

Vermont Fiduciary ATS Test Package for Tax Year 2022



FIT Test Case 1: FIT161, FIT166

| | |
|----------------------------|---------------------|
| Name of Estate | Orville Green Trust |
| Name of Fiduciary | Raymond Green |
| Mailing Address | 456 Esmie Rd |
| City | Brattleboro |
| State | VT |
| Zip Code | 05201 |
| FEIN | 45-6789101 |
| Title of Fiduciary | Trustee |
| Tax Year Begin Date | 01/01/2022 |
| Tax Year End Date | 12/31/2022 |
| State of Domicile at Death | VT |

Check Boxes:

Irrevocable Trust
 Extended Return

| | |
|--|---------|
| Distributions reported on 1041, Line 18: | Yes |
| Federal Taxable Income | 265,000 |
| State & Local income tax federal form 1041 line 11 | 10,000 |
| Income adjustment percentage | 72.87% |
| Adjusted tax | 14,565 |
| Estimated tax payments | 1,800 |
| 2021 Overpayment Applied | 10,000 |
| Interest and Dividend Income from state and local obligations Exempt from Federal Tax | 2,000 |
| Interest and Dividend Income from state and local obligations Included in Line 1 | 500 |
| If all municipal bond income was distributed check here | Yes |
| Charitable housing credit | 3,800 |

Federal Income Adjustments

| | |
|---|---------|
| Interest Income | 500 |
| Ordinary Dividends | 1,000 |
| Rents, royalties, partnerships, s corporations, llcs, etc | 275,000 |

Vermont Portion

| | |
|---|---------|
| Interest Income | 500 |
| Ordinary Dividends | 1,000 |
| Rents, royalties, partnerships, s corporations, llcs, etc | 200,000 |

2022 Form FIT-161

Vermont Fiduciary Return of Income



| | | | | |
|---|-------|----------|--|--------------------------------|
| Name of Estate or Trust | | | FEIN | Date of Death (MMDDYYYY) |
| ORVILLE GREEN TRUST | | | 456789101 | / / |
| Name of Fiduciary | | | Title of Fiduciary | Tax year BEGIN date (MMDDYYYY) |
| RAYMOND GREEN | | | TRUSTEE | 01 / 01 / 2022 |
| Mailing Address of Fiduciary (Number and Street/Road or PO Box) | | | State of Domicile at Death and/or Creation of Trust | Tax year END date (MMDDYYYY) |
| 456 ESMIE RD | | | VT | 12 / 31 / 2022 |
| Additional Line for Mailing Address of Fiduciary, if needed | | | Check ONE | |
| | | | <input type="checkbox"/> Estate <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Grantor Trust <input checked="" type="checkbox"/> Irrevocable Trust | |
| City | State | ZIP Code | <input checked="" type="checkbox"/> Check here if this is an EXTENDED return <input type="checkbox"/> Check here if this is an AMENDED return <input type="checkbox"/> Check here if this is your FINAL return | |
| BRATTLEBORO | VT | 05201 | | |
| Foreign Country | | | | |

- A. Were any distributions reported on federal Form 1041, Line 18, made to nonresident beneficiaries? A. Yes No
- B. Did the estate or trust have non-Vermont municipal bond income? If "Yes," see instructions for both Line 2a and Schedule FIT-166, Part I. B. Yes No
- C. Are any present or future trust beneficiaries skip persons? C. Yes No
- D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. Yes No

| | | |
|--|---|--------------|
| 1. Federal taxable income from Form 1041, Line 23, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF) | <input type="checkbox"/> ← Check to indicate loss | 1. 265000.00 |
| 2a. Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3) | | 2a. .00 |
| 2b. Bonus Depreciation allowed under federal law for 2022 | | 2b. .00 |
| 2c. State and local income taxes included on federal Form 1041, Line 11. (See instructions) | | 2c. 10000.00 |
| 3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.) | <input type="checkbox"/> ← Check to indicate loss | 3. 275000.00 |
| 4a. Interest income from U.S. Obligations | | 4a. .00 |
| 4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0-.) | | 4b. .00 |
| 4c. Adjustment for prior years' Bonus Depreciation | | 4c. .00 |
| 4d. Add Lines 4a, 4b, and 4c. | | 4d. .00 |
| 5. Vermont taxable income (Line 3 minus Line 4d) | <input type="checkbox"/> ← Check to indicate loss | 5. 275000.00 |
| 6. Vermont Tax from the tax rate schedule on page 2 of this form | | 6. 23787.00 |
| 7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c) | | 7. .00 |
| 8. Subtractions from Vermont Tax (from Schedule FIT-166, Part II, Line 2e) | | 8. 3800.00 |
| 9. Vermont Tax with Additions and Subtractions (Add Lines 6 and 7, then subtract Line 8) | | 9. 19987.00 |
| 10. Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%) | | 10. 72.87 % |

| |
|-------------------------|
| Name of Estate or Trust |
| ORVILLE GREEN TRUST |
| FEIN |
| 456789101 |



