

Vermont Income ATS Test Package for Tax Year 2023



Adjustments to 2023 PIT ATS Testing Package

Test 1 (Changes to IN-111,112,113)

- Residency check box was switched to Part Year Resident from nonresident.
- IN-113 Adjustments:
 - Line 1A Federal wages, salaries, tips, etc. should be \$99,300.
 - Line 1B Vermont wages, salaries, tips, etc. should be \$28,068.
 - Line 6A and 6B should both be \$300.
 - Line 14A Total Income should be \$129,445.
 - Line 14B Total Income should be \$29,568.
 - Line 27 AGI should be \$127,845.
 - Line 8 should be \$29,368.
 - Line 29 should be \$29,368.
 - Line 30 should be \$127,845.
 - Line 31 should be \$98,477.
 - Line 33 should be \$98,477.
 - Line 34 should be \$29,368.
 - Line 35 should be 22.9715%
- Line 15 on IN-111 Should be 22.9715%
- Certified No Use Tax Due is Checked.
- Dependent SSN number changed to 400-55-8033 on IN-112.

Test 2 (Changes to IN-111,112)

- Certified No Use Tax Due is Checked.
- Dependent SSN on IN-112 should be 400-55-9036 and 400-55-9037.

Test 3 (Changes to IN-113)

- IN-112 Adjustments:
 - Part I, line 6 should be \$700.
 - Part I, line 14 should be \$500.
 - Part I, line 17 should be \$500.
 - Dependent SSN changed to 400-55-8040.

Test 5 (Changes to IN-112,153)

- Dependent SSN , on IN-112 should be 400-55-9044.
- Dependent name added.
- IN-153 Part I line 1 should be \$50,000.
- IN-153 Part I line 4 should be \$48,000.
- IN-153 Part I line 8 should be \$48,000.
- IN-153 Part II- Removed
- IN-153 Part III line 19 should be \$5,000.
- IN-153 Part III line 20 should be $\$59,000 * 40\% = \$23,600$.
- IN-153 Part III line 21 should be \$5,000.

Test 6 (Changes to IN-111,112)

- Income tax on IN-111 line 8, 10, 14, 16, 20, 22, and 24 should be \$494.
- Overpayment on IN-111 line 26 should be \$1956.
- Refund Amount should be \$1456.
- Dependent SSN on IN-112 should be 400-55-8047.

Test 8 (Changes to IN-113)

- Taxable refunds of state and local income taxes on IN-113 should be \$0.
- Federal Business income or loss on IN-113 should be \$92500.
- Vermont Business income or loss on IN-113 should be \$74500.

Test 9 (Changes to IN-111)

- Spouse deceased box should not be checked.

Test 1: Cannabis with Recomputed Federal Return
Required Vermont Forms/Schedules: IN-111, IN-112, IN-113

Taxpayer(s) Information:

Primary SSN: 400-00-8031
Name: Joe B James
Residency Status: Part-Year Resident
Mailing Address: 57 Shoreline Dr
City: West Brookfield
State: MA
Zip Code: 01585
Filing Status: Married Filing Jointly
Spouse SSN: 400-00-8032
Spouse Name: Jill James
School District Code: 999
911 Address: 57 Shoreline Dr
Date of Birth: July 15, 1979

Return Information:

Recomputed Federal AGI: 127,845.00
Additions to Federal AGI: -2,500.00
Dependents: 1
Tax-Deductible Charitable Contributions: 1,000.00
Total Vermont Taxes: 889.00
Green Up Vermont: 100.00
Refundable Credits: 478.00
Refund to be credit to 2024 estimated Payment: 41.00
Refund Total: 47.00
Nontaxable Total interest and dividend: 1250.00
Interest and dividend from VT: 250.00
Bonus Depreciation: 500.00
Interest from US Obligation: 100.00
Taxable Refunds of State and Local: 300.00
Medical Deduction: 3500.00
Bond- VSAC: 100.00
VT Child and Dependent Care Credit: 1,152.00
Qualifying Children: 1
Qualifying child #1: Si B James 400-55-8033 04/15/2021
Child Tax Credit: 940.00
Amount from IN-113, Line 14B: 29,568
Amount from IN-113, Line 14A: 129,445
Dates lived in VT: 01/01/2023-03/15/2023
Other State lived in: MA
Wages: 99,300.00
VT Wages: 28,068.00
Taxable Interest: 1845.00
Ordinary Dividends: 50.00
Federal Taxable Social Security: 17,500.00
Federal Rental income: 9,800.00

