

Schedule FIT-K-1VT-F

Vermont Beneficiary Information for Fiduciaries



* 2 3 K 1 F 1 1 0 0 *

Include with Form FIT-161

Table with 3 columns: Name of Estate or Trust, FEIN, Tax Year End Date (MM/DD/YYYY)

HEADER INFORMATION - REQUIRED ITEMS

Form with multiple sections for Entity Name, Individual Last Name, First Name, Initial, Address, City, State, ZIP Code, Recipient Type, Residency Status, and Percentage of income.

VERMONT RESIDENT BENEFICIARY

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

VERMONT NONRESIDENT BENEFICIARY

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

PAYMENT INFORMATION

- 5. Total annual nonresident estimated payments allocated to this beneficiary
6. Total annual real estate withholding payments allocated to this beneficiary
7. Other payments allocated to this beneficiary (1099 withholding, estimates paid)
8. Share of total federal bonus depreciation difference
9. Share of total state and local taxes deducted on federal filing