

Vermont Income Test Package for Tax Year 2021



Vermont Test Cases

Test 1:

Required Vermont Forms/Schedules: IN-111, Sch. IN-113

Taxpayer(s) Information:

Primary SSN:	400-00-9030
Name:	Tom T. Taylor
Residency Status:	Non-Resident
Mailing Address:	334 Washington Street
City:	San Francisco
State:	CA
Zip Code:	94105
Date of Birth:	January 15, 1969
Filing Status:	Single
School District Code:	999
911 Address:	334 Washington Street
Healthcare Coverage:	Yes

Return Information:

Federal AGI:	95,594.00
Charitable Contributions:	5,000.00
Wages:	25,041.00
VT Wages:	5,041.00
Taxable Interest:	1,000.00
Rents, royalties, partnerships, SCorps, trusts etc:	69,553.00
VT rents, royalties, partnerships, Scorps, trusts etc:	41,417.00
Estimated payments made	1,000.00

2021 Form IN-111

Vermont Income Tax Return

DEPT
USE
ONLY



* 2 1 1 1 1 1 1 0 0 *

FILE YOUR RETURN
ELECTRONICALLY FOR A
FASTER REFUND. GO TO
TAX.VERMONT.GOV FOR
MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name TAYLOR		First Name TOM		MI T	Social Security Number 4 0 0 0 0 9 0 3 0	<input type="checkbox"/> Check if Deceased
Spouse's/CU Partner's Last Name		First Name		MI	Social Security Number	<input type="checkbox"/> Check if Deceased
Mailing Address (Number and Street/Road or PO Box) 334 WASHINGTON ST				911/Physical Street Address on 12/31/2021 334 WASHINGTON ST		
City SAN FRANCISCO		State CA	ZIP Code or Foreign Postal Code 94105		Foreign Country	
Vermont School District Code 999	<input type="checkbox"/> 1 Enter Healthcare Coverage Code (See instructions for code options)	Check all that apply		<input type="checkbox"/> AMENDED Return	<input type="checkbox"/> RECOMPUTED Return	<input type="checkbox"/> EXTENDED Return
Filing Status and Standard Deduction	<input checked="" type="checkbox"/> Single (\$6,350)	<input type="checkbox"/> Married/CU Filing Jointly (\$12,700)	<input type="checkbox"/> Married/CU Filing Separately (\$6,350)	<input type="checkbox"/> Head of Household (\$9,500)	<input type="checkbox"/> Qualifying Widow(er) (\$12,700)	

1. Federal Adjusted Gross Income (federal Form 1040, Line 11) 1. 95594 .00

2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 17) 2. _____ .00

3. Federal AGI with Modifications (ADD Lines 1 and 2) 3. 95594 .00

4. 2021 Vermont Standard Deduction from filing status section above. 4. 6350 .00
Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.

5. Personal Exemptions:

5a. Enter "1" for yourself if no one can claim you as a dependent 5a. 1

5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er) 5b. _____

5c. Enter number of other dependents claimed on federal Form 1040. This includes any dependents other than yourself and/or your spouse. 5c. _____

5d. ADD Lines 5a through 5c 5d. 1

5e. MULTIPLY Line 5d by \$4,350 (2021 Personal Exemption) 5e. 4350 .00

6. ADD Lines 4 and 5e 6. 10700 .00

7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3. If less than zero, enter -0-) 7. 84894 .00

8. Vermont Income Tax from tax table or tax rate schedule 8. 4272 .00
(If Line 1 is greater than \$150,000, see instructions)

9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 16) 9. _____ .00

10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9. If less than zero, enter -0-) 10. 4272 .00

11. Tax-Deductible Charitable Contribution (See instructions) <u>5000</u> .00	12. Multiply Line 11 by 5% (0.05) <u>250</u> .00	13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 13. <u>250</u> .00
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14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 14. 4022 .00

15. Income Adjustment (Schedule IN-113, Line 36, or 100.0000%) 15. 48 5993 %

16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15) 16. 1955 .00

Taxpayer's Last Name	Social Security Number
TAYLOR	400009030



Amount from Line 16 **.00**

Other State Credit (Schedule IN-117, Line 21) **.00** + Vermont Tax Credits (Schedule IN-119, Part II) **.00** = Total Vermont Credits (Add Lines 17 and 18) **.00**

17. **.00** + 18. **.00** = 19. **.00**

20. Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-). 20. **1955 .00**

21. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). . . Check to certify no Use Tax is due. OR 21. **.00**

22. Total Vermont Taxes (ADD Lines 20 and 21) 22. **1955 .00**

Vermont Veterans Fund Green Up Vermont Nongame Wildlife Fund Children's Trust Fund Total Contributions

23a. **.00** + 23b. **.00** + 23c. **.00** + 23d. **.00** = 23e. **.00**

24. Total of Vermont Taxes and Voluntary Contributions (ADD Lines 22 and 23e) 24. **1955 .00**

25a. 2021 Vermont Tax Withheld from W-2, 1099 25a. **1700 .00**

25b. 2021 Estimated Tax payments, amount carried forward from 2020, and/or payment made with 2021 extension. 25b. **1000 .00**

25c. Refundable Credits (Schedule IN-112, Part II, Line 11) 25c. **.00**

25d. 2021 Vermont Real Estate Withholding from Form RW-171 25d. **.00**

25e. 2021 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 25e. **.00**

25f. Total Payments and Credits (ADD Lines 25a through 25e) 25f. **2700 .00**

26. Overpayment. If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f 26. **745 .00**

27a. Refund to be credited to 2022 Estimated Tax Payment 27a. **.00**

27b. Refund to be credited to 2022 Property Tax Bill 27b. **.00**

28. REFUND AMOUNT (SUBTRACT Lines 27a and 27b from Line 26) 28. **745 .00**

29. If Line 24 is more than Line 25f, subtract Line 25f from Line 24. See instructions on tax due 29. **.00**

30. Interest and Penalty on Underpayment of Estimated Tax. . 30. **.00** 31. AMOUNT DUE (ADD Lines 29 and 30) 31. **.00**

(Worksheet IN-152 or IN-152A)

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .00
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
Paid Preparer's Signature	Date		Preparer's Telephone Number
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.
5454

Keep a copy for your records.

2021 Schedule IN-113



* 2 1 1 1 3 1 1 0 0 *

Vermont Income Adjustment Calculations

Please PRINT in BLUE or BLACK INK

INCLUDE WITH FORM IN-111

Nonresidents and Part-Year Residents Must Complete Parts I and II
Full-Year Residents with Adjustments Complete only Part II

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
TAYLOR	TOM	T	400009030

PART I. Enter figures as they appear on your federal return or recomputed federal return in Column A and list the Vermont portion in Column B. See instructions.

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

	A. Federal Amount \$	B. Vermont Portion \$
1. Wages, salaries, tips, etc. 1A.	25041 .00	1B. 5041 .00
2. Taxable interest. 2A.	1000 .00	2B. .00
3. Ordinary dividends 3A.	.00	3B. .00
4. Taxable IRAs, pensions, and annuities. 4A.	.00	4B. .00
5. Taxable Social Security 5A.	.00	5B. .00
6. Taxable refunds of state and local income taxes 6A.	.00	6B. .00
7. Alimony received 7A.	.00	7B. .00
8. Business income or loss 8A.	.00	8B. .00
9. Capital gain or loss 9A.	.00	9B. .00
10. Rents, royalties, partnerships, S corporations, trusts, etc 10A.	69553 .00	10B. 41417 .00
11. Farm income or loss 11A.	.00	11B. .00
12. Unemployment compensation 12A.	.00	12B. .00
13. Other: Specify 13A.	.00	13B. .00
14. TOTAL INCOME (ADD Lines 1 through 13) 14A.	95594 .00	14B. 46458 .00

Taxpayer's Last Name	Social Security Number



* 2 1 1 1 3 1 2 0 0 *

	Column A. Federal Amount \$	Column B. Vermont Portion \$
15. IRA, Keogh/SEP/SIMPLE (Reported on federal Form 1040) 15A.	.00	15B. .00
Self _____ Spouse _____		
16. Student Loan Interest (Reported on Form 1040) 16A.	.00	16B. .00
17. Employee Deductions: Reservists, Performing Artists, Fee-basis Gov't Officials (Reported on Form 1040) 17A.	.00	17B. .00
18. Self-Employment Deductions: Tax and Health Insurance (Reported on Form 1040) . . 18A.	.00	18B. .00
19. Health Savings Account (Reported on Form 1040) 19A.	.00	19B. .00
20. Moving Expenses (Reported on Form 1040) . 20A.	.00	20B. .00
21. Penalty on Early Withdrawal of Savings (Reported on Form 1040) 21A.	.00	21B. .00
22. Alimony Paid (Reported on Form 1040) 22A.	.00	22B. .00
23. Domestic Production Activities (Reported on Form 1040) 23A.	.00	23B. .00
24. Educator Expenses and Tuition & Fees (Reported on Form 1040) 24A.	.00	24B. .00
25. Deductions not listed above but reported on Form 1040 25A.	.00	25B. .00
26. TOTAL ADJUSTMENTS (ADD Lines 15 through 25) 26A.	.00	26B. .00
27. Adjusted Gross Income (SUBTRACT Line 26A from Line 14A) 27.		95594 .00
28. Vermont Portion of AGI (SUBTRACT Line 26B from Line 14B) 28.		46458 .00
29. Non-Vermont Income (SUBTRACT Line 28 from Line 27) Also enter on Part II, Line 31 below. 29.		49136 .00

PART II. Adjustment for Vermont Exempt Income and Military Exempt Income

30. Adjusted Gross Income. If Part I completed, enter Line 27 amount. Otherwise, enter amount from Form IN-111, Line 1 30.	95594	.00
31a. Municipal Bond Interest 31a.	49136	.00
31b. ADD Lines 30 and 31a 31b.		.00
32. Non-Vermont Income (Line 29 above) 32.		.00
33. Military pay. Number of months on active duty _____ (See instructions) 33.		.00
34. Total (ADD Lines 32 and 33) 34.	49136	.00
35. Vermont Income (SUBTRACT Line 34 from Line 31b) 35.	46458	.00
36. INCOME ADJUSTMENT % (DIVIDE Line 35 by Line 31b, MULTIPLY the result by 100 and carry the result out to the fourth decimal place.) Also enter on Form IN-111, Line 15 (See instructions). 36.	48	5993 %

Test 2:**Required Vermont Forms/Schedules:** IN-111, IN-112, HS-122, HI-144**Taxpayer(s) Information:**

Primary SSN:	400-00-9031
Name:	Bradley Edgewood
Residency Status:	Resident
Mailing Address:	PO Box 306
City:	Hyde Park
State:	VT
Zip Code:	05655
Date of Birth:	June 18, 1960
Filing Status:	Married Filing Joint
Spouse SSN:	400-00-9032
Spouse Name:	Marjorie Edgewood
School District Code:	097
911 Address:	306 Edgewood Dr.
Healthcare Coverage:	Spouse
Primary Occupation:	Minister
Spouse Occupation:	Secretary

Return Information:

Federal AGI:	97,000.00
Wages:	95,000.00 2,000.00
Taxable State Refund:	
Social Security & Medicare Tax	7,268.00
Withheld:	
Income Tax Withheld from Wages:	560.00
Additional Household Members:	Tom Taylor400-00-9030
Additional Members Income:	26,500.00 SSI
SPAN:	306-097-00001
Business Use of Dwelling:	0.00%
Rental Use of Dwelling:	0.00%
Improvements:	None
Special Situations:	None
Housesite Value:	308,900.00
Housesite Education Tax:	3,133.00
Housesite Municipal Tax:	2,200.00
Ownership Interest:	100.00%
Mobile Home Lot Rent:	None
Contiguous Property:	No

2021 Form IN-111

Vermont Income Tax Return

DEPT
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ONLY



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FILE YOUR RETURN
ELECTRONICALLY FOR A
FASTER REFUND. GO TO
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MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name EDGEWOOD		First Name BRADLEY		MI	Social Security Number 4 0 0 0 0 9 0 3 1	<input type="checkbox"/> Check if Deceased
Spouse's/CU Partner's Last Name EDGEWOOD		First Name MARJORIE		MI	Social Security Number 4 0 0 0 0 9 0 3 2	<input type="checkbox"/> Check if Deceased
Mailing Address (Number and Street/Road or PO Box) PO BOX 306				911/Physical Street Address on 12/31/2021 306 EDGEWOOD DR		
City HYDE PARK		State VT	ZIP Code or Foreign Postal Code 05655		Foreign Country	
Vermont School District Code 097	<input type="checkbox"/> 2 Enter Healthcare Coverage Code (See instructions for code options)		Check all that apply		<input type="checkbox"/> AMENDED Return	<input type="checkbox"/> RECOMPUTED Return
Filing Status and Standard Deduction	<input type="checkbox"/> Single (\$6,350)	<input checked="" type="checkbox"/> Married/CU Filing Jointly (\$12,700)	<input type="checkbox"/> Married/CU Filing Separately (\$6,350)	<input type="checkbox"/> Head of Household (\$9,500)	<input type="checkbox"/> Qualifying Widow(er) (\$12,700)	

1. Federal Adjusted Gross Income (federal Form 1040, Line 11) 1. 97000 .00

2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 17) 2. -2000 .00

3. Federal AGI with Modifications (ADD Lines 1 and 2) 3. 95000 .00

4. 2021 Vermont Standard Deduction from filing status section above. 4. 12700 .00
Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.

5. Personal Exemptions:

5a. Enter "1" for yourself if no one can claim you as a dependent 5a. 1

5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er) 5b. 1

5c. Enter number of other dependents claimed on federal Form 1040. This includes any dependents other than yourself and/or your spouse. 5c. _____

5d. ADD Lines 5a through 5c 5d. 2

5e. MULTIPLY Line 5d by \$4,350 (2021 Personal Exemption) 5e. 8700 .00

6. ADD Lines 4 and 5e 6. 21400 .00

7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3. If less than zero, enter -0-) 7. 73600 .00

8. Vermont Income Tax from tax table or tax rate schedule 8. 2634 .00
(If Line 1 is greater than \$150,000, see instructions)

9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 16) 9. _____ .00

10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9. If less than zero, enter -0-) 10. 2634 .00

11. Tax-Deductible Charitable Contribution (See instructions) <u>.00</u>	12. Multiply Line 11 by 5% (0.05) <u>.00</u>	13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) <u>.00</u>
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14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 14. 2634 .00

15. Income Adjustment (Schedule IN-113, Line 36, or 100.0000%) 15. 100 .0000 %

16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15) 16. 2634 .00

Taxpayer's Last Name	Social Security Number
EDGEWOOD	400009031



Amount from Line 16 **.00**

Other State Credit (Schedule IN-117, Line 21) **.00** + Vermont Tax Credits (Schedule IN-119, Part II) **.00** = Total Vermont Credits (Add Lines 17 and 18) **.00**

17. **.00** + 18. **.00** = 19. **.00**

20. Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-). 20. **2634 .00**

21. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). . . Check to certify no Use Tax is due. **OR** 21. **.00**

22. Total Vermont Taxes (ADD Lines 20 and 21) 22. **2634 .00**

Vermont Veterans Fund Green Up Vermont Nongame Wildlife Fund Children's Trust Fund Total Contributions

23a. **.00** + 23b. **.00** + 23c. **.00** + 23d. **.00** = 23e. **.00**

24. Total of Vermont Taxes and Voluntary Contributions (ADD Lines 22 and 23e) 24. **2634 .00**

25a. 2021 Vermont Tax Withheld from W-2, 1099 25a. **560 .00**

25b. 2021 Estimated Tax payments, amount carried forward from 2020, and/or payment made with 2021 extension. 25b. **.00**

25c. Refundable Credits (Schedule IN-112, Part II, Line 11) 25c. **.00**

25d. 2021 Vermont Real Estate Withholding from Form RW-171 25d. **.00**

25e. 2021 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 25e. **.00**

25f. Total Payments and Credits (ADD Lines 25a through 25e) 25f. **560 .00**

26. Overpayment. If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f 26. **.00**

27a. Refund to be credited to 2022 Estimated Tax Payment 27a. **.00**

27b. Refund to be credited to 2022 Property Tax Bill 27b. **.00**

28. REFUND AMOUNT (SUBTRACT Lines 27a and 27b from Line 26) 28. **.00**

29. If Line 24 is more than Line 25f, subtract Line 25f from Line 24. See instructions on tax due 29. **2074 .00**

30. Interest and Penalty on Underpayment of Estimated Tax. . 30. **.00**

31. AMOUNT DUE (ADD Lines 29 and 30) 31. **2074 .00**

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .00
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
Paid Preparer's Signature		Date	Preparer's Telephone Number
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.
5454

Keep a copy for your records.

2021 Schedule IN-112

Vermont Tax Adjustments and Credits

Please PRINT in
BLUE or BLACK INK



* 2 1 1 1 2 1 1 0 0 *

INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
EDGEWOOD	BRADLEY		400009031

PART I

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax (reported on federal Form 1040) **1.** _____ **.00**
- 2. Interest and dividend income from Vermont state and local obligations included in Line 1. **2.** _____ **.00**
- 3. Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1) **3.** _____ **.00**
- 4. Bonus Depreciation Allowed under Federal Law for 2021 **4.** _____ **.00**
- 5. Other (reserved) **5.** **RESERVED** **.00**
- 6. Total Additions (ADD Line 3 and Line 4) **6.** _____ **.00**

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

- 7. Interest Income from U.S. Obligations. **7.** _____ **.00**
- 8. Capital Gains Exclusion (Schedule IN-153, Line 21) **8.** _____ **.00**
- 9. Adjustment for Prior Years' Bonus Depreciation. **9.** _____ **.00**
- 10. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040) **10.** _____ **2000 .00**
- 11. Medical Expense Deduction (see the worksheet in the instructions) **11.** _____ **.00**
- 12. Social Security Benefits Exempt from Taxation (see the worksheet in the instructions) **12.** _____ **.00**
- 13. Railroad Retirement income. **13.** _____ **.00**
- 14. Bond/note interest income from (see below) **14.** _____ **.00**
- VSAC Build America Vermont Telecom Authority Vermont Public Power Supply Authority
- 15. Other (reserved) **15.** **RESERVED** **.00**
- 16. Total Subtractions (ADD Lines 7 through 14) **16.** _____ **2000 .00**

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

- 17. SUBTRACT Line 16 from Line 6. Enter on Form IN-111, Line 2. **17.** _____ **-2000 .00**
This can be a negative number.

Taxpayer's Last Name	Social Security Number
EDGEWOOD	400009031



PART II

REFUNDABLE CREDITS

Line 1 is for FULL-YEAR residents

1. **Low Income Child & Dependent Care Credit**1. _____ **.00**
 If your federal Adjusted Gross Income is \$30,000 (or \$40,000 for Married Filing Jointly) or less, and child care services are provided by a Vermont accredited daycare provider, enter 50% of federal Form 2441, Line 11. If you are not a Vermont resident or your daycare provider is not accredited, use Schedule IN-119, Part I, Line 8. See instructions if your providers are both accredited and not accredited.

VERMONT EARNED INCOME TAX CREDIT

For FULL-YEAR residents and PART-YEAR residents

ELIGIBILITY QUESTIONS MUST BE ANSWERED

- A. Enter number of qualifying children **A.** _____
- B. Enter number of qualifying children under the age of 18 **B.** _____
- C. Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at the end of 2021? **C.** Yes No
If you answered "No" and do not have any qualifying children, you do not qualify for Earned Income Tax Credit

FULL-YEAR RESIDENTS

Answer eligibility questions above and complete Lines 2 and 3

2. Earned income tax credit (Reported on federal Form 1040) **2.** _____ **.00**
3. Vermont Earned Income Tax Credit. **MULTIPLY Line 2 by 36% (0.36)** **3.** _____ **.00**

PART YEAR RESIDENTS

Answer eligibility questions above and complete Lines 4 through 10

A. Federal Amount \$

Enter figures in Column A from your federal EITC worksheet and Schedule IN-113

B. Vermont Portion \$

For Vermont Portion, enter income earned while a Vermont resident as shown on Schedule IN-113, Column B, Lines 1, 8, 10, and 11

- | | |
|---|-----------------------------|
| 4. Wages, salaries, tips, etc. (Schedule IN-113, Line 1) 4A. _____ .00 | 4B. _____ .00 |
| 5. Other earned income (Schedule IN-113, Lines 8, 10, and 11) 5A. _____ .00 | 5B. _____ .00 |
| 6. Total earned income (Add Lines 4 and 5) 6A. _____ .00 | 6B. _____ .00 |
| 7. Earned income tax credit adjustment (DIVIDE Line 6B by Line 6A, MULTIPLY the result by 100, and enter here. Do not enter more than 100%.) 7. _____ % | |
| 8. Earned income tax credit (Reported on federal Form 1040) 8. _____ .00 | |
| 9. Multiply Line 8 by 36% and enter the result here. 9. _____ .00 | |
| 10. Vermont Earned Income Tax Credit (MULTIPLY Line 9 by Line 7) 10. _____ .00 | |

11. TOTAL REFUNDABLE CREDITS

(**ADD Line 1 to Line 3 or Line 10.** Enter this amount on Form IN-111, Line 25c) **11.** _____ **.00**

2022 Form HS-122

Vermont Homestead Declaration AND
Property Tax Credit Claim



DUE DATE: April 15, 2022. You may file up to Oct. 17, 2022, but the town may assess a penalty. For details on late filing, see the instructions.

How to file a Homestead Declaration: Please complete Section A of this form, sign in the signature section at the bottom of page 2, and send the form to the Vermont Department of Taxes

How to file a Property Tax Credit Claim: To be considered for a Property Tax Credit, you must file a **1)** Homestead Declaration (Section A of this form), **2)** Property Tax Credit Claim (Section B of this form), and **3)** Schedule HI-144, Household Income. Sign this form in the signature section at the bottom of page 2 and send the forms to the Department.

Tired of paper forms? It's fast and convenient to file your claim online at myVTax.vermont.gov.

Annual Vermont Homestead Declaration

This form must be filed each year by every Vermont resident whose property meets the definition of a homestead.

SECTION A.

A Vermont homestead is the principal dwelling and parcel of land surrounding the dwelling, owned and occupied by a resident individual as the individual's domicile on April 1, 2022. If your homestead is leased to a tenant on April 1, 2022, you may still claim it as a homestead if it is not leased for more than 182 days in the 2021 calendar year.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name		First Name		MI	Claimant's Social Security Number	
EDGEWOOD		BRADLEY			400009031	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
EDGEWOOD		MARJORIE			400009032	
Mailing Address (Number and Street/Road or PO Box)				Claimant's Date of Birth (MM/DD/YYYY)		
PO BOX 306				06 / 18 / 1960		
City		State	ZIP Code			
HYDE PARK		VT	05655			
Location of Homestead (Use a number, street/road name. Do not use a PO Box or "same.")					City/Town of Legal Residence on April 1, 2022 and State	
306 EDGEWOOD DR					HYDE PARK VT	
Federal Filing Status						
<input type="checkbox"/> Single		<input checked="" type="checkbox"/> Married/CU Filing Jointly		<input type="checkbox"/> Married/CU Filing Separately		<input type="checkbox"/> Head of Household

A1. SPAN - REQUIRED (from the 2021/2022 property tax bill)..... **A1.** 306 - 097 - 00001

A2. Business Use of Dwelling..... **A2.** _____ %

A3. Rental Use of Dwelling..... **A3.** _____ %

A4. Business or Rental Use of **Improvements or Other Buildings**
Not including the dwelling, are improvements or other buildings located on your parcel used for business or rented? . . . **A4.** Yes No

A5-A8 Special Situations (See instructions for more information). Check the following if it applies:

A5. Grantor and sole beneficiary of a revocable trust owning the property

A7. Homestead property crosses town boundaries (File a declaration for each town.)

A6. Life estate holder of the property

A8. Residing in a dwelling on the homestead parcel owned by a related farmer.

Please continue to Page 2, Part B, for property tax credit. Sign on Page 2.

Mail to: Vermont Department of Taxes
PO Box 1881
Montpelier, VT 05601-1881

Claimant's Last Name	Social Security Number
EDGEWOOD	400009031



* 2 2 1 2 2 1 2 0 0 *

DUE DATE: April 15, 2022. Claims accepted up to Oct. 17, 2022.

SECTION B.

PROPERTY TAX CREDIT CLAIM

For Household Income up to \$136,900. Complete and attach Schedule HI-144.

To qualify, you must meet the requirements for filing a homestead declaration in addition to the following requirements. ALL eligibility questions must be answered.

- B1. Were you domiciled in Vermont all of calendar year 2021? Yes, Go to Line B2. No, STOP.
- B2. Were you claimed as a dependent in 2021 by another taxpayer? Yes, STOP. No, Go to Line B3.
- B3. Do you anticipate selling this Vermont housesite on or before April 1, 2022? Yes, STOP. No, Continue

Amounts for Lines B4-B6 are found on the 2021/2022 property tax bill. Round amounts to the nearest dollar.