VT Rental Income:	1,200.00
Federal Other:	650.00
Federal Health Savings:	1500.00
VT Health Savings:	200.00
Federal Deductions not on 1040:	100.00

2023 Form IN-111

Vermont Income Tax Return

DEPT
USE
ONLY



* 2 3 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 JAMES		First Name JOE		MI B	Social Security Number 400-00-8031	<input type="checkbox"/> Check if Deceased
Spouse's/CU Partner's Last Name JAMES		First Name JILL		MI	Social Security Number 400-00-8032	<input type="checkbox"/> Check if Deceased
Mailing Address (Number and Street/Road or PO Box) 57 SHORELINE DR				911/Physical Street Address on 12/31/2023 57 SHORELINE DR		
City WEST BROOKFIELD		State MA	ZIP Code or Foreign Postal Code 01585		Foreign Country	
Vermont School District Code 999	<input type="checkbox"/> Enter Healthcare Coverage Code (See instructions for code options)		Check all that apply		<input type="checkbox"/> AMENDED Return	<input checked="" type="checkbox"/> CANNABIS With Recomputed Federal Return
<input type="checkbox"/> RECOMPUTED Return		<input type="checkbox"/> EXTENDED Return		Filing Status and Standard Deduction		
<input type="checkbox"/> Single (\$7,000)		<input checked="" type="checkbox"/> Married/CU Filing Jointly (\$14,050)		<input type="checkbox"/> Married/CU Filing Separately (\$7,000)		<input type="checkbox"/> Head of Household (\$10,550)
<input type="checkbox"/> Qualifying Widow(er) (\$14,050)		Vermont Residency Status as of 12/31/2023 (check one)				
<input type="checkbox"/> RESIDENT		<input checked="" type="checkbox"/> PART-YEAR RESIDENT		<input type="checkbox"/> NONRESIDENT		

- 1. Federal Adjusted Gross Income (federal Form 1040, Line 11) 1. 127845.00
 - 2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 18) 2. -2500.00
 - 3. Federal AGI with Modifications (ADD Lines 1 and 2) 3. 125345.00
 - 4. 2023 Vermont Standard Deduction from filing status section above. 4. 14050.00
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	5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent	5c. Enter number of OTHER dependents claimed on federal Form 1040	5d. Total Exemptions (ADD Lines 5a through 5c)
5a. <u>1</u>	5b. <u>1</u>	5c. <u>1</u>	5d. <u>3</u>
 - 5e. MULTIPLY Line 5d by \$4,850 (2023 Personal Exemption) 5e. 14550.00
 - 6. ADD Lines 4 and 5e 6. 28600.00
 - 7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3. If less than zero, enter -0-) 7. 96745.00
 - 8. Vermont Income Tax from tax table or tax rate schedule 8. 3920.00
(If Line 1 is greater than \$150,000, see instructions)
 - 9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 15) 9. .00
 - 10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9. If less than zero, enter -0-) 10. 3920.00
- | | | |
|--|--|---|
| 11. Tax-Deductible Charitable Contribution (See instructions) <u>1000.00</u> | 12. Multiply Line 11 by 5% (0.05) <u>50.00</u> | 13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 13. <u>50.00</u> |
|--|--|---|
- 14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 14. 3870.00
 - 15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%) 15. 22,9715 %
 - 16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15) 16. 889.00