- 11. Adjusted tax (Multiply Line 9 by Line 10) 11. 14565.00
- 12. Other states credit (from Schedule FIT-167, Line 21) 12. .00
- 13. Total Vermont taxes (Line 11 minus Line 12) 13. 14565.00
- 14. **Payment**
 - 14a. Vermont Tax Withheld on 1099 14a. .00
 - 14b. Estimated Tax or Extension Payments 14b. 1800.00
 - 14c. Vermont Real Estate Withholding 14c. .00
Attach copy of Form RW-171 or Schedule K-1VT
 - 14d. Nonresident Payments from Form WH-435 14d. .00
 - 14e. 2021 Overpayment Applied 14e. 10000.00
- 14f. Total Payments (Add Lines 14a, 14b, 14c, 14d, and 14e) 14f. 11800.00
- 15. Overpayment: If Line 13 is less than Line 14f, subtract Line 13 from Line 14f 15. .00
- 16. Amount of overpayment to be credited to 2023 taxes 16. .00
- 17. Amount of overpayment to be REFUNDED (Line 15 minus Line 16) 17. .00
- 18. **BALANCE DUE:** If Line 14f is less than Line 13, subtract Line 14f from Line 13 18. 2765.00

| Vermont 2022 Tax Schedule | | | |
|---------------------------|--------------|--------------------|--------------------|
| If Taxable income is over | But not over | The Vermont Tax is | of the amount over |
| \$0 | \$2,850 | 3.35% | \$0 |
| \$2,850 | \$6,600 | \$95.00 + 6.60% | \$2,850 |
| \$6,600 | \$10,150 | \$343.00 + 7.60% | \$6,600 |
| \$10,150 | --- | \$613.00 + 8.75% | \$10,150 |

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

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

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

| | | | |
|---|--|---|--------------------------|
| Signature of Responsible Officer | | Date | Daytime Telephone Number |
| Printed Name | | Email Address (optional) | |
| Paid Preparer's Signature | | <input type="checkbox"/> Check if self-employed | Date |
| Preparer's Printed Name | | Preparer's Telephone Number | |
| Preparer's Email Address (optional) | | Preparer's SSN or PTIN | |
| Firm's Name (or yours if self-employed) and address | | FEIN | |

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

| | |
|-------------------------|------|
| For Department Use Only | |
| Ck Amt | Init |

Form FIT-161
Page 2 of 2
Rev. 10/22

5454 **Keep a copy for your records.**

2022 Schedule FIT-166

Vermont Income Adjustments and Tax Computations for Fiduciaries



* 2 2 1 6 6 1 1 0 0 *

Attach to Form FIT-161

| Name of Estate or Trust | FEIN | Tax Year End Date (MMDDYYYY) |
|-------------------------|-----------|------------------------------|
| ORVILLE GREEN TRUST | 456789101 | 12 / 31 / 2022 |

PART I Taxable Municipal Bond Income

1. Total interest and dividend income from all state and local obligations exempt from federal tax (See Line-by-Line Instructions) **1.** 2000 .00
2. Interest and dividend income from Vermont state and local obligations included in Line 1 **2.** 500 .00
3. Income from non-Vermont state and local obligations to be added to Vermont taxable income. (Subtract Line 2 from Line 1, but not less than zero.) Enter here and on Form FIT-161, Line 2a **3.** 1500 .00
4. If all municipal bond income was **distributed**, check here so that it does not get added back on Form FIT-161, Line 2a.

PART II ADDITIONS AND SUBTRACTIONS TO TAX

1. Additions to Vermont Tax
 - 1a. Tax on lump-sum distributions (from federal Forms 4972 and 5329) **1a.** .00
 - 1b. Recapture of federal investment credit (from federal Form 4255) **1b.** .00
 - 1c. Total additions (Add Lines 1a and 1b; then, multiply by 24%). Enter here and on Form FIT-161, Line 7 **1c.** .00
2. Subtractions from Vermont tax
 - 2a. Investment tax credit - Vermont-based only (from federal Form 3468) **2a.** .00
 - 2b. Multiply Line 2a by 24% **2b.** .00
 - 2c. Research & Development Credit, 32 V.S.A. § 5930d **2c.** .00
 - 2d. Charitable Housing Credit, 32 V.S.A § 5830c **2d.** 3800 .00
 - 2e. Total subtractions from Vermont tax (Add Lines 2b, 2c, and 2d) Enter here and on Form FIT-161, Line 8 **2e.** 3800 .00



| | | |
|-------------------------|-----------|------------------------------|
| Name of Estate or Trust | FEIN | Tax Year End Date (MMDDYYYY) |
| ORVILLE GREEN TRUST | 456789101 | 12 / 31 / 2022 |

PART III INCOME ADJUSTMENT CALCULATION
 Nonresidents and Part-Year Residents must complete this section.

| | | |
|------------------------------------|--------------------|---|
| Dates of Vermont residency in 2022 | | Name of State(s), Canadian province, or country during non-Vermont residency (use standard 2-letter abbreviation) |
| From (MMDDYYYY): / / | To (MMDDYYYY): / / | |

| | A. Federal Amount \$ | B. Vermont Portion \$ |
|--|-------------------------|--------------------------|
| 1. Interest income | 1A. 500.00 | 1B. 500.00 |
| 2. Total ordinary dividends | 2A. 1000.00 | 2B. 1000.00 |
| 3. Business income (or loss) <input type="checkbox"/> ← Check to indicate loss | 3A. .00 | 3B. .00 |
| 4. Capital gain (or loss) <input type="checkbox"/> ← Check to indicate loss | 4A. .00 | 4B. .00 |
| 5. Rents, royalties, partnerships, S Corporations, LLCs, other estates and trusts, etc. <input type="checkbox"/> ← Check to indicate loss | 5A. 275000.00 | 5B. 200000.00 |
| 6. Farm income (or loss) <input type="checkbox"/> ← Check to indicate loss | 6A. .00 | 6B. .00 |
| 7. Ordinary gain (or loss) <input type="checkbox"/> ← Check to indicate loss | 7A. .00 | 7B. .00 |
| 8. Other income (Specify type of income) <input type="checkbox"/> ← Check to indicate loss | 8A. .00 | 8B. .00 |
| 9. Total income (Add Lines 1 through 8) <input type="checkbox"/> ← Check to indicate loss | 9A. 276500.00 | 9B. 201500.00 |
| 10. Adjustment percentage. Divide Line 9B by Line 9A. Express as a percentage, with two digits to the right of the decimal. Enter here and on Form FIT-161, Line 10. | | 10. 72.87 % |