B4. Housesite Value	B4.	308900	.00
B5. Housesite Education Tax.	B5.	3133	.00
B6. Housesite Municipal Tax	B6.	2200	.00
B7. Ownership Interest	B7.	100	.00 %
B8. Household Income (Schedule HI-144, Line z). You MUST attach Schedule HI-144.	B8.	116632	.00 <input type="checkbox"/> Check here if amended Schedule HI-144, Household Income, is included.

Complete the following **ONLY if applicable**. See instructions for details.

B9. Lot Rent (Allocable Rent from Form LRC-147)	B9.		.00
---	-----	--	-----

Allocated Property Tax from Land Trust, Cooperative, or Nonprofit Mobile Home Park

B10. Allocated Education Tax.	B10.		.00
B11. Allocated Municipal Tax.	B11.		.00

OR Property Tax from contiguous property if housesite has less than 2 acres (See instructions.)

B12. Contiguous property Education Tax	B12.		.00
B13. Contiguous property Municipal Tax	B13.		.00

MAXIMUM CREDIT AMOUNT IS \$8,000.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MMDDYYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MMDDYYYY)	Daytime Telephone Number
Paid Preparer's Signature	Date (MMDDYYYY)	Preparer's Telephone Number
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.

2021 Schedule HI-144

Household Income

For the year Jan 1 - Dec 31, 2021



* 2 1 1 4 4 1 1 0 0 *

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2022 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name	First Name	MI	Claimant's Social Security Number
EDGEWOOD	BRADLEY		4 0 0 0 0 9 0 3 1
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY)
EDGEWOOD	MARJORIE		4 0 0 0 0 9 0 3 2

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2021. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Other Person #1 Last Name	First Name	MI	Other Person #1 Social Security Number
TAYLOR	TOM	T	4 0 0 0 0 9 0 3 0
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household	1. Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
a. Cash public assistance and relief (See instructions for exclusions) . . .	a. _____ .00	_____ .00	_____ .00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable	b. _____ .00	_____ .00	26500 .00
c. Unemployment compensation/worker's compensation.	c. _____ .00	_____ .00	_____ .00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)	d. 95000 .00	_____ .00	_____ .00
e. Interest and dividends	e. _____ .00	_____ .00	_____ .00
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable	f. _____ .00	_____ .00	_____ .00
g. Alimony and support money	g. _____ .00	_____ .00	_____ .00
h. Child support and cash gifts Please specify _____	h. _____ .00	_____ .00	2400 .00
i. Business income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	i. _____ .00	_____ .00	_____ .00
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-. See instructions for offsetting a loss	j. _____ .00	_____ .00	_____ .00
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions	k. _____ .00	_____ .00	_____ .00
l. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	l. _____ .00	_____ .00	_____ .00
m. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0-. See Line m instructions for only exception to offset a loss	m. _____ .00	_____ .00	_____ .00
n. Other income (See instructions for examples of other income) Please specify _____	n. _____ .00	_____ .00	_____ .00
o. Total Income: ADD Lines a through n	o. 95000 .00	_____ .00	28900 .00

Claimant's Last Name	Social Security Number
EDGEWOOD	400009031



* 2 1 1 4 4 1 2 0 0 *

Carried forward from Line o 95000 .00 28900 .00

	1. Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
p. See instructions. Enter Social Security and Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE if not included with income tax filing	p. 7268 .00	.00	.00
q. Child support paid. You must include proof of payment. See instructions	q. .00	.00	.00

Support paid to: Last Name	First Name	MI	Social Security Number

r. Allowable adjustments from Federal Form 1040

r1. Business expenses for Reservists	r1. .00	.00	.00
r2. Alimony paid	r2. .00	.00	.00
r3. Self-employed health insurance deduction	r3. .00	.00	.00
r4. Health Savings Account deduction	r4. .00	.00	.00
r5. Tuition and Fees as reported on federal Form 8917	r5. .00	.00	.00
s. ADD Lines p, q, and total of Lines r1 through r5 for each column	s. .00	.00	.00
t. SUBTRACT Line s from Line o of each column. If a negative amount, enter -0-	t. 7268 .00	.00	.00

u. ADD all three amounts from Line t. If a negative amount, enter -0- u. 116632 .00

v. Complete if born Jan. 1, 1957 and after. Enter interest and dividend income from Lines e and f. v. .00 .00 .00

w. ADD all three amounts from Line v. w. .00

x. Asset Adjustment of Interest and Dividend Income (Lines e and f). Per 32 V.S.A. § 6061E x. 10,000.00

y. SUBTRACT Line x from Line w. If Line x is more than Line w, enter -0- y. .00

z. HOUSEHOLD INCOME. ADD Line u and Line y z. 116632 .00

HOMEOWNERS Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year. Homeowners with Household Income up to 136,900 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. This schedule must be filed with Form HS-122. Form HS-122 The due date to file is April 15, 2022. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 17, 2022, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

Test 3:**Required Vermont Forms/Schedules:** IN-111, IN-112, IN-119, HS-122, HI-144**Taxpayer(s) Information:**

Primary SSN:	400-00-9034
Primary Name:	Christopher Renaud
Residency Status:	Resident
Mailing Address:	PO Box 322
City:	ST Johnsbury
State:	VT
Zip Code:	05863
Country:	USA
Date of Birth:	June 18, 1977
Filing Status:	Head of Household
School District Code:	182
911 Address:	189 Martin St.
Town of Legal Residence:	Sheffield
Healthcare Coverage:	Taxpayer
Primary Occupation:	Manager
Dependent 1 Name:	John Renaud
Dependent 1 SSN:	400-00-9002
Dependent 2 Name:	Valerie Renaud
Dependent 2 SSN:	400-00-9003

Return Information:

Federal AGI:	37,500.00
Wages:	37,500.00
Tax Withheld from Wages:	789.00
Social Security & Medicare Tax Withheld:	1,866.00
EIC from Federal Form 1040:	4,512.00
Interest/Dividend Income from VT State Obligations:	185.00
Railroad Retirement Income:	12,750.00
Vermont Higher Education Investment:	2,500.00
Bond Note Interest Income:	355.00
Bond Note Interest Income received from:	VSAC
SPAN #:	579-182-12345
Housesite Value:	125,980.00
Housesite Education Tax:	1,969.00
Housesite Municipal Tax:	233.00
Ownership Interest:	100%

2021 Form IN-111

Vermont Income Tax Return

DEPT
USE
ONLY



FILE YOUR RETURN
ELECTRONICALLY FOR A
FASTER REFUND. GO TO
TAX.VERMONT.GOV FOR
MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name REANUD		First Name CHRISTOPHER		MI	Social Security Number 4 0 0 0 0 9 0 3 4	<input type="checkbox"/> Check if Deceased
Spouse's/CU Partner's Last Name		First Name		MI	Social Security Number	<input type="checkbox"/> Check if Deceased
Mailing Address (Number and Street/Road or PO Box) PO BOX 322				911/Physical Street Address on 12/31/2021 189 MARTIN ST		
City SAINT JOHNSBURY		State VT	ZIP Code or Foreign Postal Code 05863		Foreign Country	
Vermont School District Code 182	<input type="checkbox"/> Enter Healthcare Coverage Code (See instructions for code options)		Check all that apply		<input type="checkbox"/> AMENDED Return	<input type="checkbox"/> RECOMPUTED Return
Filing Status and Standard Deduction		<input type="checkbox"/> Single (\$6,350)	<input type="checkbox"/> Married/CU Filing Jointly (\$12,700)	<input type="checkbox"/> Married/CU Filing Separately (\$6,350)	<input checked="" type="checkbox"/> Head of Household (\$9,500)	<input type="checkbox"/> Qualifying Widow(er) (\$12,700)

1. Federal Adjusted Gross Income (federal Form 1040, Line 11) 1. 37500 .00

2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 17) 2. -12920 .00

3. Federal AGI with Modifications (ADD Lines 1 and 2) 3. 24580 .00

4. 2021 Vermont Standard Deduction from filing status section above. 4. 9500 .00
Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.

5. Personal Exemptions:

5a. Enter "1" for yourself if no one can claim you as a dependent 5a. 1

5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er) 5b. _____

5c. Enter number of other dependents claimed on federal Form 1040. This includes any dependents other than yourself and/or your spouse. 5c. 2

5d. ADD Lines 5a through 5c 5d. 3

5e. MULTIPLY Line 5d by \$4,350 (2021 Personal Exemption) 5e. 13050 .00

6. ADD Lines 4 and 5e 6. 22550 .00

7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3. If less than zero, enter -0-) 7. 2030 .00

8. Vermont Income Tax from tax table or tax rate schedule 8. 68 .00
(If Line 1 is greater than \$150,000, see instructions)

9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 16) 9. _____ .00

10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9. If less than zero, enter -0-) 10. 68 .00

11. Tax-Deductible Charitable Contribution (See instructions) <u>.00</u>	12. Multiply Line 11 by 5% (0.05) <u>.00</u>	13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) <u>.00</u>
--	--	---

14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 14. 38 .00

15. Income Adjustment (Schedule IN-113, Line 36, or 100.0000%) 15. 100 .0000 %

16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15) 16. 68 .00

Taxpayer's Last Name	Social Security Number
RENAUD	400009034



* 2 1 1 1 1 2 0 0 *

Amount from Line 16 **.00**

Other State Credit (Schedule IN-117, Line 21) **.00** + Vermont Tax Credits (Schedule IN-119, Part II) **250 .00** = Total Vermont Credits (Add Lines 17 and 18) **250 .00**

17. **.00** + 18. **250 .00** = 19. **250 .00**

20. Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-). 20. **0 .00**

21. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). . . Check to certify no Use Tax is due. **OR** 21. **.00**

22. Total Vermont Taxes (ADD Lines 20 and 21) 22. **0 .00**

Vermont Veterans Fund Green Up Vermont Nongame Wildlife Fund Children's Trust Fund Total Contributions

23a. **.00** + 23b. **.00** + 23c. **.00** + 23d. **.00** = 23e. **.00**

24. Total of Vermont Taxes and Voluntary Contributions (ADD Lines 22 and 23e) 24. **0 .00**

25a. 2021 Vermont Tax Withheld from W-2, 1099 25a. **789 .00**

25b. 2021 Estimated Tax payments, amount carried forward from 2020, and/or payment made with 2021 extension. 25b. **.00**

25c. Refundable Credits (Schedule IN-112, Part II, Line 11) 25c. **788 .00**

25d. 2021 Vermont Real Estate Withholding from Form RW-171 25d. **.00**

25e. 2021 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 25e. **.00**

25f. Total Payments and Credits (ADD Lines 25a through 25e) 25f. **1577 .00**

26. Overpayment. If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f 26. **1577 .00**

27a. Refund to be credited to 2022 Estimated Tax Payment 27a. **.00**

27b. Refund to be credited to 2022 Property Tax Bill 27b. **.00**

28. REFUND AMOUNT (SUBTRACT Lines 27a and 27b from Line 26) 28. **1577 .00**

29. If Line 24 is more than Line 25f, subtract Line 25f from Line 24. See instructions on tax due 29. **.00**

30. Interest and Penalty on Underpayment of Estimated Tax. . 30. **.00** 31. AMOUNT DUE (ADD Lines 29 and 30) 31. **.00**

(Worksheet IN-152 or IN-152A)

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .00
---------------------------	-------------------------------------	---------------------------	-----------------------------	---------------------------

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
Paid Preparer's Signature	Date	Preparer's Telephone Number	
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.
5454

Keep a copy for your records.

2021 Schedule IN-112

Vermont Tax Adjustments and Credits

Please PRINT in
BLUE or BLACK INK



* 2 1 1 1 2 1 1 0 0 *

INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
RENAUD	CHRISTOPHER		400009034

PART I

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax (reported on federal Form 1040) **1.** 370 **.00**
- 2. Interest and dividend income from Vermont state and local obligations included in Line 1. **2.** 185 **.00**
- 3. Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1) **3.** 185 **.00**
- 4. Bonus Depreciation Allowed under Federal Law for 2021 **4.** **.00**
- 5. Other (reserved) **5.** RESERVED **.00**
- 6. Total Additions (ADD Line 3 and Line 4) **6.** **.00**

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

- 7. Interest Income from U.S. Obligations. **7.** **.00**
- 8. Capital Gains Exclusion (Schedule IN-153, Line 21) **8.** **.00**
- 9. Adjustment for Prior Years' Bonus Depreciation. **9.** **.00**
- 10. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040) **10.** **.00**
- 11. Medical Expense Deduction (see the worksheet in the instructions) **11.** **.00**
- 12. Social Security Benefits Exempt from Taxation (see the worksheet in the instructions) **12.** **.00**
- 13. Railroad Retirement income. **13.** 12750 **.00**
- 14. Bond/note interest income from (see below) **14.** 355 **.00**
- VSAC Build America Vermont Telecom Authority Vermont Public Power Supply Authority
- 15. Other (reserved) **15.** RESERVED **.00**
- 16. Total Subtractions (ADD Lines 7 through 14) **16.** 13105 **.00**

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

- 17. SUBTRACT Line 16 from Line 6. Enter on Form IN-111, Line 2. **17.** (12920) **.00**
This can be a negative number.

Taxpayer's Last Name	Social Security Number
RENAUD	400009034



PART II

REFUNDABLE CREDITS

Line 1 is for FULL-YEAR residents

1. **Low Income Child & Dependent Care Credit**1. _____ **.00**
 If your federal Adjusted Gross Income is \$30,000 (or \$40,000 for Married Filing Jointly) or less, and child care services are provided by a Vermont accredited daycare provider, enter 50% of federal Form 2441, Line 11. If you are not a Vermont resident or your daycare provider is not accredited, use Schedule IN-119, Part I, Line 8. See instructions if your providers are both accredited and not accredited.

VERMONT EARNED INCOME TAX CREDIT

For FULL-YEAR residents and PART-YEAR residents

ELIGIBILITY QUESTIONS MUST BE ANSWERED

- A. Enter number of qualifying children **A.** _____ **2**
- B. Enter number of qualifying children under the age of 18 **B.** _____ **2**
- C. Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at the end of 2021? **C.** Yes No
If you answered "No" and do not have any qualifying children, you do not qualify for Earned Income Tax Credit

FULL-YEAR RESIDENTS

Answer eligibility questions above and complete Lines 2 and 3

2. Earned income tax credit (Reported on federal Form 1040) **2.** _____ **2188 .00**
3. Vermont Earned Income Tax Credit. **MULTIPLY Line 2 by 36% (0.36)** **3.** _____ **788 .00**

PART YEAR RESIDENTS

Answer eligibility questions above and complete Lines 4 through 10

A. Federal Amount \$

Enter figures in Column A from your federal EITC worksheet and Schedule IN-113

B. Vermont Portion \$

For Vermont Portion, enter income earned while a Vermont resident as shown on Schedule IN-113, Column B, Lines 1, 8, 10, and 11

- | | |
|---|-----------------------------|
| 4. Wages, salaries, tips, etc. (Schedule IN-113, Line 1) 4A. _____ .00 | 4B. _____ .00 |
| 5. Other earned income (Schedule IN-113, Lines 8, 10, and 11) 5A. _____ .00 | 5B. _____ .00 |
| 6. Total earned income (Add Lines 4 and 5) 6A. _____ .00 | 6B. _____ .00 |
| 7. Earned income tax credit adjustment (DIVIDE Line 6B by Line 6A, MULTIPLY the result by 100, and enter here. Do not enter more than 100%.) 7. _____ % | |
| 8. Earned income tax credit (Reported on federal Form 1040) 8. _____ .00 | |
| 9. Multiply Line 8 by 36% and enter the result here. 9. _____ .00 | |
| 10. Vermont Earned Income Tax Credit (MULTIPLY Line 9 by Line 7) 10. _____ .00 | |

11. TOTAL REFUNDABLE CREDITS

(**ADD Line 1 to Line 3 or Line 10.** Enter this amount on Form IN-111, Line 25c) **11.** _____ **788 .00**

2021 Schedule IN-119

Vermont Tax Adjustments and
Nonrefundable Credits



* 2 1 1 1 9 1 1 0 0 *

INCLUDE WITH FORM IN-111

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
RENAUD	CHRISTOPHER		400 00 9034

PART I ADJUSTMENTS TO VERMONT INCOME TAX

ADDITIONS TO VERMONT TAX

- 1. Tax on Qualified Plans including IRA, HSA, and MSA (reported on federal Form 1040, U.S. Individual Income Tax Return) 1. _____ **.00**
- 2. Recapture of Federal Investment Tax Credit (reported on Form 1040) 2. _____ **.00**
- 3. Tax from federal Form 4972, Tax on Lump-Sum Distributions . . 3. _____ **.00**
- 4. **ADD Lines 1 through 3.** 4. _____ **.00**
- 5. **MULTIPLY Line 4 by 24% (0.24)** 5. _____ **.00**
- 6. Recapture of Vermont Credits (See instructions) 6. _____ **.00**
- 7. **ADD Lines 5 and 6.** 7. _____ **.00**

SUBTRACTIONS FROM VERMONT TAX

- 8. Credit for Child & Dependent Care Expenses (reported on Form 1040) 8. _____ **.00**
- 9. Credit for the Elderly or the Disabled (federal Schedule R) 9. _____ **.00**
- 10. Investment Tax Credit - Vermont-based only (See instructions) 10. _____ **.00**
- 11. Vermont Farm Income Averaging Credit (from worksheet in instructions) 11. _____ **.00**
- 12. **ADD Lines 8 through 11.** 12. _____ **.00**
- 13. **MULTIPLY Line 12 by 24% (0.24)** 13. _____ **.00**
- 14. Vermont-based Solar Energy Credit carryforward 14. _____ **.00**
- 15. **ADD Lines 13 and 14** 15. _____ **.00**

NET ADJUSTMENTS TO VERMONT TAX

- 16. **SUBTRACT Line 15 from Line 7.** Enter on Form IN-111, Vermont Income Tax Return, Line 9. This can be a negative number. 16. _____ **.00**

Taxpayer's Last Name	Social Security Number
RENAUD	400 00 9034



INCLUDE WITH FORM IN-111

PART II VERMONT INCOME TAX CREDITS

1. Vermont Higher Education Investment (32 V.S.A § 5825a) See instructions 2500 .00 2021 Contribution eligible for credit Credit TIMES (X) .10 = 250 .00

For credits earned through an S-Corporation, LLC, or Partnership, enter name and FEIN of the entity

Name of Entity	FEIN

If credits from more than one business entity, fill out a separate IN-119 for each entity.

	<u>Column A</u> Earned in 2021	PLUS (+)	<u>Column B</u> Carryforward	EQUALS (=)	<u>Column C</u>
2. Charitable Housing (32 V.S.A. § 5830c) 2A.	.00		2B. .00		2C. .00
3. Qualified Sale of Mobile Home Park (32 V.S.A. § 5828) 3A.	.00		3B. .00		3C. .00
4. Research & Development (32 V.S.A. § 5930ii) 4A.	.00		4B. .00		4C. .00

Prior approval required from Vermont Housing Finance Agency for Line 5

5. Affordable Housing (32 V.S.A § 5930u) 5A.	.00		5B. .00		5C. .00
6. Historic Rehabilitation (32 V.S.A. § 5930cc(a)) 6A.	.00		6B. .00		6C. .00
7. Facade Improvement (32 V.S.A. § 5930cc(b)) 7A.	.00		7B. .00		7C. .00
8. Code Improvements (32 V.S.A. § 5930cc(c)) 8A.	.00		8B. .00		8C. .00

9. ADD Column C, Lines 1 through 8. If no credit claimed on Line 10, enter this amount on Form IN-111, Line 18 . . . 9. 250 .00

Tax Credit Calculation Worksheet

10. Vermont Entrepreneur's Seed Capital Fund (32 V.S.A. § 5830b) 10. .00

11. Enter adjusted Vermont income tax amount from Form IN-111, Line 16 11. .00

12. Enter credit for income tax paid to another state or Canadian province from Form IN-111, Line 17 12. .00

13. SUBTRACT Line 12 from Line 11 13. .00

14. Enter the lesser of Line 9 or Line 13. 14. .00

15. SUBTRACT Line 14 from Line 13. The result cannot be less than zero 15. .00

16. MULTIPLY Line 15 by 50% (0.50) 16. .00

17. Enter the lesser of Line 10 or Line 16. 17. .00

18. Total Credits Allowable. ADD Lines 14 and 17 18. .00

19. Total Income Tax Credits Available. Enter the lesser of Line 13 or Line 18. Enter this amount on Form IN-111, Line 18. 19. .00

2022 Form HS-122

Vermont Homestead Declaration AND
Property Tax Credit Claim



DUE DATE: April 15, 2022. You may file up to Oct. 17, 2022, but the town may assess a penalty. For details on late filing, see the instructions.

How to file a Homestead Declaration: Please complete Section A of this form, sign in the signature section at the bottom of page 2, and send the form to the Vermont Department of Taxes

How to file a Property Tax Credit Claim: To be considered for a Property Tax Credit, you must file a **1**) Homestead Declaration (Section A of this form), **2**) Property Tax Credit Claim (Section B of this form), and **3**) Schedule HI-144, Household Income. Sign this form in the signature section at the bottom of page 2 and send the forms to the Department.

Tired of paper forms? It's fast and convenient to file your claim online at myVTax.vermont.gov.

Annual Vermont Homestead Declaration

This form must be filed each year by every Vermont resident whose property meets the definition of a homestead.

SECTION A.

A Vermont homestead is the principal dwelling and parcel of land surrounding the dwelling, owned and occupied by a resident individual as the individual's domicile on April 1, 2022. If your homestead is leased to a tenant on April 1, 2022, you may still claim it as a homestead if it is not leased for more than 182 days in the 2021 calendar year.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name		First Name		MI	Claimant's Social Security Number	
RENAUD		CHRISTOPHER			4 0 0 0 0 9 0 3 4	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
Mailing Address (Number and Street/Road or PO Box)				Claimant's Date of Birth (MM/DD/YYYY)		
PO BOX 322				06 / 18 / 1977		
City		State	ZIP Code			
SAINT JOHNSBURY		VT	05863			
Location of Homestead (Use a number, street/road name. Do not use a PO Box or "same.")				City/Town of Legal Residence on April 1, 2022 and State		
189 MARTIN ST				SHEFFIELD		VT
Federal Filing Status						
<input type="checkbox"/> Single		<input type="checkbox"/> Married/CU Filing Jointly		<input type="checkbox"/> Married/CU Filing Separately		<input checked="" type="checkbox"/> Head of Household

A1. SPAN - REQUIRED (from the 2021/2022 property tax bill)..... **A1.** 579 - 182 - 12345

A2. Business Use of Dwelling..... **A2.** _____ %

A3. Rental Use of Dwelling..... **A3.** _____ %

A4. Business or Rental Use of **Improvements or Other Buildings**
Not including the dwelling, are improvements or other buildings located on your parcel used for business or rented? . . . **A4.** Yes No

A5-A8 Special Situations (See instructions for more information). Check the following if it applies:

A5. Grantor and sole beneficiary of a revocable trust owning the property

A7. Homestead property crosses town boundaries (File a declaration for each town.)

A6. Life estate holder of the property

A8. Residing in a dwelling on the homestead parcel owned by a related farmer.

Please continue to Page 2, Part B, for property tax credit. Sign on Page 2.

Mail to: Vermont Department of Taxes
PO Box 1881
Montpelier, VT 05601-1881

Claimant's Last Name	Social Security Number
RENAUD	400009034



* 2 2 1 2 2 1 2 0 0 *

DUE DATE: April 15, 2022. Claims accepted up to Oct. 17, 2022.

SECTION B.

PROPERTY TAX CREDIT CLAIM

For Household Income up to \$136,900. Complete and attach Schedule HI-144.

To qualify, you must meet the requirements for filing a homestead declaration in addition to the following requirements. ALL eligibility questions must be answered.

- B1. Were you domiciled in Vermont all of calendar year 2021? Yes, Go to Line B2. No, STOP.
- B2. Were you claimed as a dependent in 2021 by another taxpayer? Yes, STOP. No, Go to Line B3.
- B3. Do you anticipate selling this Vermont housesite on or before April 1, 2022? Yes, STOP. No, Continue

Amounts for Lines B4-B6 are found on the 2021/2022 property tax bill. Round amounts to the nearest dollar.

B4. Housesite Value	B4.	125980	.00
B5. Housesite Education Tax.	B5.	1969	.00
B6. Housesite Municipal Tax	B6.	233	.00
B7. Ownership Interest	B7.	100	.00 %
B8. Household Income (Schedule HI-144, Line z). You MUST attach Schedule HI-144.	B8.	48924	.00 <input type="checkbox"/> Check here if amended Schedule HI-144, Household Income, is included.

Complete the following **ONLY if applicable**. See instructions for details.

B9. Lot Rent (Allocable Rent from Form LRC-147)	B9.		.00
---	-----	--	-----

Allocated Property Tax from Land Trust, Cooperative, or Nonprofit Mobile Home Park

B10. Allocated Education Tax.	B10.		.00
B11. Allocated Municipal Tax.	B11.		.00

OR Property Tax from contiguous property if housesite has less than 2 acres (See instructions.)

