Vermont Department of Taxes

2023 Form FIT-161

Vermont Fiduciary Return of Income

	Name of Estate or Trust	FEIN	Date of Death (MMDDYYYY)
1	2345678901234567890123456	123456789	MM / DD / YYYY
-	Name of Fiduciary	Title of Fiduciary	Tax year BEGIN date (MMDDYYYY)
1	2345678901234567890123456	123456789012345	MM / DD / YYYY
	Mailing Address of Fiduciary (Number and Street/Road or PO Box)	State of Domicile at Death	Tax year END date (MMDDYYYY)
1	23456789012345678901234567890123456	and/or Creation of Trust 12	MM / DD / YYYY
	Additional Line for Mailing Address of Fiduciary, if needed	Check ONE	
1	23456789012345678901234567890123456	X Estate X Revocable X Bank Trust Esta	rruptcy X Grantor X Irrevocable te
	City State ZIP Code		
1	2345678901234567890123 12 1234567890	Check here if this	ck here if this Check here if this
	Foreign Country	X is an EXTENDED X is an	AMENDED X is your FINAL
1	2345678901234567890123456789012	return return	n 🖵 return
C.	Line 2a and Schedule FIT-166, Part I	see instructions for both	B. X Yes X No
D.	Is this return for a Qualified Settlement Fund (federal Form 1120-SF)?	• • • • • • • • • • • • • • • • • • • •	D. 21 103
_	E 1 1, 11 ' C E 1041 I ' 22 1'C 1 '	C	
1.	Federal taxable income from Form 1041, Line 23, or modified gross income Qualified Settlement Fund (from federal Form 1120-SF)	of .	12345678901234 nn
	Quantica Scalement i ana (nom reactar i omi 1120-51)	· · · · · · · · · · · · · · · · · · ·	00
2a.	Income from Non-Vermont state and local obligations (from Schedule FIT-1	66. Part I. Line 3) 2a.	12345678901234.00
	The same of the sa		
2b.	Bonus Depreciation allowed under federal law for 2023		12345678901234.00
2c.	State and local income taxes included on federal Form 1041, Line 11. (See in	nstructions)	123456/8901234.00
		-	12245679001224
3.	Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.) \ldots		12343676901234.00
	7		12345678901234 00
4a.	Interest income from U.S. Obligations		.00
4h	Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero,	antan ()	12345678901234 nn
4b.	Capital Gains Exclusion (from Schedule F11-102, Line 21. If less than zero,	enter -0)4b	.00
4c.	Adjustment for prior years' Bonus Depreciation	4c -	12345678901234.00
10.			
4d.	Add Lines 4a, 4b, and 4c.		12345678901234 .00
5.	Vermont taxable income (Line 3 minus Line 4d)		12345678901234.00
6.	Vermont Tax from the tax rate schedule on page 2 of this form		123456/8901234.00
_			
7.	Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c)		12343010301234.00
o	Subtractions from Vermont Tax (from Schedule FIT-166, Part II, Line 2e) .	0	12345678901234 nn
8.	Subtractions from vermont rax (from Schedule F11-100, Part II, Line 2e).		.00
9.	Vermont Tax with Additions and Subtractions (Add Lines 6 and 7, then subt	ract Line 8)	12345678901234.00
10	Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%)		10. 123 1234 %
10.	meonic Aujusunent (nom Schedule F11-100, Fait III, Line 10, 0f 100%)		Form FIT-161 Page 1 of 2
			Day 10/00

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Name of Estate or Trust		
123456789012345678901234567890123456		
FEIN		
123456789		



11.	Adjusted tax (Multiply Line 9 by Line 10)			
12.	Other states credit (from Schedule FIT-167, Line 21)			
13. 14.	Total Vermont taxes (Line 11 minus Line 12). 13. 12345678901234 .00 Payment 14a. Vermont Tax Withheld on 1099. 14a. 12345678901234 .00			
	14b. Estimated Tax or Extension Payments			
	14c. Vermont Real Estate Withholding			
	14d. Nonresident Payments from Form WH-435 14d. 12345678901234 .00			
	14e. 2022 Overpayment Applied			
14f.	Total Payments (Add Lines 14a, 14b, 14c, 14d, and 14e)			
15.	Overpayment: If Line 13 is less than Line 14f, subtract Line 13 from Line 14f			
16.	Amount of overpayment to be credited to 2024 taxes			
17.	Amount of overpayment to be REFUNDED (Line 15 minus Line 16)			
18.	BALANCE DUE: If Line 14f is less than Line 13, subtract Line 14f from Line 13			

Vermont 2023 Tax Schedule					
If Taxable income is over	But not over	The Vermont Tax is	of the amount over		
\$0	\$3,050	3.35%	\$0		
\$3,050	\$7,150	\$102.00 + 6.60%	\$3,050		
\$7,150	\$10,950	\$373.00 + 7.60%	\$7,150		
\$10,950		\$662.00 + 8.75%	\$10,950		

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	
		MMDDYYYY	123-123-1234	
Printed Name Email Address (optional) 1234567890123456789012345678901 1234567890123456789012				
Paid Preparer's Signature	Check if self-employed	Date	Preparer's Telephone Number	
	self-employed	MMDDYYYY	123-123-1234	
Preparer's Printed Name	s (optional)			
1234567890123456789012345678901	123456789012345678901234567890123456789			
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN	FEIN	
123456789012345678901234567890123456789012		123456789	123456789	

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

For Department Use Only
Ck. Amt. Init.

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