FIT Test Case 2: FIT161, FIT162, FIT166, FIT167, K-1VTF

| | |
|----------------------------|-------------------|
| Name of Estate | XYZ Dynasty Trust |
| Name of Fiduciary | Jane Doe |
| Mailing Address | 133 State St |
| City | Montpelier |
| State | VT |
| Zip Code | 05602 |
| FEIN | 03-0399106 |
| Title of Fiduciary | Trustee |
| Tax Year Begin Date | 01/01/2022 |
| Tax Year End Date | 12/31/2022 |
| State of Domicile at Death | VT |

Check Boxes:

Irrevocable Trust

| | |
|---|---------|
| Distributions reported on 1041, Line 18: | Yes |
| Estate or trust have non-Vermont municipal bond income | Yes |
| Federal Taxable Income | 85,000 |
| Income from non-Vermont state and local obligations | 400 |
| Bonus Depreciation | 8,000 |
| State & Local income tax federal form 1041 line 11 | 0 |
| Capital Gains Exclusion from FIT162, Line 21 | 10,000 |
| Adjustment for prior years bonus depreciation | 6,000 |
| Vermont taxable income | 77,400 |
| Income adjustment percentage | 100% |
| Adjusted tax | 6,497 |
| Other States Credit from FIT167, Line 21 | 865 |
| Total Vermont taxes | 5,632 |
| Estimated tax payments | 6,400 |
| Amount of Overpayment | 768 |
| Lesser of Line 18a or 19 from federal form 1041, schedule d | 175,000 |
| Assets held for more than three years | 175,000 |
| Real Estate or portion of real estate used | 150,000 |
| Interest and Dividend Income from state and local obligations | |
| Exempt from Federal Tax | 650 |
| Interest and Dividend Income from state and local obligations | |
| Included in Line 1 | 250 |
| Income from non-Vermont state and local obligations | 400 |
| State or Canadian Province for fiduciaries | CT |
| Total income taxed in another state | 50,000 |
| US Government interest income | 200 |
| Total income federal form 1041, line 9 | 285,000 |
| Income paid to another state based on modified | |
| Adjusted gross income from Line 9 of FIT167 | 865 |

K1VTF Beneficiary Information

| | |
|---|--------------------|
| Name | Robert F Smith |
| Address | 145 Berkley Street |
| City | Manchester |
| State | CT |
| Zip | 02876 |
| SSN | 003123456 |
| Recipient Type | I |
| Resident/Non Resident | Non Resident |
| Percentage of Estate | 50% |
| Capital Gain or loss | 25,000 |
| Rent, Royalties, Estates | 75,000 |
| Annual nonresident estimated payments allocated to beneficiary | 1,000 |

| | |
|---|--------------|
| Name | Jane C Doe |
| Address | 133 State St |
| City | Montpelier |
| State | VT |
| Zip | 05602 |
| SSN | 008987654 |
| Recipient Type | I |
| Resident/Non Resident | Resident |
| Percentage of Estate | 50% |
| Annual nonresident estimated payments allocated to beneficiary | 1,000 |

2022 Form FIT-161

Vermont Fiduciary Return of Income



* 2 2 1 6 1 1 1 0 0 *

| | | | | |
|---|-------|----------|--|--------------------------------|
| Name of Estate or Trust | | | FEIN | Date of Death (MMDDYYYY) |
| XYZ DYNASTY TRUST | | | 030399106 | / / |
| Name of Fiduciary | | | Title of Fiduciary | Tax year BEGIN date (MMDDYYYY) |
| JANE DOE | | | TRUSTEE | 01 / 01 / 2022 |
| Mailing Address of Fiduciary (Number and Street/Road or PO Box) | | | State of Domicile at Death and/or Creation of Trust | Tax year END date (MMDDYYYY) |
| 133 STATE STREET | | | VT | 12 / 31 / 2022 |
| Additional Line for Mailing Address of Fiduciary, if needed | | | Check ONE | |
| | | | <input type="checkbox"/> Estate <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Grantor Trust <input checked="" type="checkbox"/> Irrevocable Trust | |
| City | State | ZIP Code | <input type="checkbox"/> Check here if this is an EXTENDED return <input type="checkbox"/> Check here if this is an AMENDED return <input type="checkbox"/> Check here if this is your FINAL return | |
| MONTPELIER | VT | 05602 | | |
| Foreign Country | | | | |