B12. Contiguous property Education Tax	B12.		.00
B13. Contiguous property Municipal Tax	B13.		.00

MAXIMUM CREDIT AMOUNT IS \$8,000.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MMDDYYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MMDDYYYY)	Daytime Telephone Number
Paid Preparer's Signature	Date (MMDDYYYY)	Preparer's Telephone Number
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.

2021 Schedule HI-144

Household Income

For the year Jan 1 - Dec 31, 2021



* 2 1 1 4 4 1 1 0 0 *

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2022 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name	First Name	MI	Claimant's Social Security Number
RENAUD	CHRISTOPHER		40009034
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY)

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2021. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Other Person #1 Last Name	First Name	MI	Other Person #1 Social Security Number
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household	1. Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
a. Cash public assistance and relief (See instructions for exclusions) . . .	a. _____ .00	_____ .00	_____ .00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable	b. 12750 .00	_____ .00	_____ .00
c. Unemployment compensation/worker's compensation.	c. _____ .00	_____ .00	_____ .00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)	d. 37500 .00	_____ .00	_____ .00
e. Interest and dividends	e. 185 .00	_____ .00	_____ .00
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable	f. 355 .00	_____ .00	_____ .00
g. Alimony and support money	g. _____ .00	_____ .00	_____ .00
h. Child support and cash gifts Please specify _____	h. _____ .00	_____ .00	_____ .00
i. Business income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	i. _____ .00	_____ .00	_____ .00
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-. See instructions for offsetting a loss	j. _____ .00	_____ .00	_____ .00
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions	k. _____ .00	_____ .00	_____ .00
l. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	l. _____ .00	_____ .00	_____ .00
m. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0-. See Line m instructions for only exception to offset a loss	m. _____ .00	_____ .00	_____ .00
n. Other income (See instructions for examples of other income) Please specify _____	n. _____ .00	_____ .00	_____ .00
o. Total Income: ADD Lines a through n	o. 50790 .00	_____ .00	_____ .00

Claimant's Last Name	Social Security Number
RENAUD	400009034



* 2 1 1 4 4 1 2 0 0 *

Carried forward from Line o 50790 .00 .00 .00

p. See instructions. Enter Social Security and Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE if not included with income tax filing	1. Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
p. 1866	.00	.00	.00
q. Child support paid. You must include proof of payment. See instructions	q. .00	.00	.00

Support paid to: Last Name	First Name	MI	Social Security Number

r. Allowable adjustments from Federal Form 1040

r1. Business expenses for Reservists	r1. .00	.00	.00
r2. Alimony paid	r2. .00	.00	.00
r3. Self-employed health insurance deduction	r3. .00	.00	.00
r4. Health Savings Account deduction	r4. .00	.00	.00
r5. Tuition and Fees as reported on federal Form 8917	r5. .00	.00	.00
s. ADD Lines p, q, and total of Lines r1 through r5 for each column	s. 1866	.00	.00
t. SUBTRACT Line s from Line o of each column. If a negative amount, enter -0-	t. 48924	.00	.00

u. ADD all three amounts from Line t. If a negative amount, enter -0- u. 48924 .00

v. Complete if born Jan. 1, 1957 and after.
Enter interest and dividend income from Lines e and f v. 540 .00 .00 .00

w. ADD all three amounts from Line v w. 540 .00

x. Asset Adjustment of Interest and Dividend Income (Lines e and f). Per 32 V.S.A. § 6061E x. 10,000.00

y. SUBTRACT Line x from Line w. If Line x is more than Line w, enter -0- y. .00

z. HOUSEHOLD INCOME. ADD Line u and Line y z. 48924 .00

HOMEOWNERS Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year.
Homeowners with Household Income up to 136,900 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. This schedule must be filed with Form HS-122.
Form HS-122 The due date to file is April 15, 2022. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 17, 2022, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

Test 4:**Required Vermont Forms/Schedules:** IN-111, Social Security Worksheet, HS-122, HI-144**Taxpayer(s) Information:**

Primary SSN:	400-00-9035
Name:	Sammy Goodrich
Residency Status:	Resident
Mailing Address:	PO Box 349
City:	Chester
State:	VT
Zip Code:	05143
Date of Birth:	June 14, 1947
Filing Status:	Married Filing Joint
Spouse SSN:	400-00-9036
Spouse Name:	Patty Goodrich
Spouse Date of Birth:	September 14, 1950
School District Code:	045
911 Address:	13 Sugarbush Rd.
Healthcare Coverage:	Taxpayer & Spouse
Primary Occupation:	Chief Operator
Spouse Occupation:	Secretary

Return Information:

Federal AGI:	59,095.00
Wages:	48,595.00
Taxable Social Security Income:	10,500.00
Social Security & Medicare Tax Withheld:	3,718.00
Income Tax Withheld from Wages:	1,200.00
Overpayment applied to 2020 Property Tax Bill:	Yes
SPAN:	114-045-12345
Business Use of Dwelling:	0.00%
Rental Use of Dwelling:	0.00%
Improvements:	None
Special Situations:	None
Housesite Value:	155,500.00
Housesite Education Tax:	1,888.00
Housesite Municipal Tax:	1,143
Ownership Interest:	100.00%
Mobile Home Lot Rent:	None
Contiguous Property:	No

2021 Form IN-111

Vermont Income Tax Return

DEPT
USE
ONLY



* 2 1 1 1 1 1 1 0 0 *

FILE YOUR RETURN
ELECTRONICALLY FOR A
FASTER REFUND. GO TO
TAX.VERMONT.GOV FOR
MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name		First Name		MI	Social Security Number		<input type="checkbox"/> Check if Deceased
GOODRICH		SAMMY		R	4 0 0 0 0 9 0 3 5		
Spouse's/CU Partner's Last Name		First Name		MI	Social Security Number		<input type="checkbox"/> Check if Deceased
GOODRICH		PATTY		M	4 0 0 0 0 9 0 3 6		
Mailing Address (Number and Street/Road or PO Box)				911/Physical Street Address on 12/31/2021			
PO BOX 349				13 SUGARBUSH RD			
City		State	ZIP Code or Foreign Postal Code		Foreign Country		
CHESTER		VT	05143				
Vermont School District Code	Enter Healthcare Coverage Code (See instructions for code options)		Check all that apply				
045	3		<input type="checkbox"/> AMENDED Return		<input type="checkbox"/> RECOMPUTED Return		<input type="checkbox"/> EXTENDED Return
Filing Status and Standard Deduction	<input type="checkbox"/> Single (\$6,350)	<input checked="" type="checkbox"/> Married/CU Filing Jointly (\$12,700)		<input type="checkbox"/> Married/CU Filing Separately (\$6,350)		<input type="checkbox"/> Head of Household (\$9,500)	<input type="checkbox"/> Qualifying Widow(er) (\$12,700)

1. Federal Adjusted Gross Income (federal Form 1040, Line 11) 1. 59095 .00

2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 17) 2. -10500 .00

3. Federal AGI with Modifications (ADD Lines 1 and 2) 3. 48595 .00

4. 2021 Vermont Standard Deduction from filing status section above. 4. 14800 .00
Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.

5. Personal Exemptions:

5a. Enter "1" for yourself if no one can claim you as a dependent 5a. 1

5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er) 5b. 1

5c. Enter number of other dependents claimed on federal Form 1040. This includes any dependents other than yourself and/or your spouse. 5c. _____

5d. ADD Lines 5a through 5c 5d. 2

5e. MULTIPLY Line 5d by \$4,350 (2021 Personal Exemption) 5e. 8700 .00

6. ADD Lines 4 and 5e 6. 23500 .00

7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3. If less than zero, enter -0-) 7. 25095 .00

8. Vermont Income Tax from tax table or tax rate schedule 8. 841 .00
(If Line 1 is greater than \$150,000, see instructions)

9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 16) 9. _____ .00

10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9. If less than zero, enter -0-) 10. 841 .00

11. Tax-Deductible Charitable Contribution (See instructions) <u>1000</u> .00	12. Multiply Line 11 by 5% (0.05) <u>50</u> .00	13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 13. <u>50</u> .00
---	---	--

14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 14. 791 .00

15. Income Adjustment (Schedule IN-113, Line 36, or 100.0000%) 15. 100 .0000 %

16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15) 16. 791 .00

Taxpayer's Last Name	Social Security Number
GOODRICH	400009035



* 2 1 1 1 1 2 0 0 *

Amount from Line 16 **.00**

Other State Credit (Schedule IN-117, Line 21) **.00** + Vermont Tax Credits (Schedule IN-119, Part II) **.00** = Total Vermont Credits (Add Lines 17 and 18) **.00**

17. **.00** + 18. **.00** = 19. **.00**

20. Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-). 20. **791 .00**

21. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). . . Check to certify no Use Tax is due. **OR** 21. **.00**

22. Total Vermont Taxes (ADD Lines 20 and 21) 22. **791 .00**

Vermont Veterans Fund Green Up Vermont Nongame Wildlife Fund Children's Trust Fund Total Contributions

23a. **.00** + 23b. **.00** + 23c. **.00** + 23d. **.00** = 23e. **.00**

24. Total of Vermont Taxes and Voluntary Contributions (ADD Lines 22 and 23e) 24. **791 .00**

25a. 2021 Vermont Tax Withheld from W-2, 1099 25a. **1200 .00**

25b. 2021 Estimated Tax payments, amount carried forward from 2020, and/or payment made with 2021 extension. 25b. **.00**

25c. Refundable Credits (Schedule IN-112, Part II, Line 11) 25c. **.00**

25d. 2021 Vermont Real Estate Withholding from Form RW-171 25d. **.00**

25e. 2021 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 25e. **.00**

25f. Total Payments and Credits (ADD Lines 25a through 25e) 25f. **1200 .00**

26. Overpayment. If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f 26. **409 .00**

27a. Refund to be credited to 2022 Estimated Tax Payment 27a. **.00**

27b. Refund to be credited to 2022 Property Tax Bill 27b. **409 .00**

28. REFUND AMOUNT (SUBTRACT Lines 27a and 27b from Line 26) 28. **.00**

29. If Line 24 is more than Line 25f, subtract Line 25f from Line 24. See instructions on tax due 29. **.00**

30. Interest and Penalty on Underpayment of Estimated Tax. . 30. **.00** 31. AMOUNT DUE (ADD Lines 29 and 30) 31. **.00**

(Worksheet IN-152 or IN-152A)

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .00
---------------------------	-------------------------------------	---------------------------	-----------------------------	---------------------------

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
Paid Preparer's Signature	Date	Preparer's Telephone Number	
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.
5454

Keep a copy for your records.

2022 Form HS-122

Vermont Homestead Declaration AND
Property Tax Credit Claim



DUE DATE: April 15, 2022. You may file up to Oct. 17, 2022, but the town may assess a penalty. For details on late filing, see the instructions.

How to file a Homestead Declaration: Please complete Section A of this form, sign in the signature section at the bottom of page 2, and send the form to the Vermont Department of Taxes

How to file a Property Tax Credit Claim: To be considered for a Property Tax Credit, you must file a **1**) Homestead Declaration (Section A of this form), **2**) Property Tax Credit Claim (Section B of this form), and **3**) Schedule HI-144, Household Income. Sign this form in the signature section at the bottom of page 2 and send the forms to the Department.

Tired of paper forms? It's fast and convenient to file your claim online at myVTax.vermont.gov.

Annual Vermont Homestead Declaration

This form must be filed each year by every Vermont resident whose property meets the definition of a homestead.

SECTION A.

A Vermont homestead is the principal dwelling and parcel of land surrounding the dwelling, owned and occupied by a resident individual as the individual's domicile on April 1, 2022. If your homestead is leased to a tenant on April 1, 2022, you may still claim it as a homestead if it is not leased for more than 182 days in the 2021 calendar year.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name		First Name		MI	Claimant's Social Security Number	
GOODRICH		SAMMY		R	400009035	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
GOODRICH		PATTY		M	400009036	
Mailing Address (Number and Street/Road or PO Box)				Claimant's Date of Birth (MM/DD/YYYY)		
PO BOX 349				06 / 14 / 1947		
City		State	ZIP Code			
CHESTER		VT	05143			
Location of Homestead (Use a number, street/road name. Do not use a PO Box or "same.")				City/Town of Legal Residence on April 1, 2022 and State		
13 SUGARBUSH RD				CHESTER		VT
Federal Filing Status						
<input type="checkbox"/> Single		<input checked="" type="checkbox"/> Married/CU Filing Jointly		<input type="checkbox"/> Married/CU Filing Separately		<input type="checkbox"/> Head of Household

A1. SPAN - REQUIRED (from the 2021/2022 property tax bill)..... **A1.** 114 - 045 - 12345

A2. Business Use of Dwelling..... **A2.** _____ %

A3. Rental Use of Dwelling..... **A3.** _____ %

A4. Business or Rental Use of **Improvements or Other Buildings**
Not including the dwelling, are improvements or other buildings located on your parcel used for business or rented? ... **A4.** Yes No

A5-A8 Special Situations (See instructions for more information). Check the following if it applies:

A5. Grantor and sole beneficiary of a revocable trust owning the property

A7. Homestead property crosses town boundaries (File a declaration for each town.)

A6. Life estate holder of the property

A8. Residing in a dwelling on the homestead parcel owned by a related farmer.

Please continue to Page 2, Part B, for property tax credit. Sign on Page 2.

Mail to: Vermont Department of Taxes
PO Box 1881
Montpelier, VT 05601-1881

Claimant's Last Name	Social Security Number
GOODRICH	400009035



* 2 2 1 2 2 1 2 0 0 *

DUE DATE: April 15, 2022. Claims accepted up to Oct. 17, 2022.

SECTION B. PROPERTY TAX CREDIT CLAIM

For Household Income up to \$136,900. Complete and attach Schedule HI-144.

To qualify, you must meet the requirements for filing a homestead declaration in addition to the following requirements. ALL eligibility questions must be answered.

- B1. Were you domiciled in Vermont all of calendar year 2021? Yes, Go to Line B2. No, STOP.
- B2. Were you claimed as a dependent in 2021 by another taxpayer? Yes, STOP. No, Go to Line B3.
- B3. Do you anticipate selling this Vermont housesite on or before April 1, 2022? Yes, STOP. No, Continue

Amounts for Lines B4-B6 are found on the 2021/2022 property tax bill. Round amounts to the nearest dollar.

B4. Housesite Value	B4.	155500	.00
B5. Housesite Education Tax.	B5.	1888	.00
B6. Housesite Municipal Tax	B6.	1143	.00
B7. Ownership Interest	B7.	100	.00 %
B8. Household Income (Schedule HI-144, Line z). You MUST attach Schedule HI-144.	B8.	55377	.00 <input type="checkbox"/> Check here if amended Schedule HI-144, Household Income, is included.

Complete the following **ONLY if applicable**. See instructions for details.

B9. Lot Rent (Allocable Rent from Form LRC-147)	B9.		.00
---	-----	--	-----

Allocated Property Tax from Land Trust, Cooperative, or Nonprofit Mobile Home Park

B10. Allocated Education Tax.	B10.		.00
B11. Allocated Municipal Tax.	B11.		.00

OR Property Tax from contiguous property if housesite has less than 2 acres (See instructions.)

B12. Contiguous property Education Tax	B12.		.00
B13. Contiguous property Municipal Tax	B13.		.00

MAXIMUM CREDIT AMOUNT IS \$8,000.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MMDDYYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MMDDYYYY)	Daytime Telephone Number
Paid Preparer's Signature	Date (MMDDYYYY)	Preparer's Telephone Number
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.

2021 Schedule HI-144

Household Income

For the year Jan 1 - Dec 31, 2021



* 2 1 1 4 4 1 1 0 0 *

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2022 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name	First Name	MI	Claimant's Social Security Number
GOODRICH	SAMMY	R	4 0 0 0 0 9 0 3 5
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY)
GOODRICH	PATTY	M	4 0 0 0 0 9 0 3 6

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2021. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Other Person #1 Last Name	First Name	MI	Other Person #1 Social Security Number
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household	1. Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
a. Cash public assistance and relief (See instructions for exclusions) . . .	a. _____ .00	_____ .00	_____ .00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable	b. 10500 .00	_____ .00	_____ .00
c. Unemployment compensation/worker's compensation.	c. _____ .00	_____ .00	_____ .00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)	d. 48595 .00	_____ .00	_____ .00
e. Interest and dividends	e. _____ .00	_____ .00	_____ .00
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable	f. _____ .00	_____ .00	_____ .00
g. Alimony and support money	g. _____ .00	_____ .00	_____ .00
h. Child support and cash gifts Please specify _____	h. _____ .00	_____ .00	_____ .00
i. Business income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	i. _____ .00	_____ .00	_____ .00
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-. See instructions for offsetting a loss	j. _____ .00	_____ .00	_____ .00
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions	k. _____ .00	_____ .00	_____ .00
l. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	l. _____ .00	_____ .00	_____ .00
m. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0-. See Line m instructions for only exception to offset a loss	m. _____ .00	_____ .00	_____ .00
n. Other income (See instructions for examples of other income) Please specify _____	n. _____ .00	_____ .00	_____ .00
o. Total Income: ADD Lines a through n	o. 59095 .00	_____ .00	_____ .00

Claimant's Last Name	Social Security Number
GOODRICH	400009035



* 2 1 1 4 4 1 2 0 0 *

Carried forward from Line o 59095 .00 .00 .00

	1. Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
p. See instructions. Enter Social Security and Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE if not included with income tax filing	p. 3718 .00	.00	.00
q. Child support paid. You must include proof of payment. See instructions	q. .00	.00	.00

Support paid to: Last Name	First Name	MI	Social Security Number

r. Allowable adjustments from Federal Form 1040

r1. Business expenses for Reservists	r1. .00	.00	.00
r2. Alimony paid	r2. .00	.00	.00
r3. Self-employed health insurance deduction	r3. .00	.00	.00
r4. Health Savings Account deduction	r4. .00	.00	.00
r5. Tuition and Fees as reported on federal Form 8917	r5. .00	.00	.00
s. ADD Lines p, q, and total of Lines r1 through r5 for each column	s. 3718 .00	.00	.00
t. SUBTRACT Line s from Line o of each column. If a negative amount, enter -0-	t. 55377 .00	.00	.00

u. ADD all three amounts from Line t. If a negative amount, enter -0- **u.** 55377 .00

v. Complete if born Jan. 1, 1957 and after. Enter interest and dividend income from Lines e and f. **v.** .00 | .00 | .00

w. ADD all three amounts from Line v. **w.** .00

x. Asset Adjustment of Interest and Dividend Income (Lines e and f). Per 32 V.S.A. § 6061E **x.** 10,000.00

y. SUBTRACT Line x from Line w. If Line x is more than Line w, enter -0- **y.** .00

z. HOUSEHOLD INCOME. ADD Line u and Line y **z.** 55377 .00

HOMEOWNERS Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year. Homeowners with Household Income up to 136,900 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. This schedule must be filed with Form HS-122. Form HS-122 The due date to file is April 15, 2022. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 17, 2022, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

SOCIAL SECURITY EXEMPTION WORKSHEET

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS WORKSHEET.

Instructions: It is important that you answer the questions in Section I to determine if you qualify for a full or partial exemption. If you qualify for a partial exemption, you may move on to Section II to calculate the amount of the exemption.

SECTION I: Do you qualify for the Vermont Social Security full or partial exemption?

1. Did you report an amount on federal Form 1040, U.S. Individual Income Tax Return, Line 6b, earning Social Security benefits that were taxable in the current tax year?
 - No, STOP.** You do not qualify for this exemption.
 - Yes.** Proceed to question 2.

2. If you are:
 - Married filing jointly, is your Adjusted Gross Income (AGI) on Form IN-111, Vermont Income Tax Return, Line 1, less than \$70,000?
 - Single, head of household, qualifying widow(er), or married filing separately, is your AGI on Form IN-111, Line 1, less than \$55,000?
 - No, STOP.** You do not qualify for this exemption.
 - Yes.** You qualify for Vermont's Social Security exemption. Proceed to question 3.

3. If you are:
 - Married filing jointly, is your AGI less than \$60,000?
 - Single, head of household, qualifying widow(er), or married filing separately, is your AGI less than \$45,000?
 - No.** Please proceed to Section II of this worksheet.
 - Yes.** You qualify for a **full exemption.** Please enter the full amount from federal Form 1040, Line 6b, on Schedule IN-112, Part I, Line 12.

SECTION II: Calculating your Social Security Partial Exemption

This section is for married joint filers with an Adjusted Gross Income (AGI) between \$60,000-\$70,000 and for single, head of household, qualifying widow(er), or married separate filers with an AGI between \$45,000-\$55,000.

4. If you are:
 - Married filing jointly, enter \$70,000.
 - All other filing statuses, enter \$55,000. **4.** 70000
5. Enter your AGI from Form IN-111, Line 1. **5.** 59095
6. Subtract Line 5 from Line 4. If Line 5 is greater than Line 4, enter -0-. **6.** 10905
7. Divide Line 6 by \$10,000. This value will be a decimal. Please round to the second decimal place (*Example:* .481 would round to .48). **7.** 1.09
8. Enter the lesser of Line 7 or the value 1 (This line should not be greater than 1). **8.** 1
9. Enter the amount from federal Form 1040, Line 6b. **9.** 10500
10. Amount of **partial exemption.** Multiply Line 9 by Line 8.
Enter this amount on Schedule IN-112, Part I, Line 12. **10.** 10500

Note about civil unions: If you are in a civil union and filing jointly, you should file for this exemption as married filing jointly. If you are a civil union and filing separately, you should file as married filing separately.

Test 5:**Required Vermont Forms/Schedules:** IN-111, IN-117**Taxpayer(s) Information:**

Primary SSN:	400-00-9037
Name:	Michael Lane
Residency Status:	Resident
Mailing Address:	17 Ferndell Ln.
City:	Colchester
State:	VT
Zip Code:	05446
Date of Birth:	January 15, 1982
Filing Status:	Single
School District Code:	048
911 Address:	17 Ferndell Ln.
Healthcare Coverage:	Taxpayer

Return Information:

Federal AGI:	115,000.00
Wages:	115,000.00
NY Wages:	57,500.00
VT Income Tax Withheld from Wages:	5,000.00
NY Taxes Paid:	5,000.00
Use Tax Due:	115.00
Estimated payments made	2,750.00

2021 Form IN-111

Vermont Income Tax Return

DEPT
USE
ONLY



* 2 1 1 1 1 1 1 0 0 *

FILE YOUR RETURN
ELECTRONICALLY FOR A
FASTER REFUND. GO TO
TAX.VERMONT.GOV FOR
MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name LANE		First Name MICHAEL		MI	Social Security Number 400009037	<input type="checkbox"/> Check if Deceased
Spouse's/CU Partner's Last Name		First Name		MI	Social Security Number	<input type="checkbox"/> Check if Deceased
Mailing Address (Number and Street/Road or PO Box) 17 FERNDILL LN				911/Physical Street Address on 12/31/2021 17 FERNDILL		
City COLCHESTER		State VT	ZIP Code or Foreign Postal Code 05446		Foreign Country	
Vermont School District Code 048	<input type="checkbox"/> Enter Healthcare Coverage Code (See instructions for code options)		Check all that apply		<input type="checkbox"/> AMENDED Return	<input type="checkbox"/> RECOMPUTED Return
Filing Status and Standard Deduction		<input checked="" type="checkbox"/> Single (\$6,350)	<input type="checkbox"/> Married/CU Filing Jointly (\$12,700)	<input type="checkbox"/> Married/CU Filing Separately (\$6,350)	<input type="checkbox"/> Head of Household (\$9,500)	<input type="checkbox"/> Qualifying Widow(er) (\$12,700)
		<input type="checkbox"/> 1			<input checked="" type="checkbox"/> EXTENDED Return	

1. Federal Adjusted Gross Income (federal Form 1040, Line 11) 1. 115000 .00

2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 17) 2. _____ .00

3. Federal AGI with Modifications (ADD Lines 1 and 2) 3. 115000 .00

4. 2021 Vermont Standard Deduction from filing status section above. 4. 6350 .00
Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.

