nd payment JUN 15 3rd payment SEP 15 4th payment JAN 15

*If the due date falls on a weekend or a holiday, the payment and voucher are due the next business day.

Mail payment voucher to:

Taxpayer Services Division-Income Tax Vermont Department of Taxes PO Box 1700 Montpelier, VT 05601-1700 E-mail: tax.estate@vermont.gov

Form FIT-165

Vermont Fiduciary Estimated Tax Payment Voucher



Please PRINT in BLUE or BLACK INK

	FEIN			
DOO FAMILY REVOCABLE TRUS	ST			900008098
	Name	e of Fiduciary		Title of Fiduciary
SCOOBY DOO				TRUSTEE
Mailing Address of Fiduciary (Number and Stre	et/Road or	PO Box)	Tax year BEGIN date (MMDDYYYY)	Tax year END date (MMDDYYYY)
299 STASO RD			01 / 01 / 2022	12 / 31 / 2022
Additional Line for Mailing Address of Fidu	ciary, if nee	Check ONE Estate Revocable Revocable Estate Revocable Frust Frust Frust Frust Frust Frust Frust Frust Frust Frust		
City	State	ZIP Code		
CASTLETON	VT	05735	Amount of	
Foreign Country		this payment	400 .00	
1			1	

MAIL THIS VOUCHER AND YOUR PAYMENT, ON OR BEFORE THE DUE DATE, TO THE ADDRESS BELOW.

Form FIT-165
For Department Use Only
Ck. Amt. Init.
Page 1 of 1
Rev. 10/21

FORM FIT-165 Instructions Vermont Fiduciary Estimated Tax Payment Voucher

Estimated payments are now required for estates and trusts. This voucher is provided for you to pay estimated payments toward your fiduciary tax liability. Please complete the coupon below with all information on the estate or trust *including the Federal ID Number*, and send it to the address shown below.

Payment Dates*

1st payment APR 15 2nd payment JUN 15 3rd payment SEP 15 4th payment JAN 15

*If the due date falls on a weekend or a holiday, the payment and voucher are due the next business day.

Mail payment voucher to:

Taxpayer Services Division-Income Tax Vermont Department of Taxes PO Box 1700 Montpelier, VT 05601-1700 E-mail: tax.estate@vermont.gov

Form FIT-165

Vermont Fiduciary Estimated Tax Payment Voucher



Please PRINT in BLUE or BLACK INK

	FEIN				
DOO FAMILY REVOCABLE TRUS	900008098				
	Title of Fiduciary				
SCOOBY DOO				TRUSTEE	
Mailing Address of Fiduciary (Number and Street/Road or PO Box)			Tax year BEGIN date (MMDDYYYY)	Tax year END date (MMDDYYYY)	
299 STASO RD			01 / 01 / 2022	12 / 31 / 2022	
Additional Line for Mailing Address of Fiduciary, if needed			Check ONE Estate Revocable Trust Bankruptcy Grantor Trust Trust Trust		
City	State	ZIP Code	<u> </u>		
CASTLETON	VT	05735	Amount of		
Foreign Country			this payment		
			•		

MAIL THIS VOUCHER AND YOUR PAYMENT, ON OR BEFORE THE DUE DATE, TO THE ADDRESS BELOW.

For Department Use Only
Ck. Amt. Init.

Form FIT-165

Page 1 of 1

Rev. 10/21

FORM FIT-165 Instructions Vermont Fiduciary Estimated Tax Payment Voucher

Estimated payments are now required for estates and trusts. This voucher is provided for you to pay estimated payments toward your fiduciary tax liability. Please complete the coupon below with all information on the estate or trust *including the Federal ID Number*, and send it to the address shown below.

Payment Dates*

1st payment APR 15 2nd payment JUN 15 3rd payment SEP 15 4th payment JAN 15

*If the due date falls on a weekend or a holiday, the payment and voucher are due the next business day.

Mail payment voucher to:

Taxpayer Services Division-Income Tax Vermont Department of Taxes PO Box 1700 Montpelier, VT 05601-1700 **E-mail:** tax.estate@vermont.gov

Test 9:

Required Vermont Forms/Schedules: FIT-160

Taxpayer(s) Information:

Name of Estate or Trust: Estate of Doug Kraner

900009102 Federal Employer ID: Name or Fiduciary: Doug Kraner Jr Title of Fiduciary: Executrix

Mailing Address: 109 Main Street City: Montpelier

State: VT Zip Code: 05602

Tax Year Begin Date: 01/01/2021 Tax Year End Date: 12/31/2021 Estate

Type of Estate or Trust:

Return Information:

Payment Amount 2500.00



Form FIT-160

Vermont Fiduciary Income Tax Return Payment Voucher



Please PRINT in BLUE or BLACK INK

USE THIS FORM IF NOT SUBMITTING PAYMENT WITH FORM FIT-161 If you filed electronically, DO NOT include a copy of that return with this payment.

Name of Estate or Trust			FEIN	Tax year BEGIN date (MMDDYYYY)
Name of Fiduciary			Title of Fiduciary	Tax year END date (MMDDYYYY)
Mailing Address of Fiduciary (Number and Street/Road or PO Box)			Check ONE Estate Revocable Bankruptcy Grantor Irrevocable Trust Trust	
Additional Line for Mailing Address of Fiduciary, if needed				
City	State	ZIP Code	Amount of this payment.	
Foreign Country			If "\$0," DO NOT file	
and check to: PO	mont Departme Box 1700		Phone: (802) 828-6	5820
5454	Montpelier, VT 05601-1700		For Department Use Only Ck. Amt. Init.	Form FIT-160 Rev. 10/20

Instructions for Vermont Fiduciary Income Tax Return Payment Voucher Form FIT-160

General Information

Use Form FIT-160 to remit a payment for Fiduciary Income tax accounts, which include trusts and estates. Do not include Form FIT-160 if you are making payments with another return or form, such as:

- FIT-161 VT Fiduciary Income Tax Return
- FIT-168 Application for Extension of Time

FIT-160 may be used, for example, if:

- You mailed your form or payment coupon, but forgot to include a check.
- You or your tax preparer filed your documents electronically, and you want to send a check separately.

Instructions

- Print in blue or black ink.
- Enter the beginning and ending date of the entity's tax year in the required format -- MMDDYYYY.
- Enter the Federal Employer Identification Number (FEIN).
- Enter the trust or estate name and address, including country, if other than the United States.
- Enter the total amount of payment included with this coupon. Enter a whole dollar amount.