- A. Were any distributions reported on federal Form 1041, Line 18, made to nonresident beneficiaries? A. Yes No
- B. Did the estate or trust have non-Vermont municipal bond income? If "Yes," see instructions for both Line 2a and Schedule FIT-166, Part I. B. Yes No
- C. Are any present or future trust beneficiaries skip persons? C. Yes No
- D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. Yes No

| | | |
|--|---|--------------|
| 1. Federal taxable income from Form 1041, Line 23, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF) | <input type="checkbox"/> ← Check to indicate loss | 1. 85000.00 |
| 2a. Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3) | | 2a. 400.00 |
| 2b. Bonus Depreciation allowed under federal law for 2022 | | 2b. 8000.00 |
| 2c. State and local income taxes included on federal Form 1041, Line 11. (See instructions) | | 2c. .00 |
| 3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.) | <input type="checkbox"/> ← Check to indicate loss | 3. 93400.00 |
| 4a. Interest income from U.S. Obligations | | 4a. .00 |
| 4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0-.) | | 4b. 10000.00 |
| 4c. Adjustment for prior years' Bonus Depreciation | | 4c. 6000.00 |
| 4d. Add Lines 4a, 4b, and 4c. | | 4d. 16000.00 |
| 5. Vermont taxable income (Line 3 minus Line 4d) | <input type="checkbox"/> ← Check to indicate loss | 5. 16000.00 |
| 6. Vermont Tax from the tax rate schedule on page 2 of this form | | 6. 77400.00 |
| 7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c) | | 7. 6497.00 |
| 8. Subtractions from Vermont Tax (from Schedule FIT-166, Part II, Line 2e) | | 8. .00 |
| 9. Vermont Tax with Additions and Subtractions (Add Lines 6 and 7, then subtract Line 8) | | 9. 6497.00 |
| 10. Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%) | | 10. 100.00 % |

| |
|-------------------------|
| Name of Estate or Trust |
| XYZ DYNASTY TRUST |
| FEIN |
| 030399106 |



- 11. Adjusted tax (Multiply Line 9 by Line 10) 11. 6497.00
- 12. Other states credit (from Schedule FIT-167, Line 21) 12. 865.00
- 13. Total Vermont taxes (Line 11 minus Line 12) 13. 5632.00
- 14. **Payment**
 - 14a. Vermont Tax Withheld on 1099 14a. .00
 - 14b. Estimated Tax or Extension Payments 14b. 6400.00
 - 14c. Vermont Real Estate Withholding 14c. .00
Attach copy of Form RW-171 or Schedule K-1VT
 - 14d. Nonresident Payments from Form WH-435 14d. .00
 - 14e. 2021 Overpayment Applied 14e. .00
- 14f. Total Payments (Add Lines 14a, 14b, 14c, 14d, and 14e) 14f. 6400.00
- 15. Overpayment: If Line 13 is less than Line 14f, subtract Line 13 from Line 14f 15. 768.00
- 16. Amount of overpayment to be credited to 2023 taxes 16. 768.00
- 17. Amount of overpayment to be REFUNDED (Line 15 minus Line 16) 17. .00
- 18. **BALANCE DUE:** If Line 14f is less than Line 13, subtract Line 14f from Line 13 18. .00

| Vermont 2022 Tax Schedule | | | |
|---------------------------|--------------|--------------------|--------------------|
| If Taxable income is over | But not over | The Vermont Tax is | of the amount over |
| \$0 | \$2,850 | 3.35% | \$0 |
| \$2,850 | \$6,600 | \$95.00 + 6.60% | \$2,850 |
| \$6,600 | \$10,150 | \$343.00 + 7.60% | \$6,600 |
| \$10,150 | --- | \$613.00 + 8.75% | \$10,150 |

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

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

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

| | | | |
|---|--|---|--------------------------|
| Signature of Responsible Officer | | Date | Daytime Telephone Number |
| Printed Name | | Email Address (optional) | |
| Paid Preparer's Signature | | <input type="checkbox"/> Check if self-employed | Date |
| Preparer's Printed Name | | Preparer's Telephone Number | |
| Preparer's Email Address (optional) | | | |
| Firm's Name (or yours if self-employed) and address | | Preparer's SSN or PTIN | FEIN |

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

| | |
|-------------------------|-------|
| For Department Use Only | |
| Ck. Aml. | Init. |

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5454

Keep a copy for your records.

2022 Schedule FIT-162

**Capital Gains Exclusion Calculation
for Estates or Trusts**



* 2 2 1 6 2 1 1 0 0 *

Attach to Form FIT-161

| Name of Estate or Trust | FEIN | Tax Year End Date (MMDDYYYY) |
|-------------------------|-----------|------------------------------|
| XYZ DYNASTY TRUST | 030399106 | 12 / 31 / 2022 |

PART I Flat Exclusion

- 1. Enter lesser of Line 18a(2) or 19(2) from federal Form 1041, Schedule D1. 175000.00
- 2. **Enter amount from:**
 - 2a. Federal Form 1041, Schedule D, Line 18b(2)2a. .00
 - 2b. Federal Form 1041, Schedule D, Line 18c(2).2b. .00
- 3. Add Lines 2a and 2b3. .00
- 4. Subtract Line 3 from Line 1. *Entry cannot be less than zero.*4. 175000.00

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. 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. 175000.00
- 9. Enter the lesser of Line 8 or \$5,0009. 5000.00

(continued on next page)



* 2 2 1 6 2 1 2 0 0 *

| | | |
|-------------------------|-----------|------------------------------|
| Name of Estate or Trust | FEIN | Tax Year End Date (MMDDYYYY) |
| XYZ DYNASTY TRUST | 030399106 | 12 / 31 / 2022 |

PART II Percentage Exclusion

(Use this section only if you have eligible gains. See Technical Bulletin TB-60, Taxation of Gain on the Sale of Capital Assets, for more information, or continue on to Part III)

- 10. Enter the amount from Part I, Line 410. 175000 .00
- 11. Enter amount of adjusted net capital gain from the sale of assets held for three years or less.11. .00
- 12. Assets held for more than three years. Subtract Line 11 from Line 10. *Entry cannot be less than zero.*12. 175000 .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. 150000 .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 instruments.13c. .00
- 14. Add Lines 13a through 13c.14. 150000 .00
- 15. Subtract Line 14 from Line 12. Enter result here. *Entry cannot be less than zero.* This is the amount of net capital gain eligible for exclusion.15. 25000 .00