5. Personal Exemptions:

5a. Enter "1" for yourself if no one can claim you as a dependent 5a. 1

5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er) 5b. _____

5c. Enter number of other dependents claimed on federal Form 1040. This includes any dependents other than yourself and/or your spouse. 5c. _____

5d. ADD Lines 5a through 5c 5d. 1

5e. MULTIPLY Line 5d by \$4,350 (2021 Personal Exemption) 5e. 4350 .00

6. ADD Lines 4 and 5e 6. 10700 .00

7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3. If less than zero, enter -0-) 7. 104300 .00

8. Vermont Income Tax from tax table or tax rate schedule 8. 5604 .00
(If Line 1 is greater than \$150,000, see instructions)

9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 16) 9. _____ .00

10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9. If less than zero, enter -0-) 10. 5604 .00

11. Tax-Deductible Charitable Contribution (See instructions) <u>.00</u>	12. Multiply Line 11 by 5% (0.05) <u>.00</u>	13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) <u>.00</u>
--	--	---

14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 14. 5604 .00

15. Income Adjustment (Schedule IN-113, Line 36, or 100.0000%) 15. 100 .0000 %

16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15) 16. 5604 .00

Taxpayer's Last Name	Social Security Number
LANE	400009037



Amount from Line 16 **.00**

Other State Credit (Schedule IN-117, Line 21) **17.** 2802 .00 + Vermont Tax Credits (Schedule IN-119, Part II) **18.** .00 = Total Vermont Credits (Add Lines 17 and 18) **19.** 2802 .00

20. Vermont Income Tax after credits (**SUBTRACT Line 19 from Line 16.**
If Line 19 is greater than Line 16, enter -0-). **20.** 2802 .00

21. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). . . . Check to certify no Use Tax is due. **OR** **21.** 58 .00

22. Total Vermont Taxes (**ADD Lines 20 and 21**) **22.** 2860 .00

Vermont Veterans Fund **23a.** .00 + Green Up Vermont **23b.** .00 + Nongame Wildlife Fund **23c.** .00 + Children's Trust Fund **23d.** .00 = Total Contributions **23e.** .00

24. Total of Vermont Taxes and Voluntary Contributions (**ADD Lines 22 and 23e**) **24.** 2860 .00

25a. 2021 Vermont Tax Withheld from W-2, 1099 **25a.** 5000 .00

25b. 2021 Estimated Tax payments, amount carried forward from 2020, and/or payment made with 2021 extension. **25b.** 2750 .00

25c. Refundable Credits (Schedule IN-112, Part II, Line 11) **25c.** .00

25d. 2021 Vermont Real Estate Withholding from Form RW-171 **25d.** .00

25e. 2021 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 **25e.** .00

25f. Total Payments and Credits (**ADD Lines 25a through 25e**) **25f.** 7750 .00

26. Overpayment. **If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f** **26.** 4890 .00

27a. Refund to be credited to 2022 Estimated Tax Payment **27a.** .00

27b. Refund to be credited to 2022 Property Tax Bill **27b.** .00

28. REFUND AMOUNT (**SUBTRACT Lines 27a and 27b from Line 26**) **28.** 4890 .00

29. **If Line 24 is more than Line 25f, subtract Line 25f from Line 24.**
See instructions on tax due **29.** .00

30. Interest and Penalty on Underpayment of Estimated Tax. **30.** .00 **31. AMOUNT DUE** (ADD Lines 29 and 30) **31.** .00
(Worksheet IN-152 or IN-152A)

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .00
---------------------------	-------------------------------------	---------------------------	-----------------------------	---------------------------

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
Paid Preparer's Signature		Date	Preparer's Telephone Number
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.
5454

Keep a copy for your records.

2021 Schedule IN-117



* 2 1 1 1 7 1 1 0 0 *

Vermont Credit for Income Tax Paid to Other State or Canadian Province

INCLUDE WITH FORM IN-111

Please PRINT in BLUE or BLACK INK

For Residents and Some Part-Year Residents ONLY.

You must complete a separate Schedule IN-117 for each state or Canadian province and include a copy of the other state return(s). Please see instructions.

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
LANE	MICHAEL		400 00 9037

1. Name of state or Canadian province. Use standard two-letter abbreviation. **1.** NY
2. Enter Adjusted Gross Income taxed in another state or Canadian province that is also subject to Vermont income tax. This entry cannot be more than the entry on Form IN-111, Line 1. (If less than zero, enter -0-). **2.** 57500 .00
3. 2021 Bonus Depreciation addback taxed in another state or Canadian province AND taxed in Vermont. **3.** .00
4. Non-Vermont state/local obligations taxed in another state or Canadian province AND taxed in Vermont **4.** .00
5. **ADD Lines 2 through 4.** **5.** 57500 .00
6. Bonus Depreciation subtracted from income in another state or Canadian province in tax year 2021 **6.** .00
7. U.S. Government interest income subtracted from income in another state or Canadian province in tax year 2021 **7.** .00
8. **ADD Lines 6 and 7** **8.** .00
9. Modified Adjusted Gross Income for income taxed in another state or Canadian province AND taxed in Vermont (**SUBTRACT Line 8 from Line 5**) **9.** 57500 .00
10. Adjusted Gross Income from Form IN-111, Line 1. (If less than zero, enter -0-). **10.** 115000 .00
11. Non-Vermont state/local obligations from Schedule IN-112, Part I, Line 3 **11.** .00
12. Bonus Depreciation from Schedule IN-112, Part I, Line 4. **12.** .00
13. **ADD Lines 10 through 12.** **13.** 115000 .00
14. U.S. Government interest income from Schedule IN-112, Part I, Line 7 **14.** .00
15. Bonus Depreciation from Schedule IN-112, Part I, Line 9. **15.** .00
16. **ADD Lines 14 and 15** **16.** .00
17. **SUBTRACT Line 16 from Line 13** **17.** 115000 .00
18. Vermont income tax from Form IN-111, Line 14 **18.** 5604 .00
19. Computed tax credit (**DIVIDE Line 9 by Line 17. MULTIPLY the result by Line 18.**) Result cannot be more than 100% of Vermont tax.
 Line 9 57500 .00 x Line 18 5604 .00
 Line 17 115000 .00 **19.** 2802 .00
20. Income tax paid to another state or Canadian province based on modified Adjusted Gross Income from Line 9 above **20.** .00
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 IN-111, Line 17 **21.** 2802 .00

USE TAX WORKSHEET

Did you buy taxable items without paying Vermont Sales Tax? This includes orders over the internet, by mail, or by phone on which you did not pay Vermont Sales Tax. This also includes out-of-state purchases on which you paid tax at a rate **less than 6%**, including purchases of liquor to be consumed in Vermont.

- Yes, but I did not keep accurate records.** Go to Part 1.
 Yes, and I kept accurate records. Go to Part 2.
 No. Skip to Part 4.

Parts 1 through 3 relate only to the types of purchases described above, where you were not charged at least 6% Sales Tax.

Part 1 If you did not keep accurate records

- 1a.** Enter the amount of use tax from the Estimated Use Tax Table below that corresponds to your Adjusted Gross Income from Form IN-111, Line 1 **1a.** _____ **58**
- 1b.** Did you make purchase(s) of \$1,000 or more per item?
 Yes. Go to Part 3.
 No. Enter Line 1a amount onto Form IN-111, Line 21 and skip the remainder of this worksheet.

Estimated Use Tax Table

Adjusted Gross Income	Use Tax is:	Adjusted Gross Income	Use Tax is:	Adjusted Gross Income	Use Tax is:
Up to \$20,000	\$0	\$40,001 - \$50,000	\$20	\$80,001 - \$90,000	\$40
\$20,001 - \$30,000	\$10	\$50,001 - \$60,000	\$25	\$90,001 - \$100,000	\$45
\$30,001 - \$40,000	\$15	\$60,001 - \$70,000	\$30	\$100,001 and over . . .	0.05% (0.0005) of AGI or \$150, whichever is less.
		\$70,001 - \$80,000	\$35		

Part 2 If you did keep accurate records

- 2a.** Enter the total amount of all purchases of items **under \$1,000** each **2a.** _____
- 2b.** Multiply Line 2a by 6% (0.06). Enter the amount here. **2b.** _____

Part 3 Total Use Tax due

- 3a.** Enter the total amount of all purchases of items **\$1,000 or more** per item. **3a.** _____
- 3b.** Multiply Line 3a by 6% (0.06). Enter the amount here. **3b.** _____
- 3c.** Add Line 3b to either Line 1a or Line 2b (the line with a value entered). **3c.** _____
- 3d.** Enter the amount of sales tax paid to another state for the purchases on Lines 2a and 3a, if any. **3d.** _____
- 3e.** Line 3c minus Line 3d. Enter here and on Form IN-111, Line 21. **3e.** _____

Part 4 Certification of No Use Tax Due

You do not owe use tax if: **1)** you did not make any taxable purchases by internet, mail-order, over the phone, or out of state, or **2)** you made purchases using any of these methods but paid at least 6% sales tax at the time of purchase on all of them.

If one of the situations above is true, check the box next to Line 21 and enter -0- on that line. The failure to pay use tax may result in the assessment of penalties of up to 100% of the unreported tax and interest.

Test 6:**Required Vermont Forms/Schedules:** IN-111, IN-112, IN-119, IN-153**Taxpayer(s) Information:**

Primary SSN:	400-00-9038
Name:	John Siloway
Residency Status:	Resident
Mailing Address:	1413 Boudro Road
City:	Randolph
State:	VT
Zip Code:	05060
Date of Birth:	December 28, 1953
Filing Status:	Married Filing Joint
Spouse SSN:	400-00-9039 Mary
Spouse Name:	Siloway
School District Code:	159
911 Address:	1413 Boudro Road
Healthcare Coverage:	Spouse
Primary Occupation:	Teacher
Dependent Name:	Michael Siloway
Dependent SSN:	400-00-9004

Return Information:

Federal AGI:	56,604.00
Taxable Social Security:	1,256.00
Interest & Dividend Income from State & Local Obligations Exempt from Federal Taxes:	266,000.00
VT Interest & Dividend Income from State & Local Obligations Exempt from Federal Taxes:	255,570.00
Income Tax Withheld from Wages:	1,200.00
Estimated Payments Made:	1,000.00
Interest Income from US Obligations:	7,279.00
Bond/Note Interest Income:	500.00
Bond/Note Interest Income received from:	Build America
Federal Child & Dependent Care:	600.00
Vermont Higher Education Investment:	500.00
VT Housing Rehabilitation Credit Earned:	90.00
Entity Credit from:	Housing Community Inc. FEIN 40-0008045
Charitable Contributions Made:	500.00

2021 Form IN-111

Vermont Income Tax Return

DEPT
USE
ONLY



* 2 1 1 1 1 1 1 0 0 *

FILE YOUR RETURN
ELECTRONICALLY FOR A
FASTER REFUND. GO TO
TAX.VERMONT.GOV FOR
MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name SILOWAY		First Name JOHN		MI	Social Security Number 4 0 0 0 0 9 0 3 8	<input type="checkbox"/> Check if Deceased	
Spouse's/CU Partner's Last Name SILOWAY		First Name MARY		MI	Social Security Number 4 0 0 0 0 9 0 3 9	<input type="checkbox"/> Check if Deceased	
Mailing Address (Number and Street/Road or PO Box) 1413 BOUDRO RD				911/Physical Street Address on 12/31/2021 1413 BOUDRO RD			
City RANDOLPH		State VT	ZIP Code or Foreign Postal Code 05060		Foreign Country		
Vermont School District Code 159	<input type="checkbox"/> 2 Enter Healthcare Coverage Code (See instructions for code options)		Check all that apply		<input type="checkbox"/> AMENDED Return	<input type="checkbox"/> RECOMPUTED Return	<input type="checkbox"/> EXTENDED Return
Filing Status and Standard Deduction	<input type="checkbox"/> Single (\$6,350)	<input checked="" type="checkbox"/> Married/CU Filing Jointly (\$12,700)	<input type="checkbox"/> Married/CU Filing Separately (\$6,350)	<input type="checkbox"/> Head of Household (\$9,500)	<input type="checkbox"/> Qualifying Widow(er) (\$12,700)		

1. Federal Adjusted Gross Income (federal Form 1040, Line 11) 1. 56604 .00

2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 17) 2. -3605 .00

3. Federal AGI with Modifications (ADD Lines 1 and 2) 3. 52999 .00

4. 2021 Vermont Standard Deduction from filing status section above. 4. 13750 .00
Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.

5. Personal Exemptions:

5a. Enter "1" for yourself if no one can claim you as a dependent 5a. 1

5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er) 5b. 1

5c. Enter number of other dependents claimed on federal Form 1040. This includes any dependents other than yourself and/or your spouse. 5c. 1

5d. ADD Lines 5a through 5c 5d. 3

5e. MULTIPLY Line 5d by \$4,350 (2021 Personal Exemption) 5e. 13050 .00

6. ADD Lines 4 and 5e 6. 26800 .00

7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3. If less than zero, enter -0-) 7. 26199 .00

8. Vermont Income Tax from tax table or tax rate schedule 8. 878 .00
(If Line 1 is greater than \$150,000, see instructions)

9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 16) 9. -70 .00

10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9. If less than zero, enter -0-) 10. 808 .00

11. Tax-Deductible Charitable Contribution (See instructions) <u>500</u> .00	12. Multiply Line 11 by 5% (0.05) <u>25</u> .00	13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 13. <u>25</u> .00
--	---	--

14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 14. 783 .00

15. Income Adjustment (Schedule IN-113, Line 36, or 100.0000%) 15. 100 .0000 %

16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15) 16. 783 .00

Taxpayer's Last Name	Social Security Number
SILOWAY	400008038



Amount from Line 16 **.00**

Other State Credit (Schedule IN-117, Line 21) **.00** + Vermont Tax Credits (Schedule IN-119, Part II) **140 .00** = Total Vermont Credits (Add Lines 17 and 18) **140 .00**

17. **.00** + 18. **140 .00** = 19. **140 .00**

20. Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-). 20. **643 .00**

21. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). . . Check to certify no Use Tax is due. **OR** 21. **.00**

22. Total Vermont Taxes (ADD Lines 20 and 21) 22. **.00**

Vermont Veterans Fund Green Up Vermont Nongame Wildlife Fund Children's Trust Fund Total Contributions

23a. **.00** + 23b. **.00** + 23c. **.00** + 23d. **.00** = 23e. **.00**

24. Total of Vermont Taxes and Voluntary Contributions (ADD Lines 22 and 23e) 24. **643 .00**

25a. 2021 Vermont Tax Withheld from W-2, 1099 25a. **1200 .00**

25b. 2021 Estimated Tax payments, amount carried forward from 2020, and/or payment made with 2021 extension. 25b. **1000 .00**

25c. Refundable Credits (Schedule IN-112, Part II, Line 11) 25c. **.00**

25d. 2021 Vermont Real Estate Withholding from Form RW-171 25d. **.00**

25e. 2021 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 25e. **.00**

25f. Total Payments and Credits (ADD Lines 25a through 25e) 25f. **2200 .00**

26. Overpayment. If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f 26. **1557 .00**

27a. Refund to be credited to 2022 Estimated Tax Payment 27a. **.00**

27b. Refund to be credited to 2022 Property Tax Bill 27b. **.00**

28. REFUND AMOUNT (SUBTRACT Lines 27a and 27b from Line 26) 28. **1557 .00**

29. If Line 24 is more than Line 25f, subtract Line 25f from Line 24. See instructions on tax due 29. **.00**

30. Interest and Penalty on Underpayment of Estimated Tax. . 30. **.00** 31. AMOUNT DUE (ADD Lines 29 and 30) 31. **.00**

(Worksheet IN-152 or IN-152A)

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .00
---------------------------	-------------------------------------	---------------------------	-----------------------------	---------------------------

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
Paid Preparer's Signature	Date	Preparer's Telephone Number	
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.
5454

Keep a copy for your records.

2021 Schedule IN-112

Vermont Tax Adjustments and Credits

Please PRINT in
BLUE or BLACK INK



* 2 1 1 1 2 1 1 0 0 *

INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
SILOWAY	JOHN		400008038

PART I

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax (reported on federal Form 1040) **1.** 266000 **.00**
- 2. Interest and dividend income from Vermont state and local obligations included in Line 1. **2.** 255570 **.00**
- 3. Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1) **3.** 10430 **.00**
- 4. Bonus Depreciation Allowed under Federal Law for 2021 **4.** **.00**
- 5. Other (reserved) **5.** RESERVED **.00**
- 6. Total Additions (ADD Line 3 and Line 4) **6.** 10430 **.00**

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

- 7. Interest Income from U.S. Obligations. **7.** 7279 **.00**
- 8. Capital Gains Exclusion (Schedule IN-153, Line 21) **8.** 5000 **.00**
- 9. Adjustment for Prior Years' Bonus Depreciation. **9.** **.00**
- 10. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040) **10.** **.00**
- 11. Medical Expense Deduction (see the worksheet in the instructions) **11.** **.00**
- 12. Social Security Benefits Exempt from Taxation (see the worksheet in the instructions) **12.** 1256 **.00**
- 13. Railroad Retirement income. **13.** **.00**
- 14. Bond/note interest income from (see below) **14.** 500 **.00**
- VSAC Build America Vermont Telecom Authority Vermont Public Power Supply Authority
- 15. Other (reserved) **15.** RESERVED **.00**
- 16. Total Subtractions (ADD Lines 7 through 14) **16.** 14035 **.00**

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

- 17. SUBTRACT Line 16 from Line 6. Enter on Form IN-111, Line 2. **17.** -3605 **.00**
This can be a negative number.

Taxpayer's Last Name	Social Security Number
SILOWAY	400009038



PART II

REFUNDABLE CREDITS

Line 1 is for FULL-YEAR residents

1. **Low Income Child & Dependent Care Credit**1. _____ **.00**
 If your federal Adjusted Gross Income is \$30,000 (or \$40,000 for Married Filing Jointly) or less, and child care services are provided by a Vermont accredited daycare provider, enter 50% of federal Form 2441, Line 11. If you are not a Vermont resident or your daycare provider is not accredited, use Schedule IN-119, Part I, Line 8. See instructions if your providers are both accredited and not accredited.

VERMONT EARNED INCOME TAX CREDIT

For FULL-YEAR residents and PART-YEAR residents

ELIGIBILITY QUESTIONS MUST BE ANSWERED

- A. Enter number of qualifying children A. _____
 B. Enter number of qualifying children under the age of 18 B. _____
 C. Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at the end of 2021? C. Yes No
If you answered "No" and do not have any qualifying children, you do not qualify for Earned Income Tax Credit

FULL-YEAR RESIDENTS

Answer eligibility questions above and complete Lines 2 and 3

2. Earned income tax credit (Reported on federal Form 1040)2. _____ **.00**
 3. Vermont Earned Income Tax Credit. **MULTIPLY Line 2 by 36% (0.36)**3. _____ **.00**

PART YEAR RESIDENTS

Answer eligibility questions above and complete Lines 4 through 10

A. Federal Amount \$

Enter figures in Column A from your federal EITC worksheet and Schedule IN-113

B. Vermont Portion \$

For Vermont Portion, enter income earned while a Vermont resident as shown on Schedule IN-113, Column B, Lines 1, 8, 10, and 11

- | | | |
|---|-----------------------------|-----------------------------|
| 4. Wages, salaries, tips, etc. (Schedule IN-113, Line 1)..... | 4A. _____ .00 | 4B. _____ .00 |
| 5. Other earned income (Schedule IN-113, Lines 8, 10, and 11) | 5A. _____ .00 | 5B. _____ .00 |
| 6. Total earned income (Add Lines 4 and 5)..... | 6A. _____ .00 | 6B. _____ .00 |
| 7. Earned income tax credit adjustment (DIVIDE Line 6B by Line 6A, MULTIPLY the result by 100, and enter here. Do not enter more than 100%.)..... | 7. _____ % | |
| 8. Earned income tax credit (Reported on federal Form 1040) | 8. _____ .00 | |
| 9. Multiply Line 8 by 36% and enter the result here. | 9. _____ .00 | |
| 10. Vermont Earned Income Tax Credit (MULTIPLY Line 9 by Line 7)..... | 10. _____ .00 | |

11. TOTAL REFUNDABLE CREDITS

(**ADD Line 1 to Line 3 or Line 10.** Enter this amount on Form IN-111, Line 25c) **11.** _____ **.00**

2021 Schedule IN-119

Vermont Tax Adjustments and Nonrefundable Credits



* 2 1 1 1 9 1 1 0 0 *

INCLUDE WITH FORM IN-111

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
SILOWAY	JOHN		400 00 9038

PART I ADJUSTMENTS TO VERMONT INCOME TAX

ADDITIONS TO VERMONT TAX

- 1. Tax on Qualified Plans including IRA, HSA, and MSA (reported on federal Form 1040, U.S. Individual Income Tax Return) 1. _____ **.00**
- 2. Recapture of Federal Investment Tax Credit (reported on Form 1040) 2. _____ **.00**
- 3. Tax from federal Form 4972, Tax on Lump-Sum Distributions . . 3. _____ **.00**
- 4. **ADD Lines 1 through 3.** 4. _____ **.00**
- 5. **MULTIPLY Line 4 by 24% (0.24)** 5. _____ **.00**
- 6. Recapture of Vermont Credits (See instructions) 6. _____ **.00**
- 7. **ADD Lines 5 and 6.** 7. _____ **.00**

SUBTRACTIONS FROM VERMONT TAX

- 8. Credit for Child & Dependent Care Expenses (reported on Form 1040) 8. 291 **.00**
- 9. Credit for the Elderly or the Disabled (federal Schedule R) 9. _____ **.00**
- 10. Investment Tax Credit - Vermont-based only (See instructions) 10. _____ **.00**
- 11. Vermont Farm Income Averaging Credit (from worksheet in instructions) 11. _____ **.00**
- 12. **ADD Lines 8 through 11.** 12. 291 **.00**
- 13. **MULTIPLY Line 12 by 24% (0.24)** 13. 70 **.00**
- 14. Vermont-based Solar Energy Credit carryforward 14. _____ **.00**
- 15. **ADD Lines 13 and 14** 15. _____ 70 **.00**

NET ADJUSTMENTS TO VERMONT TAX

- 16. **SUBTRACT Line 15 from Line 7.** Enter on Form IN-111, Vermont Income Tax Return, Line 9. This can be a negative number. 16. _____ -70 **.00**

Taxpayer's Last Name	Social Security Number
SILOWAY	400 00 9038



INCLUDE WITH FORM IN-111

PART II VERMONT INCOME TAX CREDITS

1. Vermont Higher Education Investment (32 V.S.A § 5825a) See instructions 500.00 2021 Contribution eligible for credit 500.00 TIMES (X) .10 = Credit 50.00

For credits earned through an S-Corporation, LLC, or Partnership, enter name and FEIN of the entity

Name of Entity	FEIN
HOUSING COMMUNITY INC	40 0009045

If credits from more than one business entity, fill out a separate IN-119 for each entity.

	<u>Column A</u> Earned in 2021	PLUS (+)	<u>Column B</u> Carryforward	EQUALS (=)	<u>Column C</u>
2. Charitable Housing (32 V.S.A. § 5830c) 2A.	<u>.00</u>		2B. <u>.00</u>		2C. <u>.00</u>
3. Qualified Sale of Mobile Home Park (32 V.S.A. § 5828) 3A.	<u>.00</u>		3B. <u>.00</u>		3C. <u>.00</u>
4. Research & Development (32 V.S.A. § 5930ii) 4A.	<u>.00</u>		4B. <u>.00</u>		4C. <u>.00</u>
Prior approval required from Vermont Housing Finance Agency for Line 5					
5. Affordable Housing (32 V.S.A § 5930u) 5A.	<u>.00</u>		5B. <u>.00</u>		5C. <u>.00</u>
6. Historic Rehabilitation (32 V.S.A. § 5930cc(a)) 6A.	<u>90.00</u>		6B. <u>.00</u>		6C. <u>90.00</u>
7. Facade Improvement (32 V.S.A. § 5930cc(b)) 7A.	<u>.00</u>		7B. <u>.00</u>		7C. <u>.00</u>
8. Code Improvements (32 V.S.A. § 5930cc(c)) 8A.	<u>.00</u>		8B. <u>.00</u>		8C. <u>.00</u>
9. ADD Column C, Lines 1 through 8. If no credit claimed on Line 10, enter this amount on Form IN-111, Line 18 9.					<u>140.00</u>

Tax Credit Calculation Worksheet

10. Vermont Entrepreneur's Seed Capital Fund (32 V.S.A. § 5830b)	10.	<u>.00</u>
11. Enter adjusted Vermont income tax amount from Form IN-111, Line 16	11.	<u>.00</u>
12. Enter credit for income tax paid to another state or Canadian province from Form IN-111, Line 17	12.	<u>.00</u>
13. SUBTRACT Line 12 from Line 11	13.	<u>.00</u>
14. Enter the lesser of Line 9 or Line 13.	14.	<u>.00</u>
15. SUBTRACT Line 14 from Line 13. The result cannot be less than zero	15.	<u>.00</u>
16. MULTIPLY Line 15 by 50% (0.50)	16.	<u>.00</u>
17. Enter the lesser of Line 10 or Line 16.	17.	<u>.00</u>
18. Total Credits Allowable. ADD Lines 14 and 17	18.	<u>.00</u>
19. Total Income Tax Credits Available. Enter the lesser of Line 13 or Line 18. Enter this amount on Form IN-111, Line 18.	19.	<u>.00</u>

2021 Schedule IN-153

Vermont Capital Gain Exclusion
Calculation



* 2 1 1 5 3 1 1 0 0 *

INCLUDE WITH FORM IN-111

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
SILOWAY	JOHN		400 00 9038

PART I. FLAT EXCLUSION

- 1. Enter smaller of Line 15 or 16 from federal Form 1040, Schedule D **1.** 28000 **.00**
- 2. Enter amount from:
 - 2a. Federal Form 1040, Schedule D, Line 18. **2a.** _____ **.00**
 - 2b. Federal Form 1040, Schedule D, Line 19. **2b.** _____ **.00**
- 3. Add Lines 2a and 2b **3.** _____ **.00**
- 4. Subtract Line 3 from Line 1. **4.** 28000 **.00**

If you filed federal Form 4952, complete Lines 5 through 7

- 5. Enter amount from:
 - 5a. Federal Form 4952, Line 4g. **5a.** _____ **.00**
 - 5b. Federal Form 4952, Line 4e. **5b.** _____ **.00**
- 5c. Multiply Line 5a by Line 5b and enter result here **5c.** _____ **.00**
- 5d. Federal Form 4952, Line 4b. **5d.** _____ **.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 **7.** _____ **.00**
- 8. Subtract Line 7 from Line 4. Entry cannot be less than zero. **8.** 28000 **.00**
- 9. Enter the smaller of Line 8 or \$5,000 **9.** 5000 **.00**

Taxpayer's Last Name	Social Security Number
SILOWAY	400 00 9038



PART II. PERCENTAGE EXCLUSION

(Use this section only if you have eligible gains. See Technical Bulletin 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 410. 28000 .00
- 11. Enter amount of adjusted net capital gain from the sale of assets held for three years or less11. .00
- 12. Assets held for more than three years. Subtract Line 11 from Line 10. Entry cannot be less than zero12. .00

Enter 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 home13a. .00
- 13b. Depreciable personal property (except for farm property or standing timber) 13b. .00
- 13c. Stocks or bonds publicly traded or traded on an exchange or any other financial instruments13c. .00
- 14. Add Lines 13a through 13c14. .00
- 15. Subtract Line 14 from Line 12; enter result here. Entry cannot be less than zero. This is the amount of net adjusted capital gain eligible for exclusion15. .00

Line 16 Federal Form 4952 information. If no investment interest expense for ineligible assets was reported on federal Form 4952, enter Line 7 from Part I of this form. Otherwise, you may need to recompute Form 4952 to reflect only investment interest income for assets eligible for the capital gain exclusion.