Taxpayer's Last Name	Social Security Number
JAMES	400-00-8031



Amount from Line 16 **889 .00**

- Other State Credit** (Schedule IN-117, Line 21) **17.** .00 + **Vermont Tax Credits** (Schedule IN-119, Part II) **18.** .00 = **Total Vermont Credits** (Add Lines 17 and 18) **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.** 889 .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.** 889 .00
- | | | | | |
|-----------------------|-------------------------------------|-----------------------|------------------|----------------------------|
| Nongame Wildlife Fund | Vermont Children's Trust Foundation | Vermont Veterans Fund | Green Up Vermont | Total Contributions |
|-----------------------|-------------------------------------|-----------------------|------------------|----------------------------|
- 23a.** .00 + **23b.** .00 + **23c.** .00 + **23d.** 100 .00 = **23e.** 100 .00
- 24.** Total of Vermont Taxes and Voluntary Contributions (**ADD Lines 22 and 23e**) **24.** 989 .00
- 25a.** 2023 Vermont Tax Withheld from W-2, 1099 **25a.** 599 .00
- 25b.** 2023 Estimated Tax payments, amount carried forward from 2022, and/or payment made with 2023 extension. **25b.** .00
- 25c.** Refundable Credits (Schedule IN-112, Part II: **Full-Year Residents-Line 8; Part-Year Residents-Line 12**) **25c.** 478 .00
- 25d.** 2023 Vermont Real Estate Withholding from Form RW-171 **25d.** .00
- 25e.** 2023 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.** 1077 .00
- 26.** Overpayment. **If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f** **26.** 88 .00
- 27a.** Refund to be credited to 2024 Estimated Tax Payment **27a.** 41 .00
- 27b.** Refund to be credited to 2024 Property Tax Bill **27b.** .00
- 28.** REFUND AMOUNT (**SUBTRACT Lines 27a and 27b from Line 26**) **28.** 47 .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) 07 / 15 / 1979	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 (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.
5454

Keep a copy for your records.

2023 Schedule IN-112



* 2 3 1 1 2 1 1 0 0 *

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or BLACK INK

INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
JAMES	JOE	B	400-00-8031

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.** 1250 .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 (SUBTRACT Line 2 from Line 1) **3.** 1000.00
- 4. Bonus Depreciation Allowed under Federal Law for 2023 **4.** 500 .00
- 5. Other (reserved) **5.** RESERVED .00
- 6. Total Additions (ADD Line 3 and Line 4) **6.** 1500.00

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

- 7. Interest Income from U.S. Obligations. **7.** 100 .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.** 300 .00
 - 11. Medical Expense Deduction (see the worksheet in the instructions) **11.** 3500 .00
 - 12. Retirement 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.** 100 .00
- VSAC
 Build America
 Vermont Telecom Authority
 Vermont Public Power Supply Authority
- 15a. For residents only - Enter the total student loan interest you paid in 2023 on qualified student loans. **15a.** .00
 - 15b. For residents only - Enter any student loan interest already deducted on federal Form 1040, Schedule 1, Line 21. **15b.** .00
 - 15c. Subtract Line 15b from Line 15a. If filing jointly and AGI is greater than \$200,000, enter -0-. All other filers, if AGI is greater than \$120,000, enter -0-. **15c.** .00
 - 16. Other (reserved) **16.** RESERVED .00
 - 17. Total Subtractions (ADD Lines 7 through 14 and Line 15c). **17.** 4000.00

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

- 18. SUBTRACT Line 17 from Line 6. Enter on Form IN-111, Line 2. **18.** -2500.00
This can be a negative number.

Taxpayer's Last Name	Social Security Number
JAMES	400-00-8031



* 2 3 1 1 2 1 2 0 0 *

PART II

REFUNDABLE CREDITS

Child and Dependent Care Credit - Resident and Part-Year Resident

- 1. Child and Dependent Care Credit (federal Form 2441, Line 11)1. 1600.00
- 2. Vermont Child and Dependent Care Credit (**MULTIPLY Line 1 by 72% (0.72)**)2. 1152.00

Child Tax Credit - Resident and Part-Year Resident

- 3. Number of qualifying children3. 1
List only children who qualify for Child Tax Credit (born 2018 through 2023) below

Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth
JAMES	SI	B	400-55-8033	2021
Qualifying Child #2 - Last Name	First Name	MI	Social Security Number	Year of Birth
Qualifying Child #3 - Last Name	First Name	MI	Social Security Number	Year of Birth

- 4. Child Tax Credit (**MULTIPLY Line 3 by \$1,000**). See instructions for credit amount if your Adjusted Gross Income from Form IN-111, Line 1 is over \$125,0004. 940.00

Earned Income Tax Credit - Resident and Part-Year Resident

- 5. Number of qualifying children from federal Schedule EIC5. _____
- 6. Federal Earned Income Tax Credit. Enter amount from federal Form 10406. .00
- 7. Vermont Earned Income Tax Credit: **MULTIPLY Line 6 by 38% (0.38)**7. .00

Refundable Tax Credit - Resident and Part-Year Resident

- 8. Total Vermont Refundable Tax Credit (**ADD Lines 2, 4, and 7**)8. 2092.00
Full-Year Residents: Enter this amount on Form IN-111, Line 25c.
Part-Year Residents: Complete Lines 9 through 12.

