Г

2021 Schedule IN-112

Vermont Tax Adjustments and Credits



INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI Taxpayer's Social Security Number	
1234567890123(17)	1234567890123(17)	1	123456789

Please PRINT in BLUE or BLACK INK

PART I

AD	DITIONS 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)	. 123456789012345 .00	
2.	Interest and dividend income from Vermont state and local obligations included in Line 1	123456789012345.00	
3.	Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1)	3.	123456789012345.00
4.	Bonus Depreciation Allowed under Federal Law for 2021	. 123456789012345 .00	
5.	Other (reserved)	RESERVED .00	
6.	Total Additions (ADD Line 3 and Line 4)	6.	123456789012345.00
SU	BTRACTIONS FROM FEDERAL ADJUSTED GROSS	INCOME	
7.	Interest Income from U.S. Obligations	. 123456789012345 .00	
8.	Capital Gains Exclusion (Schedule IN-153, Line 21)	. 123456789012345 .00	
9.	Adjustment for Prior Years' Bonus Depreciation9.	. 123456789012345 .00	
10.	Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040)	. 123456789012345 .00	
11.	Medical Expense Deduction (see the worksheet in the instructions)	.123456789012345 .00	
12.	Social Security Benefits Exempt from Taxation (see the worksheet in the instructions)	. 123456789012345 .00	
13.	Railroad Retirement income	. 123456789012345 .00	
14.	Bond/note interest income from (see below)	123456789012345.00	
	X VSAC X Build X Vermont Telecom Authority	X Vermont Public Power Supply Authority	
15.	Other (reserved)	RESERVED .00	
16.	Total Subtractions (ADD Lines 7 through 14)	16.	123456789012345.00
NE	T MODIFICATIONS TO FEDERAL ADJUSTED GROSS	SINCOME	
17.	SUBTRACT Line 16 from Line 6 . Enter on Form IN-111, Line 2 This can be a negative number.		123456789012345.00

Taxpayer's Last Name	Social Security Number
12345678901234567	123456789



PART II

REFUNDABLE CREDITS				Line 1 is for FULL-YEAR residents		
1.	Low Income Child & Dependent Care Credit	rried Filing Jointly rovider, enter 50% re provider is not) or less, an 6 of federal accredited, (d use		
VE	RMONT EARNED INCOME TAX CREDIT		For FUI	LL-YEAR residents and PART-YEAR resident		
ELIC	GIBILITY QUESTIONS MUST BE ANSWERED					
A.	Enter number of qualifying children			A. <u>1</u>		
В.	Enter number of qualifying children under the age of 18			в1		
C.	Were you (or your spouse if filing a joint return) at least age 25 but If you answered "No" and do not have any qualifying children,	under age 65 at t you do not qual	he end of 20 ify for Ear	021?		
	L-YEAR RESIDENTS Answer eligibility questions above and complete Lines 2 and 3					
2.	Earned income tax credit (Reported on federal Form 1040)		21	234567 .00		
3.	Vermont Earned Income Tax Credit. MULTIPLY Line 2 by 36%	6 (0.36)		3. <u>1234567</u> •00		
	T YEAR RESIDENTS Answer eligibility questions above and complete Lines 4 through 10 A. Federal Enter figures in Column EITC worksheet and S	n A from your fed	eral	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)	1234567	00	4B. <u>1234567</u> .00		
5.	Other earned income (Schedule IN-113, Lines 8, 10, and 11)	1234567	00	sв. <u>1234567</u> .00		
6.	Total earned income (Add Lines 4 and 5)	1234567	00	6B. <u>1234567</u> .00		
7.	Earned income tax credit adjustment (DIVIDE Line 6B by Line 6 and enter here. Do not enter more than 100%.)	A, MULTIPLY	the result b	y 100, 7		
8.	Earned income tax credit (Reported on federal Form 1040)	1234567	00			
9.	Multiply Line 8 by 36% and enter the result here			9. <u>1234567</u> .00		
10.	Vermont Earned Income Tax Credit (MULTIPLY Line 9 by Line	7)		101234567 .00		
11.	TOTAL REFUNDABLE CREDITS (ADD Line 1 to Line 3 or Line 10. Enter this amount on Form IN	[-111, Line 25c)		1234567,00		