- 16. Enter amount from Part I, Line 7 or recomputed federal Form 495216. .00
- 17. Subtract Line 16 from Line 1517. .00
- 18. Multiply Line 17 by 40%; enter result or \$350,000, whichever is less.18. .00

PART III. CAPITAL GAIN EXCLUSION

- 19. Enter the *greater of* Line 9 or Line 1819. 5000 .00
- 20. Multiply 30904 .00 x 40% and enter result here20. 12362 .00
Federal Taxable Income
- 21. Enter the *smaller of* Line 19 or Line 20. This is your capital gain exclusion. Enter on Schedule IN-112, Part I, Line 821. 5000 .00

SOCIAL SECURITY EXEMPTION WORKSHEET

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS WORKSHEET.

Instructions: It is important that you answer the questions in Section I to determine if you qualify for a full or partial exemption. If you qualify for a partial exemption, you may move on to Section II to calculate the amount of the exemption.

SECTION I: Do you qualify for the Vermont Social Security full or partial exemption?

1. Did you report an amount on federal Form 1040, U.S. Individual Income Tax Return, Line 6b, earning Social Security benefits that were taxable in the current tax year?
 - No, STOP.** You do not qualify for this exemption.
 - Yes.** Proceed to question 2.

2. If you are:
 - Married filing jointly, is your Adjusted Gross Income (AGI) on Form IN-111, Vermont Income Tax Return, Line 1, less than \$70,000?
 - Single, head of household, qualifying widow(er), or married filing separately, is your AGI on Form IN-111, Line 1, less than \$55,000?
 - No, STOP.** You do not qualify for this exemption.
 - Yes.** You qualify for Vermont's Social Security exemption. Proceed to question 3.

3. If you are:
 - Married filing jointly, is your AGI less than \$60,000?
 - Single, head of household, qualifying widow(er), or married filing separately, is your AGI less than \$45,000?
 - No.** Please proceed to Section II of this worksheet.
 - Yes.** You qualify for a **full exemption.** Please enter the full amount from federal Form 1040, Line 6b, on Schedule IN-112, Part I, Line 12.

SECTION II: Calculating your Social Security Partial Exemption

This section is for married joint filers with an Adjusted Gross Income (AGI) between \$60,000-\$70,000 and for single, head of household, qualifying widow(er), or married separate filers with an AGI between \$45,000-\$55,000.

4. If you are:
 - Married filing jointly, enter \$70,000.
 - All other filing statuses, enter \$55,000. **4.** 70000
5. Enter your AGI from Form IN-111, Line 1. **5.** 56604
6. Subtract Line 5 from Line 4. If Line 5 is greater than Line 4, enter -0-. **6.** 13396
7. Divide Line 6 by \$10,000. This value will be a decimal. Please round to the second decimal place (*Example: .481 would round to .48*). **7.** 1.34
8. Enter the lesser of Line 7 or the value 1 (This line should not be greater than 1). **8.** 1
9. Enter the amount from federal Form 1040, Line 6b. **9.** 1256
10. Amount of **partial exemption.** Multiply Line 9 by Line 8.
Enter this amount on Schedule IN-112, Part I, Line 12. **10.** 1256

Note about civil unions: If you are in a civil union and filing jointly, you should file for this exemption as married filing jointly. If you are a civil union and filing separately, you should file as married filing separately.

Test 7:**Required Vermont Forms/Schedules:** IN-111, HS-122, HI-144**Taxpayer(s) Information:**

Primary SSN:	400-00-9040
Name:	Michael Jones
Residency Status:	Resident
Mailing Address:	109 Jones Street
City:	Waterbury
State:	VT
Zip Code:	05676
Date of Birth:	June 24, 1977
Filing Status:	Married Filing Separately
Spouse SSN:	400-00-9041
Spouse Name:	Alice Jones
School District Code:	221
911 Address:	306 Edgewood Dr.
Healthcare Coverage:	None

Return Information:

Federal AGI:	28,000.00
Wages:	27,500.00
Taxable Interest:	500.00
Charitable Contributions:	3,460.00
Use Tax Due:	85.00
Green Up Vermont:	250.00
Alimony Received:	2,000.00
Social Security & Medicare Tax Withheld:	2,104.00
Income Tax Withheld from Wages:	657.00
Spouse Social Security Income:	15,000.00
SPAN:	696-221-00001
Business Use of Dwelling:	0.00%
Rental Use of Dwelling:	0.00%
Improvements:	None
Special Situations:	None
Housesite Value:	120,000
Housesite Education Tax:	2,100.00
Housesite Municipal Tax:	1,000.00
Ownership Interest:	100.00%
Mobile Home Lot Rent:	None
Contiguous Property:	No

2021 Form IN-111

Vermont Income Tax Return

DEPT
USE
ONLY



* 2 1 1 1 1 1 1 0 0 *

FILE YOUR RETURN
ELECTRONICALLY FOR A
FASTER REFUND. GO TO
TAX.VERMONT.GOV FOR
MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name		First Name		MI	Social Security Number		<input type="checkbox"/> Check if Deceased
JONES		MICHAEL			4 0 0 0 0 9 0 4 0		
Spouse's/CU Partner's Last Name		First Name		MI	Social Security Number		<input type="checkbox"/> Check if Deceased
JONES		ALICE			4 0 0 0 0 9 0 4 1		
Mailing Address (Number and Street/Road or PO Box)				911/Physical Street Address on 12/31/2021			
1 0 9 JONES ST				1 0 9 JONES ST			
City		State	ZIP Code or Foreign Postal Code		Foreign Country		
WATERBURY		VT	0 5 6 7 6				
Vermont School District Code	Enter Healthcare Coverage Code (See instructions for code options)		Check all that apply		RECOMPUTED Return		EXTENDED Return
2 2 1	4				<input type="checkbox"/> AMENDED Return		<input type="checkbox"/> EXTENDED Return
Filing Status and Standard Deduction	<input type="checkbox"/> Single (\$6,350)	<input type="checkbox"/> Married/CU Filing Jointly (\$12,700)	<input checked="" type="checkbox"/> Married/CU Filing Separately (\$6,350)		<input type="checkbox"/> Head of Household (\$9,500)	<input type="checkbox"/> Qualifying Widow(er) (\$12,700)	

1. Federal Adjusted Gross Income (federal Form 1040, Line 11) 1. 28000 .00

2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 17) 2. _____ .00

3. Federal AGI with Modifications (ADD Lines 1 and 2) 3. 28000 .00

4. 2021 Vermont Standard Deduction from filing status section above. 4. 6350 .00
Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.

5. Personal Exemptions: 1

5a. Enter "1" for yourself if no one can claim you as a dependent 5a. _____

5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er) 5b. _____

5c. Enter number of other dependents claimed on federal Form 1040. This includes any dependents other than yourself and/or your spouse. 5c. _____

5d. ADD Lines 5a through 5c 5d. 1

5e. MULTIPLY Line 5d by \$4,350 (2021 Personal Exemption) 5e. 4350 .00

6. ADD Lines 4 and 5e 6. 10700 .00

7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3. If less than zero, enter -0-) 7. 17300 .00

8. Vermont Income Tax from tax table or tax rate schedule 8. 580 .00
(If Line 1 is greater than \$150,000, see instructions)

9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 16) 9. _____ .00

10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9. If less than zero, enter -0-) 10. 580 .00

11. Tax-Deductible Charitable Contribution (See instructions) <u>3460</u> .00	12. Multiply Line 11 by 5% (0.05) <u>173</u> .00	13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 13. <u>173</u> .00
---	--	---

14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 14. 407 .00

15. Income Adjustment (Schedule IN-113, Line 36, or 100.0000%) 15. 100 .0000 %

16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15) 16. 407 .00

Taxpayer's Last Name	Social Security Number
JONES	400009040



Amount from Line 16 **.00**

Other State Credit (Schedule IN-117, Line 21) **.00** + Vermont Tax Credits (Schedule IN-119, Part II) **.00** = Total Vermont Credits (Add Lines 17 and 18) **.00**

17. **.00** + 18. **.00** = 19. **.00**

20. Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-). 20. **407 .00**

21. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). . . Check to certify no Use Tax is due. **OR** 21. **85 .00**

22. Total Vermont Taxes (ADD Lines 20 and 21) 22. **492 .00**

Vermont Veterans Fund Green Up Vermont Nongame Wildlife Fund Children's Trust Fund Total Contributions

23a. **.00** + 23b. **250 .00** + 23c. **.00** + 23d. **.00** = 23e. **250 .00**

24. Total of Vermont Taxes and Voluntary Contributions (ADD Lines 22 and 23e) 24. **742 .00**

25a. 2021 Vermont Tax Withheld from W-2, 1099 25a. **657 .00**

25b. 2021 Estimated Tax payments, amount carried forward from 2020, and/or payment made with 2021 extension. 25b. **.00**

25c. Refundable Credits (Schedule IN-112, Part II, Line 11) 25c. **.00**

25d. 2021 Vermont Real Estate Withholding from Form RW-171 25d. **.00**

25e. 2021 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 25e. **.00**

25f. Total Payments and Credits (ADD Lines 25a through 25e) 25f. **657 .00**

26. Overpayment. If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f 26. **.00**

27a. Refund to be credited to 2022 Estimated Tax Payment 27a. **.00**

27b. Refund to be credited to 2022 Property Tax Bill 27b. **.00**

28. REFUND AMOUNT (SUBTRACT Lines 27a and 27b from Line 26) 28. **.00**

29. If Line 24 is more than Line 25f, subtract Line 25f from Line 24. See instructions on tax due 29. **85 .00**

30. Interest and Penalty on Underpayment of Estimated Tax. . 30. **.00** 31. AMOUNT DUE (ADD Lines 29 and 30) 31. **85 .00**

(Worksheet IN-152 or IN-152A)

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .00
---------------------------	-------------------------------------	---------------------------	-----------------------------	---------------------------

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
Paid Preparer's Signature		Date	Preparer's Telephone Number
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.
5454

Keep a copy for your records.

2022 Form HS-122

Vermont Homestead Declaration AND
Property Tax Credit Claim



DUE DATE: April 15, 2022. You may file up to Oct. 17, 2022, but the town may assess a penalty. For details on late filing, see the instructions.

How to file a Homestead Declaration: Please complete Section A of this form, sign in the signature section at the bottom of page 2, and send the form to the Vermont Department of Taxes

How to file a Property Tax Credit Claim: To be considered for a Property Tax Credit, you must file a **1**) Homestead Declaration (Section A of this form), **2**) Property Tax Credit Claim (Section B of this form), and **3**) Schedule HI-144, Household Income. Sign this form in the signature section at the bottom of page 2 and send the forms to the Department.

Tired of paper forms? It's fast and convenient to file your claim online at myVTax.vermont.gov.

Annual Vermont Homestead Declaration

This form must be filed each year by every Vermont resident whose property meets the definition of a homestead.

SECTION A.

A Vermont homestead is the principal dwelling and parcel of land surrounding the dwelling, owned and occupied by a resident individual as the individual's domicile on April 1, 2022. If your homestead is leased to a tenant on April 1, 2022, you may still claim it as a homestead if it is not leased for more than 182 days in the 2021 calendar year.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name		First Name		MI	Claimant's Social Security Number	
JONES		MICHAEL			4 0 0 0 0 9 0 4 0	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
JONES		ALICE			4 0 0 0 0 9 0 4 1	
Mailing Address (Number and Street/Road or PO Box)				Claimant's Date of Birth (MM/DD/YYYY)		
1 0 9 JONES ST				0 6 / 2 7 / 1 9 7 7		
City		State	ZIP Code			
WATERBURY		VT	0 5 6 7 6			
Location of Homestead (Use a number, street/road name. Do not use a PO Box or "same.")				City/Town of Legal Residence on April 1, 2022 and State		
1 0 9 JONES ST				WATERBURY		VT
Federal Filing Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married/CU Filing Jointly	<input checked="" type="checkbox"/> Married/CU Filing Separately	<input type="checkbox"/> Head of Household		

A1. SPAN - REQUIRED (from the 2021/2022 property tax bill)..... **A1.** 696 - 221 - 00001

A2. Business Use of Dwelling..... **A2.** _____ %

A3. Rental Use of Dwelling..... **A3.** _____ %

A4. Business or Rental Use of **Improvements or Other Buildings**
Not including the dwelling, are improvements or other buildings located on your parcel used for business or rented? ... **A4.** Yes No

A5-A8 Special Situations (See instructions for more information). Check the following if it applies:

A5. Grantor and sole beneficiary of a revocable trust owning the property

A7. Homestead property crosses town boundaries (File a declaration for each town.)

A6. Life estate holder of the property

A8. Residing in a dwelling on the homestead parcel owned by a related farmer.

Please continue to Page 2, Part B, for property tax credit. Sign on Page 2.

Mail to: Vermont Department of Taxes
PO Box 1881
Montpelier, VT 05601-1881

Claimant's Last Name	Social Security Number
JONES	400009040



* 2 2 1 2 2 1 2 0 0 *

DUE DATE: April 15, 2022. Claims accepted up to Oct. 17, 2022.

SECTION B. PROPERTY TAX CREDIT CLAIM

For Household Income up to \$136,900. Complete and attach Schedule HI-144.

To qualify, you must meet the requirements for filing a homestead declaration in addition to the following requirements. ALL eligibility questions must be answered.

- B1.** Were you domiciled in Vermont all of calendar year 2021? Yes, Go to Line B2. No, STOP.
- B2.** Were you claimed as a dependent in 2021 by another taxpayer? Yes, STOP. No, Go to Line B3.
- B3.** Do you anticipate selling this Vermont housesite on or before April 1, 2022? Yes, STOP. No, Continue

Amounts for Lines B4-B6 are found on the 2021/2022 property tax bill. Round amounts to the nearest dollar.

B4. Housesite Value	B4. _____	120000	.00
B5. Housesite Education Tax.	B5. _____	2100	.00
B6. Housesite Municipal Tax	B6. _____	1000	.00
B7. Ownership Interest	B7. _____	100	.00 %
B8. Household Income (Schedule HI-144, Line z). You MUST attach Schedule HI-144.	B8. _____	42896	.00 <input type="checkbox"/> Check here if amended Schedule HI-144, Household Income, is included.

Complete the following **ONLY if applicable**. See instructions for details.

B9. Lot Rent (Allocable Rent from Form LRC-147)	B9. _____	.00
--	------------------	------------

Allocated Property Tax from Land Trust, Cooperative, or Nonprofit Mobile Home Park

B10. Allocated Education Tax.	B10. _____	.00
B11. Allocated Municipal Tax.	B11. _____	.00

OR Property Tax from contiguous property if housesite has less than 2 acres (See instructions.)

B12. Contiguous property Education Tax	B12. _____	.00
B13. Contiguous property Municipal Tax	B13. _____	.00

MAXIMUM CREDIT AMOUNT IS \$8,000.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MMDDYYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MMDDYYYY)	Daytime Telephone Number
Paid Preparer's Signature	Date (MMDDYYYY)	Preparer's Telephone Number
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.

2021 Schedule HI-144

Household Income

For the year Jan 1 - Dec 31, 2021



* 2 1 1 4 4 1 1 0 0 *

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2022 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name	First Name	MI	Claimant's Social Security Number
JONES	MICHAEL		4 0 0 0 9 0 4 0
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY)
JONES	ALICE		4 0 0 0 9 0 4 1

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2021. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Other Person #1 Last Name	First Name	MI	Other Person #1 Social Security Number
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household	1. Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
a. Cash public assistance and relief (See instructions for exclusions) . . .	a. _____ .00	_____ .00	_____ .00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable	b. _____ .00	15000 .00	_____ .00
c. Unemployment compensation/worker's compensation.	c. _____ .00	_____ .00	_____ .00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)	d. 27500 .00	_____ .00	_____ .00
e. Interest and dividends	e. 500 .00	_____ .00	_____ .00
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable	f. _____ .00	_____ .00	_____ .00
g. Alimony and support money	g. 2000 .00	_____ .00	_____ .00
h. Child support and cash gifts Please specify _____	h. _____ .00	_____ .00	_____ .00
i. Business income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	i. _____ .00	_____ .00	_____ .00
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-. See instructions for offsetting a loss	j. _____ .00	_____ .00	_____ .00
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions	k. _____ .00	_____ .00	_____ .00
l. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	l. _____ .00	_____ .00	_____ .00
m. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0-. See Line m instructions for only exception to offset a loss	m. _____ .00	_____ .00	_____ .00
n. Other income (See instructions for examples of other income) Please specify _____	n. _____ .00	_____ .00	_____ .00
o. Total Income: ADD Lines a through n	o. 30000 .00	15000 .00	_____ .00

Claimant's Last Name	Social Security Number
JONES	400009040



* 2 1 1 4 4 1 2 0 0 *

Carried forward from Line o 30000 .00 15000 .00 .00

p. See instructions. Enter Social Security and Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE if not included with income tax filing	1. Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
p. 2104 .00	.00	.00	.00
q. Child support paid. You must include proof of payment. See instructions	q. .00	.00	.00

Support paid to: Last Name	First Name	MI	Social Security Number

r. Allowable adjustments from Federal Form 1040

r1. Business expenses for Reservists	r1. .00	.00	.00
r2. Alimony paid	r2. .00	.00	.00
r3. Self-employed health insurance deduction	r3. .00	.00	.00
r4. Health Savings Account deduction	r4. .00	.00	.00
r5. Tuition and Fees as reported on federal Form 8917	r5. .00	.00	.00
s. ADD Lines p, q, and total of Lines r1 through r5 for each column	s. 2104 .00	.00	.00
t. SUBTRACT Line s from Line o of each column. If a negative amount, enter -0-	t. 27896 .00	15000 .00	.00

u. **ADD all three amounts from Line t.** If a negative amount, enter -0- u. 42896 .00

v. Complete if born Jan. 1, 1957 and after.
Enter interest and dividend income from Lines e and f v. 500 .00 .00 .00

w. **ADD all three amounts from Line v.** w. 500 .00

x. Asset Adjustment of Interest and Dividend Income (Lines e and f). Per 32 V.S.A. § 6061E x. 10,000.00

y. **SUBTRACT Line x from Line w.** If Line x is more than Line w, enter -0- y. .00

z. **HOUSEHOLD INCOME. ADD Line u and Line y** z. 42896 .00

HOMEOWNERS Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year.
Homeowners with Household Income up to 136,900 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. This schedule must be filed with Form HS-122.
Form HS-122 The due date to file is April 15, 2022. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 17, 2022, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

Test 8:**Required Vermont Forms/Schedules:** HS-122, HI-144**Taxpayer(s) Information:**

Primary SSN:	400-00-9042
Name:	Jim Jones
Mailing Address:	PO Box 349
City:	Montpelier
State:	VT
Zip Code:	05602
Date of Birth:	June 18, 1947
Filing Status:	Married Filing Separately
Spouse SSN:	400-00-8043
Spouse Name:	Patty Jones
School District Code:	121
911 Address:	349 Jones St.
Will you be filing a Property Tax Credit Claim at a later date?	Yes

Return Information:

Wages:	124,000.00
Interest & Dividends:	1,000.00
Spouse Wages:	25,000.00
SPAN:	390-121-00001
Business Use of Dwelling:	0.00%
Rental Use of Dwelling:	0.00%
Improvements:	None
Special Situations:	None
Housesite Value:	150,000.00
Housesite Education Tax:	3,000.00
Housesite Municipal Tax:	1,500.00
Ownership Interest:	100.00%
Mobile Home Lot Rent:	None
Contiguous Property:	No

2022 Form HS-122

Vermont Homestead Declaration AND
Property Tax Credit Claim



DUE DATE: April 15, 2022. You may file up to Oct. 17, 2022, but the town may assess a penalty. For details on late filing, see the instructions.

How to file a Homestead Declaration: Please complete Section A of this form, sign in the signature section at the bottom of page 2, and send the form to the Vermont Department of Taxes

How to file a Property Tax Credit Claim: To be considered for a Property Tax Credit, you must file a **1)** Homestead Declaration (Section A of this form), **2)** Property Tax Credit Claim (Section B of this form), and **3)** Schedule HI-144, Household Income. Sign this form in the signature section at the bottom of page 2 and send the forms to the Department.

Tired of paper forms? It's fast and convenient to file your claim online at myVTax.vermont.gov.

Annual Vermont Homestead Declaration

This form must be filed each year by every Vermont resident whose property meets the definition of a homestead.

SECTION A.

A Vermont homestead is the principal dwelling and parcel of land surrounding the dwelling, owned and occupied by a resident individual as the individual's domicile on April 1, 2022. If your homestead is leased to a tenant on April 1, 2022, you may still claim it as a homestead if it is not leased for more than 182 days in the 2021 calendar year.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name		First Name		MI	Claimant's Social Security Number	
JONES		JIM			4 0 0 0 0 9 0 4 2	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
JONES		PATTY			4 0 0 0 0 9 0 4 3	
Mailing Address (Number and Street/Road or PO Box)				Claimant's Date of Birth (MM/DD/YYYY)		
PO BOX 349				06 / 18 / 1947		
City		State	ZIP Code			
MONTPELIER		VT	05602			
Location of Homestead (Use a number, street/road name. Do not use a PO Box or "same.")				City/Town of Legal Residence on April 1, 2022 and State		
349 JONES ST				MONTPELIER VT		
Federal Filing Status	<input type="checkbox"/> Single	<input checked="" type="checkbox"/> Married/CU Filing Jointly	<input type="checkbox"/> Married/CU Filing Separately	<input type="checkbox"/> Head of Household		

A1. SPAN - REQUIRED (from the 2021/2022 property tax bill)..... **A1.** 390 - 121 - 00001

A2. Business Use of Dwelling..... **A2.** _____ %

A3. Rental Use of Dwelling..... **A3.** _____ %

A4. Business or Rental Use of **Improvements or Other Buildings**
Not including the dwelling, are improvements or other buildings located on your parcel used for business or rented? ... **A4.** Yes No

A5-A8 Special Situations (See instructions for more information). Check the following if it applies:

A5. Grantor and sole beneficiary of a revocable trust owning the property

A7. Homestead property crosses town boundaries (File a declaration for each town.)

A6. Life estate holder of the property

A8. Residing in a dwelling on the homestead parcel owned by a related farmer.

Please continue to Page 2, Part B, for property tax credit. Sign on Page 2.

Mail to: Vermont Department of Taxes
PO Box 1881
Montpelier, VT 05601-1881

Claimant's Last Name	Social Security Number
JONES	400009042



* 2 2 1 2 2 1 2 0 0 *

DUE DATE: April 15, 2022. Claims accepted up to Oct. 17, 2022.

SECTION B.

PROPERTY TAX CREDIT CLAIM

For Household Income up to \$136,900. Complete and attach Schedule HI-144.

To qualify, you must meet the requirements for filing a homestead declaration in addition to the following requirements. ALL eligibility questions must be answered.

- B1. Were you domiciled in Vermont all of calendar year 2021? Yes, Go to Line B2. No, STOP.
- B2. Were you claimed as a dependent in 2021 by another taxpayer? Yes, STOP. No, Go to Line B3.
- B3. Do you anticipate selling this Vermont housesite on or before April 1, 2022? Yes, STOP. No, Continue

Amounts for Lines B4-B6 are found on the 2021/2022 property tax bill. Round amounts to the nearest dollar.