Line 16 federal Form 4952 information. If no investment interest expense for ineligible assets reported on federal Form 4952, enter Line 7 from Part I of this form. Otherwise, you may need to recompute federal 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 15. *Entry cannot be less than zero.*17. 25000 .00
- 18. Multiply Line 17 by 40%, enter result or \$350,000, whichever is less.18. 10000 .00

PART III Capital Gain Exclusion

- 19. Enter the greater of Line 9 or Line 18.19. 10000 .00
- 20. Multiply 85000 .00 x 40%. Enter result here.20. 34000 .00
Federal Taxable Income from Form FIT-161, Line 1
- 21. Enter the lesser of Line 19 or Line 20. This is the capital gain exclusion. Enter on Form FIT-161, Line 4b.21. 10000 .00

2022 Schedule FIT-166

Vermont Income Adjustments and Tax Computations for Fiduciaries



* 2 2 1 6 6 1 1 0 0 *

Attach to Form FIT-161

| Name of Estate or Trust | FEIN | Tax Year End Date (MMDDYYYY) |
|-------------------------|-----------|------------------------------|
| XYZ DYNASTY | 030399106 | 12 / 31 / 2022 |

PART I Taxable Municipal Bond Income

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax (See Line-by-Line Instructions) **1.** 650.00
- 2. Interest and dividend income from Vermont state and local obligations included in Line 1 **2.** 250.00
- 3. Income from non-Vermont state and local obligations to be added to Vermont taxable income. (Subtract Line 2 from Line 1, but not less than zero.) Enter here and on Form FIT-161, Line 2a **3.** 400.00
- 4. If all municipal bond income was **distributed**, check here so that it does not get added back on Form FIT-161, Line 2a.

PART II ADDITIONS AND SUBTRACTIONS TO TAX

- 1. Additions to Vermont Tax
 - 1a. Tax on lump-sum distributions (from federal Forms 4972 and 5329) **1a.** .00
 - 1b. Recapture of federal investment credit (from federal Form 4255) **1b.** .00
 - 1c. Total additions (Add Lines 1a and 1b; then, multiply by 24%). Enter here and on Form FIT-161, Line 7 **1c.** .00
- 2. Subtractions from Vermont tax
 - 2a. Investment tax credit - Vermont-based only (from federal Form 3468) **2a.** .00
 - 2b. Multiply Line 2a by 24% **2b.** .00
 - 2c. Research & Development Credit, 32 V.S.A. § 5930d **2c.** .00
 - 2d. Charitable Housing Credit, 32 V.S.A § 5830c **2d.** .00
 - 2e. Total subtractions from Vermont tax (Add Lines 2b, 2c, and 2d) Enter here and on Form FIT-161, Line 8 **2e.** .00



| | | |
|-------------------------|-----------|------------------------------|
| Name of Estate or Trust | FEIN | Tax Year End Date (MMDDYYYY) |
| XYZ DYNASTY | 030399106 | 12 / 31 / 2022 |

PART III INCOME ADJUSTMENT CALCULATION

Nonresidents and Part-Year Residents must complete this section.

| | | |
|------------------------------------|--------------------|---|
| Dates of Vermont residency in 2022 | | Name of State(s), Canadian province, or country during non-Vermont residency (use standard 2-letter abbreviation) |
| From (MMDDYYYY): / / | To (MMDDYYYY): / / | |

| | A. Federal Amount \$ | B. Vermont Portion \$ |
|--|-------------------------------|---------------------------------|
| 1. Interest income | 1A. <u>.00</u> | 1B. <u>.00</u> |
| 2. Total ordinary dividends | 2A. <u>.00</u> | 2B. <u>.00</u> |
| 3. Business income (or loss) <input type="checkbox"/> ← Check to indicate loss | 3A. <u>.00</u> | 3B. <u>.00</u> |
| 4. Capital gain (or loss) <input type="checkbox"/> ← Check to indicate loss | 4A. <u>.00</u> | 4B. <u>.00</u> |
| 5. Rents, royalties, partnerships, S Corporations, LLCs, other estates and trusts, etc. <input type="checkbox"/> ← Check to indicate loss | 5A. <u>.00</u> | 5B. <u>.00</u> |
| 6. Farm income (or loss) <input type="checkbox"/> ← Check to indicate loss | 6A. <u>.00</u> | 6B. <u>.00</u> |
| 7. Ordinary gain (or loss) <input type="checkbox"/> ← Check to indicate loss | 7A. <u>.00</u> | 7B. <u>.00</u> |
| 8. Other income (Specify type of income) <input type="checkbox"/> ← Check to indicate loss | 8A. <u>.00</u> | 8B. <u>.00</u> |
| 9. Total income (Add Lines 1 through 8) <input type="checkbox"/> ← Check to indicate loss | 9A. <u>.00</u> | 9B. <u>.00</u> |
| 10. Adjustment percentage. Divide Line 9B by Line 9A. Express as a percentage, with two digits to the right of the decimal. Enter here and on Form FIT-161, Line 10. | 10. <u> </u> | 10. <u> </u> % |

Vermont Department of Taxes
2022 Schedule FIT-167



Vermont Credit for Tax Paid to Another State or Canadian Province for Fiduciaries

Attach to Form FIT-161

For Residents and Some Part-Year Residents Only

| Name of Estate or Trust | FEIN | Tax Year End Date (MMDDYYYY) |
|-------------------------|-----------|------------------------------|
| XYZ DYNASTY TRUST | 030399106 | 12 / 31 / 2022 |

You must complete a separate Schedule FIT-167 for each state or Canadian province and attach a copy of the other state return. See instructions.

