2021 Form FIT-161

Vermont Fiduciary Return of Income

	Name of Estate or Trust	FEIN	Date of Death (MMDDYYYY)		
1	L2345678901234567890123456	123456789	MM / DD / YYYY		
-	Name of Fiduciary	Title of Fiduciary	Tax year BEGIN date (MMDDYYYY)		
1	L2345678901234567890123456	123456789012345	MM / DD / YYYY		
-	Mailing Address of Fiduciary (Number and Street/Road or PO Box)	State of Domicile at Death	Tax year END date (MMDDYYYY)		
1	L23456789012345678901234567890123456	and/or Creation of Trust 12	MM / DD / YYYY		
-	Additional Line for Mailing Address of Fiduciary, if needed	Check ONF			
1	L2345678901234567890123456	Revocable Bank	ruptcy X Grantor X Irrevocable		
	City State ZIP Code	Trust Estat	re Trust Trust		
12245678001224567800122 12 1224567800					
	Foreign Country	Check here if this X is an EXTENDED X is an	AMENDED X is your FINAL		
1	L2345678901234567890123456789012	return	return		
		<u> </u>			
Δ	Were any distributions reported on federal Form 1041, Line 18, made to non	resident heneficiaries?			
A.			A		
в.	Did the estate or trust have non-Vermont municipal bond income? If "Yes," Line 2a and Schedule FIT-166, Part I		B. X Yes X No		
	Line 2a and Schedule F11-100, Falt I				
C.	Are any present or future trust beneficiaries skip persons?		C. X Yes X No		
C.	Are any present of future trust beneficialties skip persons?				
D	Is this return for a Qualified Settlement Fund (federal Form 1120-SF)?		D. X Yes X No		
ν.	as and return for a Quantities settlement I und (retteral Form 1120-51')!				
1	Federal taxable income from Form 1041, Line 23, or modified gross income	of Chack to			
1.	Qualified Settlement Fund (from federal Form 1120-SF)	X ← Check to indicate 1 1	L2345678901234 .00		
2a.	Income from Non-Vermont state and local obligations (from Schedule FIT-1	66. Part I. Line 3) 2a. ¹	L2345678901234 .00		
2b.	Bonus Depreciation allowed under federal law for 2021				
2c.	State and local income taxes included on federal Form 1041, Line 11. (See in	nstructions)	L2345678901234 .00		
3.	Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.)	X ← indicate loss 3. 1	<u>.00</u>		
4a.	Interest income from U.S. Obligations		L2345678901234 _{.00}		
4b.	Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero,	enter -0) 4b.	<u>12345678901234</u> .00		
4c.	Adjustment for prior years' Bonus Depreciation		12345678901234.00		
4d.	Add Lines 4a, 4b, and 4c.	4d	12345678901234.00		
5.	Vermont taxable income (Line 3 minus Line 4d)	X findicate of s.	12345678901234.00		
		-	10245670001024		
6.	Vermont Tax from the tax rate schedule on page 2 of this form	· · · · · · · · · · · · · · · · · · ·	123456/8901234.00		
7.	Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c)		123450/8901234.00		
8.	Subtractions from Vermont Tax (from Schedule FIT-166, Part II, Line 2d)		LZ3430/89U1Z34.00		
9.	Vermont Tax with Additions and Subtractions (Add Lines 6 and 7, then subt	ract Line 8)	123430/8901234.00		
			100 100/ 🗽		
10.	Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%)				
_			Form FIT-161		
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Name of Estate or Trust
12345678901234567890123456
FEIN
123456789



11.	Adjusted tax (Multiply Line 9 by Line 10)
12.	Other states credit (from Schedule FIT-167, Line 21)
13. 14.	Total Vermont taxes (Line 11 minus Line 12)
	14b. Estimated Tax or Extension Payments
	14c. Vermont Real Estate Withholding
	14d. Nonresident Payments from Form WH-435 14d. 12345678901234 .00
	14e. 2020 Overpayment Applied
14f.	Total Payments (Add Lines 14a, 14b, 14c, 14d, and 14e)
15.	Overpayment: If Line 13 is less than Line 14f, subtract Line 13 from Line 14f
16.	Amount of overpayment to be credited to 2022 taxes
17.	Amount of overpayment to be REFUNDED (Line 15 minus Line 16)
18.	BALANCE DUE: If Line 14f is less than Line 13, subtract Line 14f from Line 13

	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.

Termine by the prepared.						
Signature of Responsible Officer		Date	Daytime Telephone Number			
		MMDDYYYY	123-123-1234			
Printed Name	Email Address (optional)		-			
1234567890123456789012345678901	123456789012345678901234567890123456789					
Paid Preparer's Signature	Chock if	Date	Preparer's Telephone Number			
	Check if self-employed					
		MMDDYYYY	123-123-1234			
Preparer's Printed Name	Preparer's Email Address (optional)					
1234567890123456789012345678901	1234567890	123456789012345	67890123456789			
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN	FEIN			
12345678901234567890123456789012	23456789012	123456789	123456789			

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

For Department Use Only Ck. Amt. Init.

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