B4. Housesite Value	B4.	150000	.00
B5. Housesite Education Tax.	B5.	3000	.00
B6. Housesite Municipal Tax	B6.	1500	.00
B7. Ownership Interest	B7.	100	.00 %
B8. Household Income (Schedule HI-144, Line z). You MUST attach Schedule HI-144.	B8.	61064	.00 <input type="checkbox"/> Check here if amended Schedule HI-144, Household Income, is included.

Complete the following **ONLY if applicable**. See instructions for details.

B9. Lot Rent (Allocable Rent from Form LRC-147)	B9.		.00
---	-----	--	-----

Allocated Property Tax from Land Trust, Cooperative, or Nonprofit Mobile Home Park

B10. Allocated Education Tax.	B10.		.00
B11. Allocated Municipal Tax.	B11.		.00

OR Property Tax from contiguous property if housesite has less than 2 acres (See instructions.)

B12. Contiguous property Education Tax	B12.		.00
B13. Contiguous property Municipal Tax	B13.		.00

MAXIMUM CREDIT AMOUNT IS \$8,000.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MMDDYYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MMDDYYYY)	Daytime Telephone Number
Paid Preparer's Signature	Date (MMDDYYYY)	Preparer's Telephone Number
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.

2021 Schedule HI-144

Household Income

For the year Jan 1 - Dec 31, 2021



* 2 1 1 4 4 1 1 0 0 *

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2022 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name	First Name	MI	Claimant's Social Security Number
JONES	JIM		4 0 0 0 0 9 0 4 2
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY)
JONES	PATTY		4 0 0 0 0 9 0 4 3

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2021. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Other Person #1 Last Name	First Name	MI	Other Person #1 Social Security Number
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household	1. Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
a. Cash public assistance and relief (See instructions for exclusions) . . .	a. _____ .00	_____ .00	_____ .00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable	b. _____ .00	_____ .00	_____ .00
c. Unemployment compensation/worker's compensation.	c. _____ .00	_____ .00	_____ .00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)	d. 65000 .00	_____ .00	_____ .00
e. Interest and dividends	e. 1000 .00	_____ .00	_____ .00
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable	f. _____ .00	_____ .00	_____ .00
g. Alimony and support money	g. _____ .00	_____ .00	_____ .00
h. Child support and cash gifts Please specify _____	h. _____ .00	_____ .00	_____ .00
i. Business income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	i. _____ .00	_____ .00	_____ .00
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-. See instructions for offsetting a loss	j. _____ .00	_____ .00	_____ .00
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions	k. _____ .00	_____ .00	_____ .00
l. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	l. _____ .00	_____ .00	_____ .00
m. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0-. See Line m instructions for only exception to offset a loss	m. _____ .00	_____ .00	_____ .00
n. Other income (See instructions for examples of other income) Please specify _____	n. _____ .00	_____ .00	_____ .00
o. Total Income: ADD Lines a through n	o. 66000 .00	_____ .00	_____ .00

Claimant's Last Name	Social Security Number
JONES	400009042



* 2 1 1 4 4 1 2 0 0 *

Carried forward from Line o 66000 .00 .00 .00

p. See instructions. Enter Social Security and Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE if not included with income tax filing	1. Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
p.	4936 .00	.00	.00
q. Child support paid. You must include proof of payment. See instructions	q. . . . .	.00	.00

Support paid to: Last Name	First Name	MI	Social Security Number

r. Allowable adjustments from Federal Form 1040

r1. Business expenses for Reservists	r1. . . . .	.00	.00	.00
r2. Alimony paid	r2. . . . .	.00	.00	.00
r3. Self-employed health insurance deduction	r3. . . . .	.00	.00	.00
r4. Health Savings Account deduction	r4. . . . .	.00	.00	.00
r5. Tuition and Fees as reported on federal Form 8917	r5. . . . .	.00	.00	.00
s. ADD Lines p, q, and total of Lines r1 through r5 for each column	s.	4936 .00	.00	.00
t. SUBTRACT Line s from Line o of each column. If a negative amount, enter -0-	t.	61064 .00	.00	.00

u. ADD all three amounts from Line t. If a negative amount, enter -0- u. 61064 .00

v. Complete if born Jan. 1, 1957 and after. Enter interest and dividend income from Lines e and f. v. .00 .00 .00

w. ADD all three amounts from Line v. w. .00

x. Asset Adjustment of Interest and Dividend Income (Lines e and f). Per 32 V.S.A. § 6061E x. 10,000.00

y. SUBTRACT Line x from Line w. If Line x is more than Line w, enter -0- y. .00

z. HOUSEHOLD INCOME. ADD Line u and Line y z. 61064 .00

HOMEOWNERS Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year. Homeowners with Household Income up to 136,900 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. This schedule must be filed with Form HS-122. Form HS-122 The due date to file is April 15, 2022. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 17, 2022, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

Test 9: Amended Return**Required Vermont Forms/Schedules:** IN-111, IN-113**Taxpayer(s) Information:**

Primary SSN:	400-00-9030
Name:	Tom Taylor
Residency Status:	Non-Resident
Mailing Address:	334 Washington Street
City:	San Francisco
State:	CA
Zip Code:	94105
Filing Status:	Single
School District Code:	999
911 Address:	334 Washington Street
Healthcare Coverage:	Taxpayer
Date of Birth:	January 15, 1969

Return Information:

Federal AGI:	76,444.00
Wages:	75,000.00
Taxable Interest:	10.00
Rents, royalties, partnerships, SCorps, trusts etc:	2,934.00
VT rents, royalties, partnerships, SCorps, trusts etc:	2,934.00
Educator Expenses:	1,500.00

2021 Form IN-111

Vermont Income Tax Return

DEPT
USE
ONLY



* 2 1 1 1 1 1 1 0 0 *

FILE YOUR RETURN
ELECTRONICALLY FOR A
FASTER REFUND. GO TO
TAX.VERMONT.GOV FOR
MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name TAYLOR		First Name TOM		MI T	Social Security Number 4 0 0 0 0 9 0 3 0	<input type="checkbox"/> Check if Deceased
Spouse's/CU Partner's Last Name		First Name		MI	Social Security Number	<input type="checkbox"/> Check if Deceased
Mailing Address (Number and Street/Road or PO Box) 3 3 4 WASHINGTON ST				911/Physical Street Address on 12/31/2021 3 3 4 WASHINGTON ST		
City SAN FRANCISCO		State CA	ZIP Code or Foreign Postal Code 9 4 1 0 5		Foreign Country	
Vermont School District Code 9 9 9	<input type="checkbox"/> Enter Healthcare Coverage Code (See instructions for code options)		Check all that apply		<input checked="" type="checkbox"/> AMENDED Return	<input type="checkbox"/> RECOMPUTED Return
Filing Status and Standard Deduction		<input checked="" type="checkbox"/> Single (\$6,350)	<input type="checkbox"/> Married/CU Filing Jointly (\$12,700)	<input type="checkbox"/> Married/CU Filing Separately (\$6,350)	<input type="checkbox"/> Head of Household (\$9,500)	<input type="checkbox"/> Qualifying Widow(er) (\$12,700)

1. Federal Adjusted Gross Income (federal Form 1040, Line 11) 1. 77694 .00

2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 17) 2. _____ .00

3. Federal AGI with Modifications (ADD Lines 1 and 2) 3. 77694 .00

4. 2021 Vermont Standard Deduction from filing status section above. 4. 6350 .00
Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.

5. Personal Exemptions:

5a. Enter "1" for yourself if no one can claim you as a dependent 5a. 1

5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er) 5b. _____

5c. Enter number of other dependents claimed on federal Form 1040. This includes any dependents other than yourself and/or your spouse. 5c. _____

5d. ADD Lines 5a through 5c 5d. 1

5e. MULTIPLY Line 5d by \$4,350 (2021 Personal Exemption) 5e. 4350 .00

6. ADD Lines 4 and 5e 6. 10700 .00

7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3. If less than zero, enter -0-) 7. 66994 .00

8. Vermont Income Tax from tax table or tax rate schedule 8. 3090 .00
(If Line 1 is greater than \$150,000, see instructions)

9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 16) 9. _____ .00

10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9. If less than zero, enter -0-) 10. 3091 .00

11. Tax-Deductible Charitable Contribution (See instructions) <u>.00</u>	12. Multiply Line 11 by 5% (0.05) <u>.00</u>	13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) <u>.00</u>
--	--	---

14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 14. 3091 .00

15. Income Adjustment (Schedule IN-113, Line 36, or 100.0000%) 15. 3 4546 %

16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15) 16. 107 .00

Taxpayer's Last Name	Social Security Number
TAYLOR	400009030



* 2 1 1 1 1 2 0 0 *

Amount from Line 16 **.00**

Other State Credit (Schedule IN-117, Line 21) **.00** + Vermont Tax Credits (Schedule IN-119, Part II) **.00** = Total Vermont Credits (Add Lines 17 and 18) **.00**

17. **.00** + 18. **.00** = 19. **.00**

20. Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-). 20. **107.00**

21. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). . . Check to certify no Use Tax is due. **OR** 21. **.00**

22. Total Vermont Taxes (ADD Lines 20 and 21) 22. **107.00**

Vermont Veterans Fund Green Up Vermont Nongame Wildlife Fund Children's Trust Fund Total Contributions

23a. **.00** + 23b. **.00** + 23c. **.00** + 23d. **.00** = 23e. **.00**

24. Total of Vermont Taxes and Voluntary Contributions (ADD Lines 22 and 23e) 24. **107.00**

25a. 2021 Vermont Tax Withheld from W-2, 1099 25a. **.00**

25b. 2021 Estimated Tax payments, amount carried forward from 2020, and/or payment made with 2021 extension. 25b. **.00**

25c. Refundable Credits (Schedule IN-112, Part II, Line 11) 25c. **.00**

25d. 2021 Vermont Real Estate Withholding from Form RW-171 25d. **.00**

25e. 2021 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 25e. **.00**

25f. Total Payments and Credits (ADD Lines 25a through 25e) 25f. **.00**

26. Overpayment. If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f 26. **.00**

27a. Refund to be credited to 2022 Estimated Tax Payment 27a. **.00**

27b. Refund to be credited to 2022 Property Tax Bill 27b. **.00**

28. REFUND AMOUNT (SUBTRACT Lines 27a and 27b from Line 26) 28. **.00**

29. If Line 24 is more than Line 25f, subtract Line 25f from Line 24. See instructions on tax due 29. **107.00**

30. Interest and Penalty on Underpayment of Estimated Tax. . 30. **.00** 31. AMOUNT DUE (ADD Lines 29 and 30) 31. **107.00**

(Worksheet IN-152 or IN-152A)

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .00
---------------------------	-------------------------------------	---------------------------	-----------------------------	---------------------------

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
Paid Preparer's Signature	Date	Preparer's Telephone Number	
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.
5454

Keep a copy for your records.

2021 Schedule IN-113



* 2 1 1 1 3 1 1 0 0 *

Vermont Income Adjustment Calculations

Please PRINT in BLUE or BLACK INK

Nonresidents and Part-Year Residents Must Complete Parts I and II
Full-Year Residents with Adjustments Complete only Part II

INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
TAYLOR	TOM	T	400009030

PART I. Enter figures as they appear on your federal return or recomputed federal return in Column A and list the Vermont portion in Column B. See instructions.

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

	A. Federal Amount \$	B. Vermont Portion \$
1. Wages, salaries, tips, etc. 1A.	75000 .00	1B. .00
2. Taxable interest. 2A.	10 .00	2B. .00
3. Ordinary dividends 3A.	.00	3B. .00
4. Taxable IRAs, pensions, and annuities. 4A.	.00	4B. .00
5. Taxable Social Security 5A.	.00	5B. .00
6. Taxable refunds of state and local income taxes 6A.	.00	6B. .00
7. Alimony received 7A.	.00	7B. .00
8. Business income or loss 8A.	.00	8B. .00
9. Capital gain or loss 9A.	.00	9B. .00
10. Rents, royalties, partnerships, S corporations, trusts, etc 10A.	2934 .00	10B. 2934 .00
11. Farm income or loss 11A.	.00	11B. .00
12. Unemployment compensation 12A.	.00	12B. .00
13. Other: Specify 13A.	.00	13B. .00
14. TOTAL INCOME (ADD Lines 1 through 13) 14A.	77944 .00	14B. 2934 .00

Taxpayer's Last Name	Social Security Number
TAYLOR	400009030



* 2 1 1 1 3 1 2 0 0 *

	Column A. Federal Amount \$	Column B. Vermont Portion \$
15. IRA, Keogh/SEP/SIMPLE (Reported on federal Form 1040) 15A.	.00	15B. .00
Self _____ Spouse _____		
16. Student Loan Interest (Reported on Form 1040) 16A.	.00	16B. .00
17. Employee Deductions: Reservists, Performing Artists, Fee-basis Gov't Officials (Reported on Form 1040) 17A.	.00	17B. .00
18. Self-Employment Deductions: Tax and Health Insurance (Reported on Form 1040) . . 18A.	.00	18B. .00
19. Health Savings Account (Reported on Form 1040) 19A.	.00	19B. .00
20. Moving Expenses (Reported on Form 1040) . 20A.	.00	20B. .00
21. Penalty on Early Withdrawal of Savings (Reported on Form 1040) 21A.	.00	21B. .00
22. Alimony Paid (Reported on Form 1040) 22A.	.00	22B. .00
23. Domestic Production Activities (Reported on Form 1040) 23A.	.00	23B. .00
24. Educator Expenses and Tuition & Fees (Reported on Form 1040) 24A.	250 .00	24B. 250 .00
25. Deductions not listed above but reported on Form 1040 25A.	.00	25B. .00
26. TOTAL ADJUSTMENTS (ADD Lines 15 through 25) 26A.	250 .00	26B. 250 .00
27. Adjusted Gross Income (SUBTRACT Line 26A from Line 14A) 27.		77694 .00
28. Vermont Portion of AGI (SUBTRACT Line 26B from Line 14B) 28.		2684 .00
29. Non-Vermont Income (SUBTRACT Line 28 from Line 27) Also enter on Part II, Line 31 below. 29.		75010 .00

PART II. Adjustment for Vermont Exempt Income and Military Exempt Income

30. Adjusted Gross Income. If Part I completed, enter Line 27 amount. Otherwise, enter amount from Form IN-111, Line 1 30.		77694 .00
31a. Municipal Bond Interest 31a.	.00	
31b. ADD Lines 30 and 31a 31b.		77694 .00
32. Non-Vermont Income (Line 29 above) 32.	75010 .00	
33. Military pay. Number of months on active duty _____ (See instructions) 33.	.00	
34. Total (ADD Lines 32 and 33) 34.		75010 .00
35. Vermont Income (SUBTRACT Line 34 from Line 31b) 35.		2684 .00
36. INCOME ADJUSTMENT % (DIVIDE Line 35 by Line 31b, MULTIPLY the result by 100 and carry the result out to the fourth decimal place.) Also enter on Form IN-111, Line 15 (See instructions). 36.		3 4546 %

Test 10:**Required Vermont Forms/Schedules:** IN-111, IN-112, RCC-146**Taxpayer(s) Information:**

Primary SSN:	400-00-9051
Primary Name:	May Smith
Residency Status:	Resident
Mailing Address:	1239 Main Street Apt. 1
City:	Middlesex
State:	VT
Zip Code:	05655
Date of Birth:	March 24, 1977
Filing Status:	Head of Household
School District Code:	121
911 Address:	1239 Main Street Apt. 1
Healthcare Coverage:	Taxpayer
Town of Legal Residence:	Middlesex
Dependent 1 Name:	Jayden Smith
Dependent 1 SSN:	400-00-9057

Return Information:

Federal AGI:	21,091.00
VT Wages:	21,091.00
Federal Earned Income Credit:	3,369.00
Standard or Itemized Deductions:	Itemized
Total Medical & Dental Expenses:	18,500.00
Number of months rented:	12
County of Rental Location:	Washington
SPAN for Rental Location:	390-121-00002

2021 Form IN-111

Vermont Income Tax Return

DEPT
USE
ONLY



* 2 1 1 1 1 1 1 0 0 *

FILE YOUR RETURN
ELECTRONICALLY FOR A
FASTER REFUND. GO TO
TAX.VERMONT.GOV FOR
MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name SMITH		First Name MAY		MI	Social Security Number 4 0 0 0 0 9 0 5 1		<input type="checkbox"/> Check if Deceased
Spouse's/CU Partner's Last Name		First Name		MI	Social Security Number		<input type="checkbox"/> Check if Deceased
Mailing Address (Number and Street/Road or PO Box) 1 2 3 9 MAIN ST APT 1				911/Physical Street Address on 12/31/2021 1 2 3 9 MAIN ST APT 1			
City MIDDLESEX		State VT	ZIP Code or Foreign Postal Code 0 5 6 5 5		Foreign Country		
Vermont School District Code 1 2 1	<input type="checkbox"/> Enter Healthcare Coverage Code (See instructions for code options) 1		Check all that apply		<input type="checkbox"/> AMENDED Return	<input type="checkbox"/> RECOMPUTED Return	<input type="checkbox"/> EXTENDED Return
Filing Status and Standard Deduction	<input type="checkbox"/> Single (\$6,350)	<input type="checkbox"/> Married/CU Filing Jointly (\$12,700)	<input type="checkbox"/> Married/CU Filing Separately (\$6,350)	<input checked="" type="checkbox"/> Head of Household (\$9,500)	<input type="checkbox"/> Qualifying Widow(er) (\$12,700)		

1. Federal Adjusted Gross Income (federal Form 1040, Line 11) 1. 21091 **.00**

2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 17) 2. -300 **.00**

3. Federal AGI with Modifications (ADD Lines 1 and 2) 3. 20791 **.00**

4. 2021 Vermont Standard Deduction from filing status section above. 4. 9500 **.00**
Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.

5. Personal Exemptions:

5a. Enter "1" for yourself if no one can claim you as a dependent 5a. 1

5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er) 5b. _____

5c. Enter number of other dependents claimed on federal Form 1040. This includes any dependents other than yourself and/or your spouse. 5c. 1

5d. ADD Lines 5a through 5c 5d. 2

5e. MULTIPLY Line 5d by \$4,350 (2021 Personal Exemption) 5e. 8700 **.00**

6. ADD Lines 4 and 5e 6. 18200 **.00**

7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3. If less than zero, enter -0-) 7. 2591 **.00**

8. Vermont Income Tax from tax table or tax rate schedule 8. 87 **.00**
(If Line 1 is greater than \$150,000, see instructions)

9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 16) 9. _____ **.00**

10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9. If less than zero, enter -0-) 10. 87 **.00**

11. Tax-Deductible Charitable Contribution (See instructions) <u>500</u> .00	12. Multiply Line 11 by 5% (0.05) <u>25</u> .00	13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 13. <u>25</u> .00
---	--	---

14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 14. 62 **.00**

15. Income Adjustment (Schedule IN-113, Line 36, or 100.0000%) 15. 100 0000 %

16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15) 16. 62 **.00**

Taxpayer's Last Name	Social Security Number
SMITH	400009051



Amount from Line 16 **.00**

Other State Credit (Schedule IN-117, Line 21) **.00** + Vermont Tax Credits (Schedule IN-119, Part II) **.00** = Total Vermont Credits (Add Lines 17 and 18) **.00**

17. **.00** + 18. **.00** = 19. **.00**

20. Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-). 20. **65 .00**

21. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). . . Check to certify no Use Tax is due. **OR** 21. **.00**

22. Total Vermont Taxes (ADD Lines 20 and 21) 22. **65 .00**

Vermont Veterans Fund Green Up Vermont Nongame Wildlife Fund Children's Trust Fund Total Contributions

23a. **.00** + 23b. **.00** + 23c. **.00** + 23d. **.00** = 23e. **.00**

24. Total of Vermont Taxes and Voluntary Contributions (ADD Lines 22 and 23e) 24. **65 .00**

25a. 2021 Vermont Tax Withheld from W-2, 1099 25a. **.00**

25b. 2021 Estimated Tax payments, amount carried forward from 2020, and/or payment made with 2021 extension. 25b. **.00**

25c. Refundable Credits (Schedule IN-112, Part II, Line 11) 25c. **1213 .00**

25d. 2021 Vermont Real Estate Withholding from Form RW-171 25d. **.00**

25e. 2021 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 25e. **.00**

25f. Total Payments and Credits (ADD Lines 25a through 25e) 25f. **1213 .00**

26. Overpayment. If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f 26. **1148 .00**

27a. Refund to be credited to 2022 Estimated Tax Payment 27a. **.00**

27b. Refund to be credited to 2022 Property Tax Bill 27b. **.00**

28. REFUND AMOUNT (SUBTRACT Lines 27a and 27b from Line 26) 28. **1148 .00**

29. If Line 24 is more than Line 25f, subtract Line 25f from Line 24. See instructions on tax due 29. **.00**

30. Interest and Penalty on Underpayment of Estimated Tax. . 30. **.00**

31. AMOUNT DUE (ADD Lines 29 and 30) 31. **.00**

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .00
---------------------------	-------------------------------------	---------------------------	-----------------------------	---------------------------

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY) / /	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY) / /	Daytime Telephone Number
Paid Preparer's Signature		Date / /	Preparer's Telephone Number
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.
5454

Keep a copy for your records.

2021 Schedule IN-112

Vermont Tax Adjustments and Credits

Please PRINT in
BLUE or BLACK INK



* 2 1 1 1 2 1 1 0 0 *

INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
SMITH	MAY		400009051

PART I

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax (reported on federal Form 1040) **1.** _____ **.00**
- 2. Interest and dividend income from Vermont state and local obligations included in Line 1. **2.** _____ **.00**
- 3. Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1) **3.** _____ **.00**
- 4. Bonus Depreciation Allowed under Federal Law for 2021 **4.** _____ **.00**
- 5. Other (reserved) **5.** **RESERVED** **.00**
- 6. Total Additions (ADD Line 3 and Line 4) **6.** _____ **.00**

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

- 7. Interest Income from U.S. Obligations. **7.** _____ **.00**
- 8. Capital Gains Exclusion (Schedule IN-153, Line 21) **8.** _____ **.00**
- 9. Adjustment for Prior Years' Bonus Depreciation. **9.** _____ **.00**
- 10. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040) **10.** _____ **.00**
- 11. Medical Expense Deduction (see the worksheet in the instructions) **11.** _____ **300 .00**
- 12. Social Security Benefits Exempt from Taxation (see the worksheet in the instructions) **12.** _____ **.00**
- 13. Railroad Retirement income **13.** _____ **.00**
- 14. Bond/note interest income from (see below) **14.** _____ **.00**
- VSAC Build America Vermont Telecom Authority Vermont Public Power Supply Authority
- 15. Other (reserved) **15.** **RESERVED** **.00**
- 16. Total Subtractions (ADD Lines 7 through 14) **16.** _____ **300 .00**

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

- 17. SUBTRACT Line 16 from Line 6. Enter on Form IN-111, Line 2. **17.** _____ **-300 .00**
This can be a negative number.

Taxpayer's Last Name	Social Security Number
SMITH	400009051



PART II

REFUNDABLE CREDITS

Line 1 is for FULL-YEAR residents

1. **Low Income Child & Dependent Care Credit**1. **.00**
 If your federal Adjusted Gross Income is \$30,000 (or \$40,000 for Married Filing Jointly) or less, and child care services are provided by a Vermont accredited daycare provider, enter 50% of federal Form 2441, Line 11. If you are not a Vermont resident or your daycare provider is not accredited, use Schedule IN-119, Part I, Line 8. See instructions if your providers are both accredited and not accredited.

VERMONT EARNED INCOME TAX CREDIT

For FULL-YEAR residents and PART-YEAR residents

ELIGIBILITY QUESTIONS MUST BE ANSWERED

- A. Enter number of qualifying children **A.** **1**
- B. Enter number of qualifying children under the age of 18 **B.** **1**
- C. Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at the end of 2021? **C.** **Yes** **No**
If you answered "No" and do not have any qualifying children, you do not qualify for Earned Income Tax Credit

FULL-YEAR RESIDENTS

Answer eligibility questions above and complete Lines 2 and 3

2. Earned income tax credit (Reported on federal Form 1040) **2.** **3369 .00**
3. Vermont Earned Income Tax Credit. **MULTIPLY Line 2 by 36% (0.36)** **3.** **1213 .00**

PART YEAR RESIDENTS

Answer eligibility questions above and complete Lines 4 through 10

A. Federal Amount \$

Enter figures in Column A from your federal EITC worksheet and Schedule IN-113

B. Vermont Portion \$

For Vermont Portion, enter income earned while a Vermont resident as shown on Schedule IN-113, Column B, Lines 1, 8, 10, and 11

4. Wages, salaries, tips, etc. (Schedule IN-113, Line 1) **4A.** **.00** **4B.** **.00**
5. Other earned income (Schedule IN-113, Lines 8, 10, and 11) **5A.** **.00** **5B.** **.00**
6. Total earned income (Add Lines 4 and 5) **6A.** **.00** **6B.** **.00**
7. Earned income tax credit adjustment (**DIVIDE Line 6B by Line 6A, MULTIPLY the result by 100,** and enter here. Do not enter more than 100%.) **7.** **%**
8. Earned income tax credit (Reported on federal Form 1040) **8.** **.00**
9. Multiply Line 8 by 36% and enter the result here. **9.** **.00**
10. Vermont Earned Income Tax Credit (**MULTIPLY Line 9 by Line 7**) **10.** **.00**

11. TOTAL REFUNDABLE CREDITS

(**ADD Line 1 to Line 3 or Line 10.** Enter this amount on Form IN-111, Line 25c) **11.** **1213 .00**

MEDICAL DEDUCTION WORKSHEET

1a. Medical and Dental Expense from federal Form 1040, Schedule A, Line 4.	1a.	<u>18500</u>
1b. Non-allowable expenses included in Line 1a (See instructions below*)	1b.	<u> </u>
1c. Total. Line 1a minus Line 1b	1c.	<u> </u>
2. Amount from Vermont Form IN-111, Line 6	2.	<u>18200</u>
3. Subtract Line 2 from Line 1c. Enter here and on Schedule IN-112, Part I, Line 11	3.	<u>300</u>

If amount on Line 3 is negative, STOP. You do not qualify for this deduction.