1. Name of state or Canadian province. Use standard two-letter abbreviation1. CT
2. Enter total income taxed in another state or Canadian province and also subject to Vermont tax ← Check to indicate loss2. 50000 .00
3. 2022 Bonus Depreciation add back taxed in another state or Canadian province AND taxed in Vermont3. .00
4. Non-Vermont state/local obligations taxed in another state or Canadian province AND taxed in Vermont4. .00
5. Add Lines 2 through 4. If negative, enter -0-5. 50000.00
6. Bonus Depreciation subtracted from income in another state or Canadian province in TY 20226. .00
7. U.S. Government interest income7. 200 .00
8. Add Lines 6 and 78. 200.00
9. Modified total income for income taxed in another state or Canadian province AND taxed in Vermont (Line 5 minus Line 8)9. 49800.00
10. Total income (from federal Form 1041, Line 9)10. 285000 .00
11. Non-Vermont state/local obligations from Form FIT-161, Line 2a11. 400 .00
12. Bonus Depreciation from Form FIT-161, Line 2b12. 8000 .00
13. Add Lines 10 through 12. If negative, enter -0-13. 293400.00
14. U.S. Government interest income from Form FIT-161, Line 4a14. .00
15. Bonus Depreciation from Form FIT-161, Line 4c15. 6000 .00
16. Add Lines 14 and 1516. 6000.00
17. Line 13 minus Line 1617. 287400.00
18. Vermont income tax from Form FIT-161, Line 618. 6497 .00
19. Computed tax credit (Divide Line 9 by Line 17, and multiply result by Line 18.) Result cannot be more than 100% of Vermont tax.
 Line 9 49,800.00 x Line 18 6,497.00
 Line 17 287,400.0019. 1126.00
20. Income tax paid to another state or Canadian province based on modified adjusted gross income from Line 9 above20. 865.00
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 FIT-161, Line 12.21. 865.00

Schedule FIT-K-1VTF

**Vermont Beneficiary Information
for Fiduciaries**



* 2 2 K 1 F 1 1 0 0 *

Attach to Form FIT-161

| | | |
|-------------------------|-----------|------------------------------|
| Name of Estate or Trust | FEIN | Tax Year End Date (MMDDYYYY) |
| XYZ DYNASTY TRUST | 030399106 | 12 / 31 / 2022 |

HEADER INFORMATION - REQUIRED ITEMS

| | | | | | |
|--|------------------------------------|------------|--|----|------------------------|
| Entity Name | | | FEIN | | |
| OR | Individual Last Name (Beneficiary) | First Name | Initial | OR | Social Security Number |
| | SMITH | ROBERT | P | | 003123456 |
| Address | | | Recipient Type (I, C, S, L, P, X, or T) | | |
| 145 BERKLEY ST | | | I | | |
| Address Line 2 (if needed) | | | Residency Status | | |
| | | | <input type="checkbox"/> Vermont Resident <input checked="" type="checkbox"/> Nonresident | | |
| City | State | ZIP Code | <input type="checkbox"/> Check here if this your FINAL return | | |
| MANCHESTER | CT | 02876 | | | |
| Foreign Country (if not United States) | | | Percentage of Estate's or Trust's income or loss to this recipient. Calculate percentage to two places to the right of the decimal point. 50.00 % | | |

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

VERMONT RESIDENT BENEFICIARY

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

VERMONT NONRESIDENT BENEFICIARY

- 4a. Business Income ← Check to indicate loss 4a. _____ .00
- 4b. Capital gain or loss 4b. 25000 .00
- 4c. Partnership, S Corporation, LLC 4c. _____ .00
- 4d. Rent, royalties, estates, trusts 4d. 75000 .00
- 4e. Farm income 4e. _____ .00
- 4f. Other income 4f. _____ .00
- 4g. Total nonresident income ← Check to indicate loss 4g. 100000 .00

PAYMENT INFORMATION

- 5. Total annual nonresident estimated payments allocated to this beneficiary 5. 1000 .00
- 6. Total annual real estate withholding payments allocated to this beneficiary 6. _____ .00
- 7. Other payments allocated to this beneficiary 7. _____ .00

Schedule FIT-K-1VTF

**Vermont Beneficiary Information
for Fiduciaries**



* 2 2 K 1 F 1 1 0 0 *

Attach to Form FIT-161

| | | |
|-------------------------|-----------|------------------------------|
| Name of Estate or Trust | FEIN | Tax Year End Date (MMDDYYYY) |
| XYZ DYNASTY TRUST | 030399106 | 12 / 31 / 2022 |

HEADER INFORMATION - REQUIRED ITEMS

| | | | | | |
|--|------------------------------------|------------|---|----|------------------------|
| Entity Name | | | FEIN | | |
| OR | Individual Last Name (Beneficiary) | First Name | Initial | OR | Social Security Number |
| | DOE | JANE | C | | 008987654 |
| Address | | | Recipient Type (I, C, S, L, P, X, or T) | | |
| 133 STATE ST | | | I | | |
| Address, Line 2 (if needed) | | | Residency Status | | |
| | | | <input type="checkbox"/> Vermont Resident <input checked="" type="checkbox"/> Nonresident | | |
| City | State | ZIP Code | <input type="checkbox"/> Check here if this your FINAL return | | |
| MONTPELIER | VT | 05602 | | | |
| Foreign Country (if not United States) | | | Percentage of Estate's or Trust's income or loss to this recipient | | |
| | | | Calculate percentage to two places to the right of the decimal point. 50.00 % | | |