Refundable Tax Credit Adjusted for Part-Year Residents

- 9. Enter amount from Schedule IN-113, Line 14B, Vermont Portion of Total Income9. 29568.00
- 10. Enter amount from Schedule IN-113, Line 14A, Total Income10. 129445.00
- 11. Refundable Tax Credit Adjustment Percentage. (**DIVIDE Line 9 by Line 10, then MULTIPLY the result by 100**)11. 22.84 %
- 12. Total Vermont Refundable Credit Adjusted for Part-Year Residents. (**MULTIPLY Line 8 by Line 11**). Enter this amount on Form IN-111, Line 25c.12. 478.00

2023 Schedule IN-113



* 2 3 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
JAMES	JOE	B	400-00-8031

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 2023		Name of State(s), Canadian province, or country during non-Vermont residency (use standard 2-character abbreviation)
From (MMDDYYYY):	To (MMDDYYYY):	
01 / 01 / 2023	03 / 15 / 2023	MA

	A. Federal Amount \$	B. Vermont Portion \$
1. Wages, salaries, tips, etc. 1A.	99300.00	1B. 28068.00
2. Taxable interest. 2A.	1845.00	2B. .00
3. Ordinary dividends 3A.	50.00	3B. .00
4. Taxable IRAs, pensions, and annuities. 4A.	.00	4B. .00
5. Taxable Social Security 5A.	17500.00	5B. .00
6. Taxable refunds of state and local income taxes 6A.	300.00	6B. 300.00
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.	9800.00	10B. 1200.00
11. Farm income or loss 11A.	.00	11B. .00
12. Unemployment compensation 12A.	.00	12B. .00
13. Other: Specify 13A.	650.00	13B. .00
14. TOTAL INCOME (ADD Lines 1 through 13) 14A.	129445.00	14B. 29568.00

Taxpayer's Last Name	Social Security Number
JAMES	400-00-8031



* 2 3 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.	1500.00	19B. 200.00
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.	100.00	25B. .00
26. TOTAL ADJUSTMENTS (ADD Lines 15 through 25) 26A.	1600.00	26B. 200.00
27. Adjusted Gross Income (SUBTRACT Line 26A from Line 14A) 27.		127845.00
28. Vermont Portion of AGI (SUBTRACT Line 26B from Line 14B) 28.		29368.00
29. Non-Vermont Income (SUBTRACT Line 28 from Line 27) Also enter on Part II, Line 31 below. 29.		98477.00

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.		127845.00
31. Non-Vermont Income (Line 29 above) 31.	98477.00	
32. Military pay. Number of months on active duty _____ (See instructions) 32.	.00	
33. Total (ADD Lines 31 and 32) 33.		98477.00
34. Vermont Income (SUBTRACT Line 33 from Line 30) 34.		29368.00
35. INCOME ADJUSTMENT % (DIVIDE Line 34 by Line 30, 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) 35.		22,9715 %

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

Primary SSN:	400-00-8034
Name:	Amber P. Taxing
Residency Status:	Resident
Mailing Address:	97 Seminary St Ext
City:	Middlebury
State:	VT
Zip Code:	05753
Date of Birth:	May 28, 1985
Filing Status:	Single
School District Code:	120
911 Address:	97 Seminary St Ext

Return Information:

Federal AGI:	8,179.00
Wages:	6,079.00
Pensions:	2,000.00
Taxable State Refund:	100.00
Dependents:	2
Personal Exemptions:	3
Vermont Taxable Income:	0.00
Green Up VT:	10.00
Nongame Wildlife:	10.00
VT Children's Trust Foundation:	10.00
VT Veteran's Fund:	10.00
Tax Withheld from W-2:	119.00
Refundable Credits:	6,610.00
Refund credited to 2023 Property Tax:	3,000.00
Taxable Refunds of State and Local Income Taxes:	100.00
Retirement Benefits Exempt:	1,000.00
Railroad Retirement:	1,000.00
Total Student Loan Interest Paid:	150.00
Student Loan Interest Already Deducted on 1040:	50.00
Child and Dependent Care Credit:	2,520.00
Child Tax Credit	2,000.00
Number of Qualifying Children:	2
Qualifying Child 2:	Lilly R Taxing 400-55-8036 03/19/2021
Qualifying Child 3:	Kelly S Taxing 400-55-8037 12/04/2020

Qualifying Children from federal EIC:	2
Federal Earned Income Tax Credit:	5500
SPAN:	387-120-65432
Business Use of Dwelling:	0.00%
Rental Use of Dwelling:	0.00%
Improvements:	None
Special Situations:	None
Housesite Value:	600,200.00
Housesite Education Tax:	9,817.00
Housesite Municipal Tax:	2,476.00
Ownership Interest:	100.00%
Mobile Home Lot Rent:	None
Contiguous Property:	No

2023 Form IN-111

Vermont Income Tax Return

DEPT USE ONLY



* 2 3 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

Form header section containing taxpayer information, address, filing status, and residency status.