**If you pay recurring monthly payments or entrance fees to a retirement community, these amounts are not deductible. Please enter the fees on Line 1b. Please see our website at tax.vermont.gov for more information.*

Vermont Department of Taxes
2021 Form RCC-146
Vermont Renter Credit Claim

For the year
 Jan 1 - Dec 31,
 2021



Claimant's Last Name SMITH		First Name MAY		MI	Claimant's Social Security Number 400009051	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
Mailing Address (Number and Street/Road or PO Box) 1239 MAIN ST APT 1				Claimant's Date of Birth (MM/DD/YYYY) 03 / 24 / 1977		
City MIDDLESEX		State VT	ZIP Code 05655		County of Rental Location WASHINGTON	
Vermont School District Code 121	Physical Address of Rental on 12/31/2021 1239 MAINS ST			Unit Number 1	City/Town of Rental Unit on 12/31/2021 and State MIDDLESEX | VT	
Federal Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married/CU Filing Jointly <input type="checkbox"/> Married/CU Filing Separately <input checked="" type="checkbox"/> Head of Household				Will you be using Renter Credit to pay Income Tax liability? <input type="checkbox"/> Yes <input type="checkbox"/> No		

1. SPAN. To find your SPAN, please see instructions. **1.** 390 - 121 - 00002

To determine eligibility, answer questions 2 through 4.

2. Were you domiciled in Vermont all of calendar year 2021? **2.** Yes, Go to Question 3. No, STOP. You are not eligible.

3. Were you claimed as a dependent by another taxpayer in 2021? . . . **3.** Yes, STOP. You are not eligible. No, Go to Question 4.

4. Did you rent in Vermont for six months or more in 2021? **4.** Yes, Go to Question 5. No, STOP. You are not eligible.

If you are eligible for a Renter Credit, complete Lines 5 through 9.

5. Did you share your rental unit with another adult who was *not* your jointly filed spouse? **5.** Yes No

6. Was your rent subsidized? **6.** Yes No

7. Number of months rented in 2021 **7.** 12

8. Number of Personal Exemptions claimed (from Form IN-111, Line 5d)
 (See the instructions if you did not file Form IN-111) **8.** 2

9. Are you required to file a federal income tax return? **9.** Yes No
If "Yes," complete Lines 10 through 14. If "No" because your income was under the filing threshold, skip Lines 10 through 14, sign in the signature section, and submit the form.

10. Total Income (from federal Form 1040, Line 9) **10.** 21091 **.00**

11. 75% of nontaxable Social Security benefits
 (from federal Form 1040, Line 6a minus Line 6b. Multiply result by 0.75) **11.** **.00**

12. Tax-exempt interest (from federal Form 1040, Line 2a) **12.** **.00**

13. Add back any negative amounts from federal Form 1040, Line 7 and Schedule 1, Lines 3, 4, 5, and 6.
 (See instructions) **13.** **.00**

14. Total (**ADD Lines 10 through 13**) **14.** 21091 **.00**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MM/DD/YYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY)	Daytime Telephone Number
Paid Preparer's Signature	Date (MM/DD/YYYY)	Preparer's Telephone Number
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.

Test 11:**Required Vermont Forms/Schedules:** IN-111, RCC-146**Taxpayer(s) Information:**

Primary SSN:	400-00-9050
Name:	James Smith
Residency Status:	Resident
Mailing Address:	239 Smith Street
City:	Middlesex
State:	VT
Zip Code:	05602
Date of Birth:	March 24, 1977
Filing Status:	Married Filing Separately
Spouse SSN:	400-00-8051
Spouse Name:	May J. Smith
School District Code:	121
911 Address:	239 Smith Street
Healthcare Coverage:	Taxpayer

Return Information:

Federal AGI:	47,820.00
Wages:	47,500.00
Dividend income:	320.00
Charitable contributions:	500.00
Income tax withheld from wages:	1,525.00
County of Rental Location:	Washington
SPAN of Rental Location:	390-121-00003
Number of months rented:	12
Subsidized Rent:	No

2021 Form IN-111

Vermont Income Tax Return

DEPT
USE
ONLY



* 2 1 1 1 1 1 1 0 0 *

FILE YOUR RETURN
ELECTRONICALLY FOR A
FASTER REFUND. GO TO
TAX.VERMONT.GOV FOR
MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name SMITH		First Name JAMES		MI	Social Security Number 4 0 0 0 0 9 0 5 0	<input type="checkbox"/> Check if Deceased	
Spouse's/CU Partner's Last Name SMITH		First Name MAY		MI	Social Security Number 4 0 0 0 0 9 0 5 1	<input type="checkbox"/> Check if Deceased	
Mailing Address (Number and Street/Road or PO Box) 2 3 9 SMITH ST				911/Physical Street Address on 12/31/2021 2 3 9 SMITH ST			
City MIDDLESEX		State VT	ZIP Code or Foreign Postal Code 0 5 6 0 2		Foreign Country		
Vermont School District Code 1 2 1	<input type="checkbox"/> Enter Healthcare Coverage Code (See instructions for code options) 1		Check all that apply		<input type="checkbox"/> AMENDED Return	<input type="checkbox"/> RECOMPUTED Return	<input type="checkbox"/> EXTENDED Return
Filing Status and Standard Deduction	<input type="checkbox"/> Single (\$6,350)	<input type="checkbox"/> Married/CU Filing Jointly (\$12,700)	<input checked="" type="checkbox"/> Married/CU Filing Separately (\$6,350)	<input type="checkbox"/> Head of Household (\$9,500)	<input type="checkbox"/> Qualifying Widow(er) (\$12,700)		

1. Federal Adjusted Gross Income (federal Form 1040, Line 11) 1. 4 7 8 2 0 .00

2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 17) 2. _____ .00

3. Federal AGI with Modifications (ADD Lines 1 and 2) 3. 4 7 8 2 0 .00

4. 2021 Vermont Standard Deduction from filing status section above. 4. 6 3 5 0 .00
Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.

5. Personal Exemptions:

5a. Enter "1" for yourself if no one can claim you as a dependent 5a. 1

5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er) 5b. _____

5c. Enter number of other dependents claimed on federal Form 1040. This includes any dependents other than yourself and/or your spouse. 5c. _____

5d. ADD Lines 5a through 5c 5d. 1

5e. MULTIPLY Line 5d by \$4,350 (2021 Personal Exemption) 5e. 4 3 5 0 .00

6. ADD Lines 4 and 5e 6. 1 0 7 0 0 .00

7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3. If less than zero, enter -0-) 7. 3 7 1 2 0 .00

8. Vermont Income Tax from tax table or tax rate schedule 8. 1 3 3 9 .00
(If Line 1 is greater than \$150,000, see instructions)

9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 16) 9. _____ .00

10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9. If less than zero, enter -0-) 10. 1 3 3 9 .00

11. Tax-Deductible Charitable Contribution (See instructions) <u>5 0 0</u> .00	12. Multiply Line 11 by 5% (0.05) <u>2 5</u> .00	13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 13. <u>2 5</u> .00
--	--	---

14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 14. 1 3 1 4 .00

15. Income Adjustment (Schedule IN-113, Line 36, or 100.0000%) 15. 1 0 0 .0000 %

16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15) 16. 1 3 1 4 .00

Taxpayer's Last Name	Social Security Number
SMITH	400009050



Amount from Line 16 **.00**

Other State Credit (Schedule IN-117, Line 21) **.00** + Vermont Tax Credits (Schedule IN-119, Part II) **.00** = Total Vermont Credits (Add Lines 17 and 18) **.00**

17. **.00** + 18. **.00** = 19. **.00**

20. Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-). 20. **1314 .00**

21. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). . . Check to certify no Use Tax is due. **OR** 21. **.00**

22. Total Vermont Taxes (ADD Lines 20 and 21) 22. **1314 .00**

Vermont Veterans Fund Green Up Vermont Nongame Wildlife Fund Children's Trust Fund Total Contributions

23a. **.00** + 23b. **.00** + 23c. **.00** + 23d. **.00** = 23e. **.00**

24. Total of Vermont Taxes and Voluntary Contributions (ADD Lines 22 and 23e) 24. **1314 .00**

25a. 2021 Vermont Tax Withheld from W-2, 1099 25a. **1525 .00**

25b. 2021 Estimated Tax payments, amount carried forward from 2020, and/or payment made with 2021 extension. 25b. **.00**

25c. Refundable Credits (Schedule IN-112, Part II, Line 11) 25c. **.00**

25d. 2021 Vermont Real Estate Withholding from Form RW-171 25d. **.00**

25e. 2021 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 25e. **.00**

25f. Total Payments and Credits (ADD Lines 25a through 25e) 25f. **1525 .00**

26. Overpayment. If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f 26. **211 .00**

27a. Refund to be credited to 2022 Estimated Tax Payment 27a. **.00**

27b. Refund to be credited to 2022 Property Tax Bill 27b. **.00**

28. REFUND AMOUNT (SUBTRACT Lines 27a and 27b from Line 26) 28. **211 .00**

29. If Line 24 is more than Line 25f, subtract Line 25f from Line 24. See instructions on tax due 29. **.00**

30. Interest and Penalty on Underpayment of Estimated Tax. . 30. **.00**

31. AMOUNT DUE (ADD Lines 29 and 30) 31. **.00**

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .00
---------------------------	-------------------------------------	---------------------------	-----------------------------	---------------------------

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
Paid Preparer's Signature	Date		Preparer's Telephone Number
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.
5454

Keep a copy for your records.

Vermont Department of Taxes
2021 Form RCC-146
Vermont Renter Credit Claim

For the year
 Jan 1 - Dec 31,
 2021



Claimant's Last Name SMITH		First Name JAMES		MI	Claimant's Social Security Number 400009050	
Spouse's/CU Partner's Last Name SMITH		First Name MAY		MI	Spouse's or CU Partner's Social Security Number 400009051	
Mailing Address (Number and Street/Road or PO Box) 239 SMITH ST				Claimant's Date of Birth (MM/DD/YYYY) 03 / 24 / 1977		
City MIDDLESEX		State VT	ZIP Code 05602		County of Rental Location WASHINGTON	
Vermont School District Code 121	Physical Address of Rental on 12/31/2021 239 SMITH ST			Unit Number	City/Town of Rental Unit on 12/31/2021 and State MIDDLESEX | VT	
Federal Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married/CU Filing Jointly <input checked="" type="checkbox"/> Married/CU Filing Separately <input type="checkbox"/> Head of Household				Will you be using Renter Credit to pay Income Tax liability? <input type="checkbox"/> Yes <input type="checkbox"/> No		

1. SPAN. To find your SPAN, please see instructions. **1.** **390 - 121 - 00003**

To determine eligibility, answer questions 2 through 4.

- 2.** Were you domiciled in Vermont all of calendar year 2021? **2.** Yes, Go to Question 3. No, STOP. You are not eligible.
- 3.** Were you claimed as a dependent by another taxpayer in 2021? . . . **3.** Yes, STOP. You are not eligible. No, Go to Question 4.
- 4.** Did you rent in Vermont for six months or more in 2021? **4.** Yes, Go to Question 5. No, STOP. You are not eligible.

If you are eligible for a Renter Credit, complete Lines 5 through 9.

- 5.** Did you share your rental unit with another adult who was *not* your jointly filed spouse? **5.** Yes No
- 6.** Was your rent subsidized? **6.** Yes No
- 7.** Number of months rented in 2021 **7.** 12
- 8.** Number of Personal Exemptions claimed (from Form IN-111, Line 5d)
 (See the instructions if you did not file Form IN-111) **8.** 1
- 9.** Are you required to file a federal income tax return? **9.** Yes No
If "Yes," complete Lines 10 through 14. If "No" because your income was under the filing threshold, skip Lines 10 through 14, sign in the signature section, and submit the form.
- 10.** Total Income (from federal Form 1040, Line 9) **10.** 47820 **.00**
- 11.** 75% of nontaxable Social Security benefits
 (from federal Form 1040, Line 6a minus Line 6b. Multiply result by 0.75) **11.** **.00**
- 12.** Tax-exempt interest (from federal Form 1040, Line 2a) **12.** **.00**
- 13.** Add back any negative amounts from federal Form 1040, Line 7 and Schedule 1, Lines 3, 4, 5, and 6.
 (See instructions) **13.** **.00**
- 14.** Total (**ADD Lines 10 through 13**) **14.** 47820 **.00**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MM/DD/YYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY)	Daytime Telephone Number
Paid Preparer's Signature	Date (MM/DD/YYYY)	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address	Preparer's SSN or PTIN	FEIN

Form RCC-146 (Replaces Form PR-141)

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

Test 12:**Required Vermont Forms/Schedules:** RCC-146**Taxpayer(s) Information:**

Primary SSN:	400-00-9052
Primary Name:	Larry Kent
Residency Status:	Resident
Mailing Address:	PO Box 15
City:	Burlington
State:	VT
Zip Code:	05401
Date of Birth:	March 24, 1976
Filing Status:	Single
School District Code:	035
911 Address:	15 Kent Street Unit 2
Town of Legal Residence:	Burlington

Return Information:

Total Income:	20,000.00
County of Rental Property:	Chittenden
SPAN of Rental Property:	114-035-12345
Number of months rented:	12
Exemptions Claimed:	1
Subsidized Rent:	No

Vermont Department of Taxes
2021 Form RCC-146
Vermont Renter Credit Claim

For the year
 Jan 1 - Dec 31,
 2021



Claimant's Last Name KENT		First Name LARRY		MI	Claimant's Social Security Number 400009052	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
Mailing Address (Number and Street/Road or PO Box) PO BOX 15				Claimant's Date of Birth (MM/DD/YYYY) 03 / 24 / 1976		
City BURLINGTON		State VT	ZIP Code 05401		County of Rental Location CHITTENDEN	
Vermont School District Code 035	Physical Address of Rental on 12/31/2021 15 KENT ST		Unit Number 2	City/Town of Rental Unit on 12/31/2021 and State BURLINGTON VT		
Federal Filing Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married/CU Filing Jointly <input type="checkbox"/> Married/CU Filing Separately <input type="checkbox"/> Head of Household				Will you be using Renter Credit to pay Income Tax liability? <input type="checkbox"/> Yes <input type="checkbox"/> No		

1. SPAN. To find your SPAN, please see instructions. **1.** 114 - 035 - 12345

To determine eligibility, answer questions 2 through 4.

2. Were you domiciled in Vermont all of calendar year 2021? **2.** Yes, Go to Question 3. No, STOP. You are not eligible.

3. Were you claimed as a dependent by another taxpayer in 2021? . . . **3.** Yes, STOP. You are not eligible. No, Go to Question 4.

4. Did you rent in Vermont for six months or more in 2021? **4.** Yes, Go to Question 5. No, STOP. You are not eligible.

If you are eligible for a Renter Credit, complete Lines 5 through 9.

5. Did you share your rental unit with another adult who was *not* your jointly filed spouse? **5.** Yes No

6. Was your rent subsidized? **6.** Yes No

7. Number of months rented in 2021 **7.** 12

8. Number of Personal Exemptions claimed (from Form IN-111, Line 5d)
 (See the instructions if you did not file Form IN-111) **8.** 1

9. Are you required to file a federal income tax return? **9.** Yes No
If "Yes," complete Lines 10 through 14. If "No" because your income was under the filing threshold, skip Lines 10 through 14, sign in the signature section, and submit the form.

10. Total Income (from federal Form 1040, Line 9) **10.** 20000 **.00**

11. 75% of nontaxable Social Security benefits
 (from federal Form 1040, Line 6a minus Line 6b. Multiply result by 0.75) **11.** **.00**

12. Tax-exempt interest (from federal Form 1040, Line 2a) **12.** **.00**

13. Add back any negative amounts from federal Form 1040, Line 7 and Schedule 1, Lines 3, 4, 5, and 6.
 (See instructions) **13.** **.00**

14. Total (ADD Lines 10 through 13) **14.** 20000 **.00**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MM/DD/YYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY)	Daytime Telephone Number
Paid Preparer's Signature	Date (MM/DD/YYYY)	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address	Preparer's SSN or PTIN	FEIN

Form RCC-146 (Replaces Form PR-141)

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

Test 13:**Required Vermont Forms/Schedules:** IN-111, IN-112, IN-119, IN-153**Taxpayer(s) Information:**

Primary SSN:	400-00-9046
Name:	Velma Dinkley
Residency Status:	Resident
Mailing Address:	8540 Buck Lake Rd.
City:	Woodbury
State:	VT
Zip Code:	05681
Date of Birth:	Sept. 13, 1969
Filing Status:	Single
School District Code:	248
911 Address:	8540 Buck Lake Rd.
Healthcare Coverage:	Taxpayer Detective
Primary Occupation:	Madeline Dinkley
Dependent 1 Name:	400-00-9005
Dependent 1 SSN:	Maxwell Dinkley
Dependent 2 Name:	4000-00-9006
Dependent 2 SSN:	

Return Information:

Federal AGI:	4,661,663.00
Adjustment for Prior Years' Bonus Depreciation:	2,075.00
Amount from federal Form 1040 Sch. D Line 19:	4,392,624.00
Income Tax Withheld from Wages:	1,200.00
Estimated Payments Made:	1,000.00
Interest Income from US Obligations:	7,279.00
Vermont Higher Education Investment:	2,500.00
Charitable Housing Earned in 2021:	2,650.00
R&D Credit Earned in 2021:	3,746.00
Entity Credit from:	Mystery Inc. FEIN 85-2258852
Charitable Contributions Made:	5,000.00
Tax Withheld from 2021 Wages:	21,502.00
Estimated Payments made in 2021:	250,000.00
Real Estate Withholding Payment made in 2021:	92,270.00

2021 Form IN-111

Vermont Income Tax Return

DEPT
USE
ONLY



FILE YOUR RETURN
ELECTRONICALLY FOR A
FASTER REFUND. GO TO
TAX.VERMONT.GOV FOR
MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name DINKLEY		First Name VELMA		MI	Social Security Number 4 0 0 0 0 9 0 4 6	<input type="checkbox"/> Check if Deceased	
Spouse's/CU Partner's Last Name		First Name		MI	Social Security Number	<input type="checkbox"/> Check if Deceased	
Mailing Address (Number and Street/Road or PO Box) 8540 BUCK LAKE RD				911/Physical Street Address on 12/31/2021 8540 BUCK LAKE RD			
City WOODBURY		State VT	ZIP Code or Foreign Postal Code 05681		Foreign Country		
Vermont School District Code 248	<input checked="" type="checkbox"/> Enter Healthcare Coverage Code (See instructions for code options) 1		Check all that apply		<input type="checkbox"/> AMENDED Return	<input type="checkbox"/> RECOMPUTED Return	<input type="checkbox"/> EXTENDED Return
Filing Status and Standard Deduction	<input checked="" type="checkbox"/> Single (\$6,350)	<input type="checkbox"/> Married/CU Filing Jointly (\$12,700)	<input type="checkbox"/> Married/CU Filing Separately (\$6,350)	<input type="checkbox"/> Head of Household (\$9,500)	<input type="checkbox"/> Qualifying Widow(er) (\$12,700)		

1. Federal Adjusted Gross Income (federal Form 1040, Line 11) 1. 4661663 .00

2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 17) 2. -352075 .00

3. Federal AGI with Modifications (ADD Lines 1 and 2) 3. 4309588 .00

4. 2021 Vermont Standard Deduction from filing status section above. 4. 6350 .00
Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.

5. Personal Exemptions:

5a. Enter "1" for yourself if no one can claim you as a dependent 5a. 1

5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er) 5b. _____

5c. Enter number of other dependents claimed on federal Form 1040. This includes any dependents other than yourself and/or your spouse. 5c. 2

5d. ADD Lines 5a through 5c 5d. 3

5e. MULTIPLY Line 5d by \$4,350 (2021 Personal Exemption) 5e. 13050 .00

6. ADD Lines 4 and 5e 6. 19400 .00

7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3. If less than zero, enter -0-) 7. 4290188 .00

8. Vermont Income Tax from tax table or tax rate schedule 8. 370688 .00
(If Line 1 is greater than \$150,000, see instructions)

9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 16) 9. _____ .00

10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9. If less than zero, enter -0-) 10. 370688 .00

11. Tax-Deductible Charitable Contribution (See instructions) <u>5000</u> .00	12. Multiply Line 11 by 5% (0.05) <u>250</u> .00	13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 13. <u>250</u> .00
---	--	---

14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 14. 370418 .00

15. Income Adjustment (Schedule IN-113, Line 36, or 100.0000%) 15. 100 .0000 %

16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15) 16. 370418 .00

Taxpayer's Last Name	Social Security Number
DINKLEY	400009046



Amount from Line 16 **.00**

Other State Credit (Schedule IN-117, Line 21) **.00** + Vermont Tax Credits (Schedule IN-119, Part II) **6646 .00** = Total Vermont Credits (Add Lines 17 and 18) **6646 .00**

17. **.00** + 18. **6646 .00** = 19. **6646 .00**

20. Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16). If Line 19 is greater than Line 16, enter -0-). **363772 .00**

21. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). . . . Check to certify no Use Tax is due. **OR** 21. **.00**

22. Total Vermont Taxes (ADD Lines 20 and 21) **363772 .00**

Vermont Veterans Fund **.00** + Green Up Vermont **.00** + Nongame Wildlife Fund **.00** + Children's Trust Fund **.00** = Total Contributions **.00**

23a. **.00** + 23b. **.00** + 23c. **.00** + 23d. **.00** = 23e. **.00**

24. Total of Vermont Taxes and Voluntary Contributions (ADD Lines 22 and 23e) **363772 .00**

25a. 2021 Vermont Tax Withheld from W-2, 1099 **21502 .00**

25b. 2021 Estimated Tax payments, amount carried forward from 2020, and/or payment made with 2021 extension. **250000 .00**

25c. Refundable Credits (Schedule IN-112, Part II, Line 11) **.00**

25d. 2021 Vermont Real Estate Withholding from Form RW-171 **92270 .00**

25e. 2021 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 **.00**

25f. Total Payments and Credits (ADD Lines 25a through 25e) **363772 .00**

26. Overpayment. If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f **.00**

27a. Refund to be credited to 2022 Estimated Tax Payment **.00**

27b. Refund to be credited to 2022 Property Tax Bill **.00**

28. REFUND AMOUNT (SUBTRACT Lines 27a and 27b from Line 26) **.00**

29. If Line 24 is more than Line 25f, subtract Line 25f from Line 24. See instructions on tax due **.00**

30. Interest and Penalty on Underpayment of Estimated Tax. **.00**

31. AMOUNT DUE (ADD Lines 29 and 30) **.00**

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .00
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
Paid Preparer's Signature	Date		Preparer's Telephone Number
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.
5454

Keep a copy for your records.

2021 Schedule IN-112

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or BLACK INK



* 2 1 1 1 2 1 1 0 0 *

INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
DINKLEY	VELMA		400009046

PART I

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax (reported on federal Form 1040) **1.** _____ **.00**
- 2. Interest and dividend income from Vermont state and local obligations included in Line 1. **2.** _____ **.00**
- 3. Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1) **3.** _____ **.00**
- 4. Bonus Depreciation Allowed under Federal Law for 2021 **4.** _____ **.00**
- 5. Other (reserved) **5.** **RESERVED** **.00**
- 6. Total Additions (ADD Line 3 and Line 4) **6.** _____ **.00**

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

- 7. Interest Income from U.S. Obligations. **7.** _____ **.00**
- 8. Capital Gains Exclusion (Schedule IN-153, Line 21) **8.** 350000 **.00**
- 9. Adjustment for Prior Years' Bonus Depreciation. **9.** 2075 **.00**
- 10. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040) **10.** _____ **.00**
- 11. Medical Expense Deduction (see the worksheet in the instructions) **11.** _____ **.00**
- 12. Social Security Benefits Exempt from Taxation (see the worksheet in the instructions) **12.** _____ **.00**
- 13. Railroad Retirement income **13.** _____ **.00**
- 14. Bond/note interest income from (see below) **14.** _____ **.00**
- VSAC Build America Vermont Telecom Authority Vermont Public Power Supply Authority
- 15. Other (reserved) **15.** **RESERVED** **.00**
- 16. Total Subtractions (ADD Lines 7 through 14) **16.** 352075 **.00**

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

- 17. SUBTRACT Line 16 from Line 6. Enter on Form IN-111, Line 2. **17.** -352075 **.00**
This can be a negative number.