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

VERMONT RESIDENT BENEFICIARY

- 1. Beneficiary's share of distributed net income allocated to Vermont ← Check to indicate loss 1. 100000.00
- 2. Interest / dividends from obligations of other states 2. .00
- 3. Interest / dividends from U.S. obligations 3. .00

VERMONT NONRESIDENT BENEFICIARY

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

PAYMENT INFORMATION

- 5. Total annual nonresident estimated payments allocated to this beneficiary 5. 1000.00
- 6. Total annual real estate withholding payments allocated to this beneficiary 6. .00
- 7. Other payments allocated to this beneficiary 7. .00

Test 3:

Required Vermont Forms/Schedules: FIT-168

Taxpayer(s) Information:

| | |
|--------------------------|---------------------|
| Name of Estate or Trust: | X Y Z Dynasty Trust |
| Federal Employer ID: | 03-0399106 |
| Name or Fiduciary: | Jane Doe |
| Title of Fiduciary: | Trustee |
| Mailing Address: | 133 State Street |
| City: | Montpelier |
| State: | VT |
| Zip Code: | 05602 |
| Tax Year Begin Date: | Jan-01-2022 |
| Tax Year End Date: | Dec-31-2022 |
| Type of Estate or Trust: | Irrevocable Trust |

Return Information:

| | |
|--------------------------|----------|
| Estimated Tax Liability: | 6,400.00 |
| Previous Payments Made: | 6,000.00 |
| Extension Payment: | 400.00 |

Form FIT-168



**Application for Extension of Time to File
Vermont Fiduciary Tax Return**

- File this application on or before the due date of Form FIT-161, Vermont Fiduciary Tax Return.
- With the filing of this application, you are granted an automatic five and one-half month extension of time to file the tax return.

| | | | | |
|--|--------------------|--|---|--|
| Name of Estate or Trust X Y Z DYNASTY TRUST | | | FEIN 030399106 | |
| Name of Fiduciary JANE DOE | | | Title of Fiduciary TRUSTEE | |
| Mailing Address of Fiduciary (Number and Street/Road or PO Box) 133 STATE STREET | | Tax year BEGIN date (MMDDYYYY) 01 / 01 / 2022 | Tax year END date (MMDDYYYY) 12 / 31 / 2022 | |
| Additional Line for Mailing Address of Fiduciary, if needed | | | Check ONE <input type="checkbox"/> Estate <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Grantor Trust <input checked="" type="checkbox"/> Irrevocable Trust | |
| City MONTPELIER | State VT | ZIP Code 05602 | For Department Use Only | |
| Foreign Country | | | | |

Payment to accompany extension request

1. Estimated tax liability 1. 6400.00
2. Previous payments 2. 6000.00
3. Amount of TAX DUE with this application (Line 1 minus Line 2) 3. 400.00
Make check payable to **Vermont Department of Taxes.**

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

Mail to:

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

Test 4:

Required Vermont Forms/Schedules: FIT-165 x4

Taxpayer(s) Information:

| | |
|--------------------------|---------------------|
| Name of Estate or Trust: | X Y Z Dynasty Trust |
| Federal Employer ID: | 030399106 |
| Name or Fiduciary: | Jane Doe |
| Title of Fiduciary: | Trustee |
| Mailing Address: | 133 State Street |
| City: | Montpelier |
| State: | VT |
| Zip Code: | 05602 |
| Tax Year Begin Date: | Jan-01-2023 |
| Tax Year End Date: | Dec-31-2023 |
| Type of Estate or Trust: | Revocable Trust |

Return Information:

| | |
|-------------------------|---------|
| 1 st Quarter | 1500.00 |
| 2 nd Quarter | 3000.00 |
| 3 rd Quarter | 2500.00 |
| 4 th Quarter | 2000.00 |

Form FIT-165

**Vermont Fiduciary Estimated Tax
Payment Voucher**



* 2 1 1 6 5 1 1 0 0 *

Please PRINT in BLUE or BLACK INK

| | | | | | |
|---|-------|--------------------------------|--|------------------------------|--|
| Name of Estate or Trust | | | FEIN | | |
| X Y Z DYNASTY TRUST | | | 030399106 | | |
| Name of Fiduciary | | | Title of Fiduciary | | |
| JANE DOE | | | TRUSTEE | | |
| Mailing Address of Fiduciary (Number and Street/Road or PO Box) | | Tax year BEGIN date (MMDDYYYY) | | Tax year END date (MMDDYYYY) | |
| 133 STATE ST | | 01 / 01 / 2022 | | 12 / 31 / 2022 | |
| Additional Line for Mailing Address of Fiduciary, if needed | | | Check ONE | | |
| | | | <input type="checkbox"/> Estate <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Grantor Trust <input checked="" type="checkbox"/> Irrevocable Trust | | |
| City | State | ZIP Code | | | |
| MONTPELIER | VT | 05602 | | | |
| Foreign Country | | | Amount of this payment | | |
| | | | 1500 .00 | | |

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

5454

| For Department Use Only | |
|-------------------------|-------|
| Ck. Amt. | Init. |

Form FIT-165
Page 1 of 1
Rev. 10/21

FORM FIT-165 Instructions
Vermont Fiduciary Estimated Tax Payment Voucher

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

| Payment Dates* | |
|--|--------|
| 1st payment | APR 15 |
| 2nd payment | JUN 15 |
| 3rd payment | SEP 15 |
| 4th payment | JAN 15 |
| *If the due date falls on a weekend or a holiday, the payment and voucher are due the next business day. | |