- 1. Federal Adjusted Gross Income (federal Form 1040, Line 11) 1. 8179.00
2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 18) 2. -2200.00
3. Federal AGI with Modifications (ADD Lines 1 and 2)..... 3. 5979.00
4. 2023 Vermont Standard Deduction from filing status section above. 4. 7000.00
5. Personal Exemptions:
5a. Enter "1" for yourself if no one can claim you as a dependent
5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent
5c. Enter number of OTHER dependents claimed on federal Form 1040
5d. Total Exemptions (ADD Lines 5a through 5c)
5e. MULTIPLY Line 5d by \$4,850 (2023 Personal Exemption)..... 5e. 14550.00
6. ADD Lines 4 and 5e 6. 21550.00
7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3. If less than zero, enter -0-)..... 7. .00
8. Vermont Income Tax from tax table or tax rate schedule 8. .00
9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 15)..... 9. .00
10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9. If less than zero, enter -0-) 10. .00
11. Tax-Deductible Charitable Contribution (See instructions)00
12. Multiply Line 11 by 5% (0.05)00
13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 13. .00
14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 14. .00
15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%)..... 15. %
16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15)..... 16. .00

Taxpayer's Last Name	Social Security Number
TAXING	400-00-8034



Amount from Line 16 **.00**

- Other State Credit** (Schedule IN-117, Line 21) **Vermont Tax Credits** (Schedule IN-119, Part II) **Total Vermont Credits** (Add Lines 17 and 18)
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. **.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**
- | | | | | |
|-----------------------|-------------------------------------|-----------------------|------------------|----------------------------|
| Nongame Wildlife Fund | Vermont Children's Trust Foundation | Vermont Veterans Fund | Green Up Vermont | Total Contributions |
|-----------------------|-------------------------------------|-----------------------|------------------|----------------------------|
- 23a. **10 .00** + 23b. **10 .00** + 23c. **10 .00** + 23d. **10 .00** = 23e. **40 .00**
24. Total of Vermont Taxes and Voluntary Contributions (**ADD Lines 22 and 23e**) 24. **.00**
- 25a. 2023 Vermont Tax Withheld from W-2, 1099 25a. **119 .00**
- 25b. 2023 Estimated Tax payments, amount carried forward from 2022,
and/or payment made with 2023 extension. 25b. **.00**
- 25c. Refundable Credits (Schedule IN-112, Part II:
Full-Year Residents-Line 8; Part-Year Residents-Line 12) 25c. **6610 .00**
- 25d. 2023 Vermont Real Estate Withholding from Form RW-171 25d. **.00**
- 25e. 2023 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. **6729 .00**
26. Overpayment. **If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f** 26. **6689 .00**
- 27a. Refund to be credited to 2024 Estimated Tax Payment 27a. **100 .00**
- 27b. Refund to be credited to 2024 Property Tax Bill 27b. **3000 .00**
28. REFUND AMOUNT (**SUBTRACT Lines 27a and 27b from Line 26**) 28. **3589 .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) 05 / 28 / 1985	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 (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.
5454

Keep a copy for your records.