Taxpayer's Last Name	Social Security Number



PART II

REFUNDABLE CREDITS

Line 1 is for FULL-YEAR residents

1. **Low Income Child & Dependent Care Credit**1. _____ **.00**
 If your federal Adjusted Gross Income is \$30,000 (or \$40,000 for Married Filing Jointly) or less, and child care services are provided by a Vermont accredited daycare provider, enter 50% of federal Form 2441, Line 11. If you are not a Vermont resident or your daycare provider is not accredited, use Schedule IN-119, Part I, Line 8. See instructions if your providers are both accredited and not accredited.

VERMONT EARNED INCOME TAX CREDIT

For FULL-YEAR residents and PART-YEAR residents

ELIGIBILITY QUESTIONS MUST BE ANSWERED

- A. Enter number of qualifying children **A.** _____
- B. Enter number of qualifying children under the age of 18 **B.** _____
- C. Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at the end of 2021? **C.** Yes No
If you answered "No" and do not have any qualifying children, you do not qualify for Earned Income Tax Credit

FULL-YEAR RESIDENTS

Answer eligibility questions above and complete Lines 2 and 3

2. Earned income tax credit (Reported on federal Form 1040) **2.** _____ **.00**
3. Vermont Earned Income Tax Credit. **MULTIPLY Line 2 by 36% (0.36)** **3.** _____ **.00**

PART YEAR RESIDENTS

Answer eligibility questions above and complete Lines 4 through 10

A. Federal Amount \$

Enter figures in Column A from your federal EITC worksheet and Schedule IN-113

B. Vermont Portion \$

For Vermont Portion, enter income earned while a Vermont resident as shown on Schedule IN-113, Column B, Lines 1, 8, 10, and 11

- | | |
|---|-----------------------------|
| 4. Wages, salaries, tips, etc. (Schedule IN-113, Line 1) 4A. _____ .00 | 4B. _____ .00 |
| 5. Other earned income (Schedule IN-113, Lines 8, 10, and 11) 5A. _____ .00 | 5B. _____ .00 |
| 6. Total earned income (Add Lines 4 and 5) 6A. _____ .00 | 6B. _____ .00 |
| 7. Earned income tax credit adjustment (DIVIDE Line 6B by Line 6A, MULTIPLY the result by 100, and enter here. Do not enter more than 100%.) 7. _____ % | |
| 8. Earned income tax credit (Reported on federal Form 1040) 8. _____ .00 | |
| 9. Multiply Line 8 by 36% and enter the result here. 9. _____ .00 | |
| 10. Vermont Earned Income Tax Credit (MULTIPLY Line 9 by Line 7) 10. _____ .00 | |

11. TOTAL REFUNDABLE CREDITS

(**ADD Line 1 to Line 3 or Line 10.** Enter this amount on Form IN-111, Line 25c) **11.** _____ **.00**

2021 Schedule IN-119

Vermont Tax Adjustments and
Nonrefundable Credits



* 2 1 1 1 9 1 1 0 0 *

INCLUDE WITH FORM IN-111

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
DINKLEY	VELMA		400 00 9046

PART I ADJUSTMENTS TO VERMONT INCOME TAX

ADDITIONS TO VERMONT TAX

- 1. Tax on Qualified Plans including IRA, HSA, and MSA (reported on federal Form 1040, U.S. Individual Income Tax Return) 1. _____ **.00**
- 2. Recapture of Federal Investment Tax Credit (reported on Form 1040) 2. _____ **.00**
- 3. Tax from federal Form 4972, Tax on Lump-Sum Distributions . . 3. _____ **.00**
- 4. **ADD Lines 1 through 3.** 4. _____ **.00**
- 5. **MULTIPLY Line 4 by 24% (0.24)** 5. _____ **.00**
- 6. Recapture of Vermont Credits (See instructions) 6. _____ **.00**
- 7. **ADD Lines 5 and 6.** 7. _____ **.00**

SUBTRACTIONS FROM VERMONT TAX

- 8. Credit for Child & Dependent Care Expenses (reported on Form 1040) 8. _____ **.00**
- 9. Credit for the Elderly or the Disabled (federal Schedule R) 9. _____ **.00**
- 10. Investment Tax Credit - Vermont-based only (See instructions) 10. _____ **.00**
- 11. Vermont Farm Income Averaging Credit (from worksheet in instructions) 11. _____ **.00**
- 12. **ADD Lines 8 through 11.** 12. _____ **.00**
- 13. **MULTIPLY Line 12 by 24% (0.24)** 13. _____ **.00**
- 14. Vermont-based Solar Energy Credit carryforward 14. _____ **.00**
- 15. **ADD Lines 13 and 14** 15. _____ **.00**

NET ADJUSTMENTS TO VERMONT TAX

- 16. **SUBTRACT Line 15 from Line 7.** Enter on Form IN-111, Vermont Income Tax Return, Line 9. This can be a negative number. 16. _____ **.00**

Taxpayer's Last Name	Social Security Number
DINKLEY	400 00 9046



INCLUDE WITH FORM IN-111

PART II VERMONT INCOME TAX CREDITS

1. Vermont Higher Education Investment (32 V.S.A § 5825a) See instructions 2500 .00 2021 Contribution eligible for credit Credit TIMES (X) .10 = 250 .00

For credits earned through an S-Corporation, LLC, or Partnership, enter name and FEIN of the entity

Name of Entity	FEIN
MYSTERY INC	85 2258852

If credits from more than one business entity, fill out a separate IN-119 for each entity.

	Column A Earned in 2021	PLUS (+)	Column B Carryforward	EQUALS (=)	Column C
2. Charitable Housing (32 V.S.A. § 5830c) 2A.	2650 .00		2B. .00		2C. 2650 .00
3. Qualified Sale of Mobile Home Park (32 V.S.A. § 5828) 3A.	.00		3B. .00		3C. .00
4. Research & Development (32 V.S.A. § 5930ii) 4A.	3746 .00		4B. .00		4C. 3746 .00
Prior approval required from Vermont Housing Finance Agency for Line 5					
5. Affordable Housing (32 V.S.A § 5930u) 5A.	.00		5B. .00		5C. .00
6. Historic Rehabilitation (32 V.S.A. § 5930cc(a)) 6A.	.00		6B. .00		6C. .00
7. Facade Improvement (32 V.S.A. § 5930cc(b)) 7A.	.00		7B. .00		7C. .00
8. Code Improvements (32 V.S.A. § 5930cc(c)) 8A.	.00		8B. .00		8C. .00
9. ADD Column C, Lines 1 through 8. If no credit claimed on Line 10, enter this amount on Form IN-111, Line 18 9.					6646 .00

Tax Credit Calculation Worksheet

10. Vermont Entrepreneur's Seed Capital Fund (32 V.S.A. § 5830b) 10. .00

11. Enter adjusted Vermont income tax amount from Form IN-111, Line 16 11. .00

12. Enter credit for income tax paid to another state or Canadian province from Form IN-111, Line 17 12. .00

13. SUBTRACT Line 12 from Line 11 13. .00

14. Enter the lesser of Line 9 or Line 13. 14. .00

15. SUBTRACT Line 14 from Line 13. The result cannot be less than zero 15. .00

16. MULTIPLY Line 15 by 50% (0.50) 16. .00

17. Enter the lesser of Line 10 or Line 16. 17. .00

18. Total Credits Allowable. ADD Lines 14 and 17 18. .00

19. Total Income Tax Credits Available. Enter the lesser of Line 13 or Line 18. Enter this amount on Form IN-111, Line 18. 19. 6646 .00

2021 Schedule IN-153

Vermont Capital Gain Exclusion
Calculation



* 2 1 1 5 3 1 1 0 0 *

INCLUDE WITH FORM IN-111

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
DINKLEY	VELMA		400 00 9046

PART I. FLAT EXCLUSION

- 1. Enter smaller of Line 15 or 16 from federal Form 1040, Schedule D 1. 4392624 .00
- 2. Enter amount from:
 - 2a. Federal Form 1040, Schedule D, Line 18. 2a. _____ .00
 - 2b. Federal Form 1040, Schedule D, Line 19. 2b. _____ .00
- 3. Add Lines 2a and 2b 3. _____ .00
- 4. Subtract Line 3 from Line 1. 4. 4392624 .00

If you filed federal Form 4952, complete Lines 5 through 7

- 5. Enter amount from:
 - 5a. Federal Form 4952, Line 4g. 5a. _____ .00
 - 5b. Federal Form 4952, Line 4e. 5b. _____ .00
- 5c. Multiply Line 5a by Line 5b and enter result here 5c. _____ .00
- 5d. Federal Form 4952, Line 4b. 5d. _____ .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 7. _____ .00
- 8. Subtract Line 7 from Line 4. Entry cannot be less than zero. 8. 4392624 .00
- 9. Enter the smaller of Line 8 or \$5,000 9. 5000 .00

Taxpayer's Last Name	Social Security Number
DINKLEY	400 00 9046



PART II. PERCENTAGE EXCLUSION

(Use this section only if you have eligible gains. See Technical Bulletin 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 410. 4392624 .00
- 11. Enter amount of adjusted net capital gain from the sale of assets held for three years or less11. .00
- 12. Assets held for more than three years. Subtract Line 11 from Line 10. Entry cannot be less than zero12. 4392624 .00

Enter 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 home13a. .00
- 13b. Depreciable personal property (except for farm property or standing timber) 13b. .00
- 13c. Stocks or bonds publicly traded or traded on an exchange or any other financial instruments13c. .00
- 14. Add Lines 13a through 13c.....14. .00
- 15. Subtract Line 14 from Line 12; enter result here. Entry cannot be less than zero. This is the amount of net adjusted capital gain eligible for exclusion15. 4392624 .00

Line 16 Federal Form 4952 information. If no investment interest expense for ineligible assets was reported on federal Form 4952, enter Line 7 from Part I of this form. Otherwise, you may need to recompute Form 4952 to reflect only investment interest income for assets eligible for the capital gain exclusion.

- 16. Enter amount from Part I, Line 7 or recomputed federal Form 4952.....16. .00
- 17. Subtract Line 16 from Line 1517. 4392624 .00
- 18. Multiply Line 17 by 40%; enter result or \$350,000, whichever is less.18. 350000 .00

PART III. CAPITAL GAIN EXCLUSION

- 19. Enter the *greater of* Line 9 or Line 1819. 350000 .00
- 20. Multiply $\frac{4572640.00}{\text{Federal Taxable Income}}$ x 40% and enter result here20. 1829056 .00
- 21. Enter the *smaller of* Line 19 or Line 20. This is your capital gain exclusion. Enter on Schedule IN-112, Part I, Line 821. 350000 .00

Test 14:

Required Vermont Forms/Schedules: IN-151

Taxpayer(s) Information:

Primary SSN:	400-00-9031
Name:	Bradley Edgewood
Residency Status:	Resident
Mailing Address:	PO Box 306
City:	Hyde Park
State:	VT
Zip Code:	05655
Filing Status:	Married Filing Joint
Spouse SSN:	400-00-8032
Spouse Name:	Marjorie Edgewood

Return Information:

Estimated Tax Liability:	8,879.00
Previous Payments Made:	1,279.00
Extension Payment:	4,200.00

2021 Form IN-151

Vermont Application for Extension
of Time to File Form IN-111



- This form must be filed if you are unable to file your Vermont Income Tax Return by the due date of April 15, 2022 and you are not filing a federal extension or if you are required to make an extension payment.
- An extension only allows additional time to file the Vermont Income Tax Return and avoids a late filing penalty. If tax is due, you must pay it by the April due date. Interest and late payment penalty accrue from April 16 to the date of payment.
- **NOTE:** This extension does *not* apply to Form HS-122, Vermont Homestead Declaration OR Property Tax Credit Claim. Form HS-122 is due April 15 of the current year. Late-filed Homestead Declarations will be charged a late filing penalty up to 8% of the corrected education tax by the town.
- **Did you know?** You can file an extension online. Visit us on the web at myvtax.vermont.gov.

Taxpayer's Last Name		First Name		MI	Taxpayer's Social Security Number	
EDGEWOOD		BRADLEY			400009031	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
EDGEWOOD		MARJORIE			400009032	
Mailing Address (Number and Street/Road or PO Box)					For Department Use Only	
PO BOX 306						
City		State	ZIP Code			
HYDE PARK		VT	05655			
Foreign Country (if not United States)				Email Address		
				MBEDGEWOOD@GMAIL.COM		

TAX CALCULATION WORKSHEET

Use this worksheet to determine if you may owe Vermont tax.

1. Estimated individual income tax liability	1.	8879	.00
2. Previous payments	2.	1279	.00
3. Amount of tax paid with extension	3.	4200	.00

VERMONT PAYMENT OPTION

Vermont Department of Taxes
PO Box 1779
Montpelier, VT 05601-1779
Phone: (866) 828-2865 toll-free in Vermont or (802) 828-2865

Filing by Paper: Make checks payable to **Vermont Department of Taxes** and mail with this form to the address above.

Test 15:

Required Vermont Forms/Schedules: IN-151

Taxpayer(s) Information:

Primary SSN:	400-00-9053
Name:	Heather Lee
Mailing Address:	239 Smith St.
City:	Middlesex
State:	VT
Zip Code:	05602
Filing Status:	Single

Return Information:

Estimated Tax Liability:	2,975.00
Previous Payments Made:	0.00

2021 Form IN-151

Vermont Application for Extension
of Time to File Form IN-111



- This form must be filed if you are unable to file your Vermont Income Tax Return by the due date of April 15, 2022 and you are not filing a federal extension or if you are required to make an extension payment.
- An extension only allows additional time to file the Vermont Income Tax Return and avoids a late filing penalty. If tax is due, you must pay it by the April due date. Interest and late payment penalty accrue from April 16 to the date of payment.
- **NOTE:** This extension does *not* apply to Form HS-122, Vermont Homestead Declaration OR Property Tax Credit Claim. Form HS-122 is due April 15 of the current year. Late-filed Homestead Declarations will be charged a late filing penalty up to 8% of the corrected education tax by the town.
- **Did you know?** You can file an extension online. Visit us on the web at myvtax.vermont.gov.

Taxpayer's Last Name		First Name		MI	Taxpayer's Social Security Number	
LEE		HEATHER		J	400009053	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
Mailing Address (Number and Street/Road or PO Box)					For Department Use Only	
239 SMITH ST						
City		State	ZIP Code			
MIDDLESEX		VT	05602			
Foreign Country (if not United States)				Email Address		
				HJLEE1982@YAHOO.COM		

TAX CALCULATION WORKSHEET

Use this worksheet to determine if you may owe Vermont tax.

- Estimated individual income tax liability. **1.** 2975.00
- Previous payments **2.** .00
- Amount of tax paid with extension **3.** 2975.00

VERMONT PAYMENT OPTION

Vermont Department of Taxes
PO Box 1779
Montpelier, VT 05601-1779
Phone: (866) 828-2865 toll-free in Vermont or (802) 828-2865

Filing by Paper: Make checks payable to **Vermont Department of Taxes** and mail with this form to the address above.

Test 16:

Required Vermont Forms/Schedules: IN-151

Taxpayer(s) Information:

Primary SSN:	400-00-9054
Name:	Tim Jones
Mailing Address:	239 Smith St.
City:	Middlesex
State:	VT
Zip Code:	05602
Filing Status:	Single

Return Information:

Estimated Tax Liability:	100
Previous Payments Made:	500.00

2021 Form IN-151

Vermont Application for Extension
of Time to File Form IN-111



- This form must be filed if you are unable to file your Vermont Income Tax Return by the due date of April 15, 2022 and you are not filing a federal extension or if you are required to make an extension payment.
- An extension only allows additional time to file the Vermont Income Tax Return and avoids a late filing penalty. If tax is due, you must pay it by the April due date. Interest and late payment penalty accrue from April 16 to the date of payment.
- **NOTE:** This extension does *not* apply to Form HS-122, Vermont Homestead Declaration OR Property Tax Credit Claim. Form HS-122 is due April 15 of the current year. Late-filed Homestead Declarations will be charged a late filing penalty up to 8% of the corrected education tax by the town.
- **Did you know?** You can file an extension online. Visit us on the web at myvtax.vermont.gov.

Taxpayer's Last Name		First Name		MI	Taxpayer's Social Security Number	
JONES		TIM		T	400009054	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
Mailing Address (Number and Street/Road or PO Box)					For Department Use Only	
714 SECOND ST						
City		State	ZIP Code			
NEWPORT		VT	05855			
Foreign Country (if not United States)				Email Address		
				JONESTIMJONES005@AOL.COM		

TAX CALCULATION WORKSHEET

Use this worksheet to determine if you may owe Vermont tax.

1. Estimated individual income tax liability. **1.** _____ 100 **.00**
2. Previous payments **2.** _____ 500 **.00**
3. Amount of tax paid with extension **3.** _____ **.00**

VERMONT PAYMENT OPTION

Vermont Department of Taxes
PO Box 1779
Montpelier, VT 05601-1779
Phone: (866) 828-2865 toll-free in Vermont or (802) 828-2865

Filing by Paper: Make checks payable to **Vermont Department of Taxes** and mail with this form to the address above.

Test 17:

Required Vermont Forms/Schedules: IN-114

Taxpayer(s) Information:

Primary SSN:	400-00-9031
Name:	Bradley Edgewood
Residency Status:	Resident
Mailing Address:	PO Box 306
City:	Hyde Park
State:	VT
Zip Code:	05655
Filing Status:	Married Filing Joint
Spouse SSN:	400-00-9032
Spouse Name:	Marjorie Edgewood

Return Information:

Estimated Payment Requirement:	2,500.00
April 15, 2020 Payment	250.00
June 15, 2020 Payment	500.00
September 15, 2020 Payment:	750.00
January 15, 2021 Payment	1,000.000

2022 Form IN-114

Vermont Individual Income Estimated
Tax Payment Voucher

DEPT
USE
ONLY



Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name		First Name		MI	Taxpayer's Social Security Number	
EDGEWOOD		BRADLEY			400009031	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
EDGEWOOD		MARJORIE			400009032	
Mailing Address (Number and Street/Road or PO Box)					Tax Year	
PO BOX 306					2022	
City		State	ZIP Code or Postal Code		Amount of this payment 250. 00	
HYDE PARK		VT	05655			
Foreign Country (if not United States)						

5454

Form IN-114
Rev.10/21

**Pay your income
taxes online**

Did you know? You can make your estimated income tax payment online using ACH debit or your credit card. Visit us on the web at myVTax.vermont.gov and select "Make a Payment" to get started.

Underpayment Interest and Penalties

Vermont law states that you must pay during the calendar year through withholding, timely made estimated payments, or a combination of both, an amount equal to 100% of your prior year tax liability or 90% of your current year tax liability, whichever is less.

If you do not meet this requirement and owe more than \$500 when you file your personal income tax return, you will be assessed penalties and interest. The underpayment in each quarter is assessed from the estimated payment due date to the date the tax is paid.

Calculate your payment using the "Taxpayer's Worksheet." Record your payments.

Taxpayer's Worksheet - Keep for your records

	100% of 2021 Tax Liability divided by 4	\$ _____
	OR	
	90% of 2022 Tax Liability (calculated below)	
Line 1	Estimated 2022 Vermont Taxable Income	1. \$ _____
Line 2	Estimated 2022 Vermont Tax: Use 2021 preliminary tax schedules (See instructions)	2. \$ _____
Line 3	Estimated 2022 Vermont Tax with Adjustments. See instructions for Form IN-111, Line 10.	3. \$ _____
Line 4	Estimated Income Adjustment. See instructions for Form IN-111, Line 15.	4. _____ %
Line 5	Adjusted Vermont Tax (Multiply Line 3 by Line 4)	5. \$ _____
Line 5a	Expected 2022 Vermont Tax Withholding	5a. \$ _____
Line 6	2022 Estimated Tax Liability (Line 5 minus Line 5a)	6. \$ _____
Line 7	Quarterly payments due (Divide Line 6 by 4)	7. \$ _____

You can check the status of your estimated payments online at myVTax.vermont.gov under Payments, "Find my Estimated Payment."

2022 Form IN-114

Vermont Individual Income Estimated Tax Payment Voucher

DEPT USE ONLY



Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name EDGEWOOD		First Name BRADLEY	MI	Taxpayer's Social Security Number 400009031	
Spouse's/CU Partner's Last Name EDGEWOOD		First Name MARJORIE	MI	Spouse's or CU Partner's Social Security Number 400009032	
Mailing Address (Number and Street/Road or PO Box) PO BOX 306				Tax Year 2022	
City HYDE PARK	State VT	ZIP Code or Postal Code 05655		Amount of this payment 500. 00	
Foreign Country (if not United States)					

5454

Form IN-114
Rev.10/21

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Taxpayer's Worksheet - Keep for your records

	100% of 2021 Tax Liability divided by 4 \$ _____	
	OR	
	90% of 2022 Tax Liability (calculated below)	
Line 1	Estimated 2022 Vermont Taxable Income	1. \$ _____
Line 2	Estimated 2022 Vermont Tax: Use 2021 preliminary tax schedules (See instructions)	2. \$ _____
Line 3	Estimated 2022 Vermont Tax with Adjustments. See instructions for Form IN-111, Line 10.	3. \$ _____
Line 4	Estimated Income Adjustment. See instructions for Form IN-111, Line 15.	4. _____ %
Line 5	Adjusted Vermont Tax (Multiply Line 3 by Line 4)	5. \$ _____
Line 5a	Expected 2022 Vermont Tax Withholding	5a. \$ _____
Line 6	2022 Estimated Tax Liability (Line 5 minus Line 5a)	6. \$ _____
Line 7	Quarterly payments due (Divide Line 6 by 4)	7. \$ _____

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2022 Form IN-114

Vermont Individual Income Estimated
Tax Payment Voucher

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ONLY



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Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name		First Name	MI	Taxpayer's Social Security Number	
EDGEWOOD		BRADLEY		400009031	
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Partner's Social Security Number	
EDGEWOOD		MARJORIE		400009032	
Mailing Address (Number and Street/Road or PO Box)				Tax Year	
PO BOX 306				2022	
City		State	ZIP Code or Postal Code		
HYDE PARK		VT	05655		
Foreign Country (if not United States)				Amount of this payment 750.00	

5454

Form IN-114
Rev.10/21

Pay your income taxes online

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	OR	
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Line 3	Estimated 2022 Vermont Tax with Adjustments. See instructions for Form IN-111, Line 10.	3. \$ _____
Line 4	Estimated Income Adjustment. See instructions for Form IN-111, Line 15.	4. _____ %
Line 5	Adjusted Vermont Tax (Multiply Line 3 by Line 4)	5. \$ _____
Line 5a	Expected 2022 Vermont Tax Withholding	5a. \$ _____
Line 6	2022 Estimated Tax Liability (Line 5 minus Line 5a)	6. \$ _____
Line 7	Quarterly payments due (Divide Line 6 by 4)	7. \$ _____

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2022 Form IN-114

Vermont Individual Income Estimated
Tax Payment Voucher

DEPT
USE
ONLY



* 2 2 1 1 4 1 1 0 0 *

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name		First Name	MI	Taxpayer's Social Security Number	
EDGEWOOD		BRADLEY		400009031	
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Partner's Social Security Number	
EDGEWOOD		MARJORIE		400009032	
Mailing Address (Number and Street/Road or PO Box)				Tax Year	
PO BOX 306				2022	
City		State	ZIP Code or Postal Code		
HYDE PARK		VT	05655		
Foreign Country (if not United States)				Amount of this payment 1000. 00	

5454

Form IN-114
Rev.10/21

Pay your income taxes online

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	OR	
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Line 2	Estimated 2022 Vermont Tax: Use 2021 preliminary tax schedules (See instructions)	2. \$ _____
Line 3	Estimated 2022 Vermont Tax with Adjustments. See instructions for Form IN-111, Line 10.	3. \$ _____
Line 4	Estimated Income Adjustment. See instructions for Form IN-111, Line 15.	4. _____ %
Line 5	Adjusted Vermont Tax (Multiply Line 3 by Line 4)	5. \$ _____
Line 5a	Expected 2022 Vermont Tax Withholding	5a. \$ _____
Line 6	2022 Estimated Tax Liability (Line 5 minus Line 5a)	6. \$ _____
Line 7	Quarterly payments due (Divide Line 6 by 4)	7. \$ _____

You can check the status of your estimated payments online at myVTax.vermont.gov under Payments, "Find my Estimated Payment."

Test 18

3 IN-116s

Taxpayer1:

Simon John 400009073

PO Box 14

Waterbury VT 05676

Payment amount:

\$1300.00

Taxpayer2:

Caswell Sam 400-00-9078

Caswell Mary 400-00-9079

PO Box 143

Morrisville VT 05661

Payment amount:

\$1348.00

Taxpayer3:

Long Jane 400-00-9076

Long John 400-00-9077

13 Main Street

Lower Waterford VT 05848

Payment amount: \$56.00