Mail payment voucher to:

Taxpayer Services Division-Income Tax
Vermont Department of Taxes
PO Box 1700
Montpelier, VT 05601-1700

E-mail: tax.estate@vermont.gov
Telephone: (802) 828-6820
Fax: (802) 828-2720

Form FIT-165

**Vermont Fiduciary Estimated Tax
Payment Voucher**



Please PRINT in BLUE or BLACK INK

| | | | | | |
|---|-------|--------------------------------|--|------------------------------|--|
| Name of Estate or Trust | | | FEIN | | |
| X Y Z DYNASTY | | | 030399106 | | |
| Name of Fiduciary | | | Title of Fiduciary | | |
| JANE DOE | | | TRUSTEE | | |
| Mailing Address of Fiduciary (Number and Street/Road or PO Box) | | Tax year BEGIN date (MMDDYYYY) | | Tax year END date (MMDDYYYY) | |
| 133 STATE STREET | | 01 / 01 / 2022 | | 12 / 31 / 2022 | |
| Additional Line for Mailing Address of Fiduciary, if needed | | | Check ONE | | |
| | | | <input type="checkbox"/> Estate <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Grantor Trust <input checked="" type="checkbox"/> Irrevocable Trust | | |
| City | State | ZIP Code | | | |
| MONTPELIER | VT | 05602 | | | |
| Foreign Country | | | Amount of this payment | | |
| | | | 3000 .00 | | |

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

5454

| For Department Use Only | |
|-------------------------|------|
| Ck Amt | Init |

Form FIT-165
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Rev. 10/21

**FORM FIT-165 Instructions
Vermont Fiduciary Estimated Tax Payment Voucher**

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Montpelier, VT 05601-1700

E-mail: tax.estate@vermont.gov
Telephone: (802) 828-6820
Fax: (802) 828-2720

Form FIT-165

**Vermont Fiduciary Estimated Tax
Payment Voucher**



* 2 1 1 6 5 1 1 0 0 *

Please PRINT in BLUE or BLACK INK

| | | | |
|---|-------|--|------------------------------|
| Name of Estate or Trust | | FEIN | |
| X Y Z DYNASTY | | 030399106 | |
| Name of Fiduciary | | Title of Fiduciary | |
| JANE DOE | | TRUSTEE | |
| Mailing Address of Fiduciary (Number and Street/Road or PO Box) | | Tax year BEGIN date (MMDDYYYY) | Tax year END date (MMDDYYYY) |
| 133 STATE STREET | | 01 / 01 / 2022 | 12 / 31 / 2022 |
| Additional Line for Mailing Address of Fiduciary, if needed | | Check ONE | |
| | | <input type="checkbox"/> Estate <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Grantor Trust <input checked="" type="checkbox"/> Irrevocable Trust | |
| City | State | ZIP Code | |
| MONTPELIER | VT | 05602 | |
| Foreign Country | | Amount of this payment 2500 .00 | |
| | | | |

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

5454

| For Department Use Only | |
|-------------------------|-------|
| Ck. Amt. | Init. |

Form FIT-165
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**FORM FIT-165 Instructions
Vermont Fiduciary Estimated Tax Payment Voucher**

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

| Payment Dates* | |
|--|--------|
| 1st payment | APR 15 |
| 2nd payment | JUN 15 |
| 3rd payment | SEP 15 |
| 4th payment | JAN 15 |
| *If the due date falls on a weekend or a holiday, the payment and voucher are due the next business day. | |

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Taxpayer Services Division-Income Tax
Vermont Department of Taxes
PO Box 1700
Montpelier, VT 05601-1700

E-mail: tax.estate@vermont.gov
Telephone: (802) 828-6820
Fax: (802) 828-2720

Form FIT-165

**Vermont Fiduciary Estimated Tax
Payment Voucher**



* 2 1 1 6 5 1 1 0 0 *

Please PRINT in BLUE or BLACK INK

| | | | |
|---|-------|--|------------------------------|
| Name of Estate or Trust | | FEIN | |
| X Y Z DYNASTY | | 030399106 | |
| Name of Fiduciary | | Title of Fiduciary | |
| JANE DOE | | TRUSTEE | |
| Mailing Address of Fiduciary (Number and Street/Road or PO Box) | | Tax year BEGIN date (MMDDYYYY) | Tax year END date (MMDDYYYY) |
| 133 STATE STREET | | 01 / 01 / 2022 | 12 / 31 / 2022 |
| Additional Line for Mailing Address of Fiduciary, if needed | | Check ONE | |
| | | <input type="checkbox"/> Estate <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Grantor Trust <input checked="" type="checkbox"/> Irrevocable Trust | |
| City | State | ZIP Code | |
| MONTPELIER | VT | 05602 | |
| Foreign Country | | Amount of this payment 2000 .00 | |
| | | | |

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

5454

| For Department Use Only | |
|-------------------------|------|
| Ck Amt | Init |

Form FIT-165
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FORM FIT-165 Instructions
Vermont Fiduciary Estimated Tax Payment Voucher

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

| Payment Dates* | |
|--|--------|
| 1st payment. | APR 15 |
| 2nd payment. | JUN 15 |
| 3rd payment. | SEP 15 |
| 4th payment. | JAN 15 |
| *If the due date falls on a weekend or a holiday, the payment and voucher are due the next business day. | |

Mail payment voucher to:

Taxpayer Services Division-Income Tax
Vermont Department of Taxes
PO Box 1700
Montpelier, VT 05601-1700

E-mail: tax.estate@vermont.gov
Telephone: (802) 828-6820
Fax: (802) 828-2720