2023 Schedule IN-112



* 2 3 1 1 2 1 1 0 0 *

Vermont Tax Adjustments and Credits

Please PRINT in
BLUE or BLACK INK

INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
TAXING	AMBER	P	400-00-8034

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 2023 **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.** _____ **100 .00**
 - 11. Medical Expense Deduction (see the worksheet in the instructions) **11.** _____ **.00**
 - 12. Retirement Benefits Exempt from Taxation (see the worksheet in the instructions) **12.** _____ **1000 .00**
 - 13. Railroad Retirement income. **13.** _____ **1000 .00**
 - 14. Bond/note interest income from (see below) **14.** _____ **.00**
- VSAC
 Build America
 Vermont Telecom Authority
 Vermont Public Power Supply Authority
- 15a. For residents only - Enter the total student loan interest you paid in 2023 on qualified student loans. **15a.** _____ **150 .00**
 - 15b. For residents only - Enter any student loan interest already deducted on federal Form 1040, Schedule 1, Line 21. **15b.** _____ **50 .00**
 - 15c. Subtract Line 15b from Line 15a. If filing jointly and AGI is greater than \$200,000, enter -0-. All other filers, if AGI is greater than \$120,000, enter -0-. **15c.** _____ **100 .00**
 - 16. Other (reserved) **16.** **RESERVED** **.00**
 - 17. Total Subtractions (ADD Lines 7 through 14 and Line 15c). **17.** _____ **2200 .00**

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

- 18. SUBTRACT Line 17 from Line 6. Enter on Form IN-111, Line 2. **18.** _____ **-2200 .00**
This can be a negative number.

Taxpayer's Last Name	Social Security Number
TAXING	400-00-8034



* 2 3 1 1 2 1 2 0 0 *

PART II

REFUNDABLE CREDITS

Child and Dependent Care Credit - Resident and Part-Year Resident

- 1. Child and Dependent Care Credit (federal Form 2441, Line 11)1. 3500.00
- 2. Vermont Child and Dependent Care Credit (**MULTIPLY Line 1 by 72% (0.72)**)2. 2520.00

Child Tax Credit - Resident and Part-Year Resident

- 3. Number of qualifying children3. 2
List only children who qualify for Child Tax Credit (born 2018 through 2023) below

Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth
TAXING	LILLY	R	400-55-8036	2021
Qualifying Child #2 - Last Name	First Name	MI	Social Security Number	Year of Birth
TAXING	KELLY	S	400-55-8037	2020
Qualifying Child #3 - Last Name	First Name	MI	Social Security Number	Year of Birth

- 4. Child Tax Credit (**MULTIPLY Line 3 by \$1,000**). See instructions for credit amount if your Adjusted Gross Income from Form IN-111, Line 1 is over \$125,0004. 2000.00

Earned Income Tax Credit - Resident and Part-Year Resident

- 5. Number of qualifying children from federal Schedule EIC5. 2
- 6. Federal Earned Income Tax Credit. Enter amount from federal Form 10406. 5500.00
- 7. Vermont Earned Income Tax Credit: **MULTIPLY Line 6 by 38% (0.38)**7. 2090.00

Refundable Tax Credit - Resident and Part-Year Resident

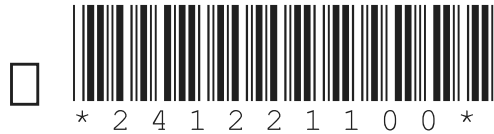
- 8. Total Vermont Refundable Tax Credit (**ADD Lines 2, 4, and 7**)8. 6610.00
Full-Year Residents: Enter this amount on Form IN-111, Line 25c.
Part-Year Residents: Complete Lines 9 through 12.

Refundable Tax Credit Adjusted for Part-Year Residents

- 9. Enter amount from Schedule IN-113, Line 14B, Vermont Portion of Total Income9. .00
- 10. Enter amount from Schedule IN-113, Line 14A, Total Income10. .00
- 11. Refundable Tax Credit Adjustment Percentage. (**DIVIDE Line 9 by Line 10, then MULTIPLY the result by 100**)11. .00%
- 12. Total Vermont Refundable Credit Adjusted for Part-Year Residents. (**MULTIPLY Line 8 by Line 11**). Enter this amount on Form IN-111, Line 25c.12. .00

2024 Form HS-122

Vermont Homestead Declaration AND Property Tax Credit Claim



DUE DATE: April 15, 2024. You may file up to Oct. 15, 2024, but the town may assess a penalty. For details on late filing, see 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, 2024. If your homestead is leased to a tenant on April 1, 2024, you may still claim it as a homestead if it is not leased for more than 182 days in the 2024 calendar year.

Please PRINT in BLUE or BLACK INK

Form with fields for Claimant's Last Name, First Name, MI, Social Security Number, Spouse's/CU Partner's Last Name, First Name, MI, Social Security Number, Mailing Address, City, State, ZIP Code, Claimant's Date of Birth, Location of Homestead, City/Town of Legal Residence, and Federal Filing Status.

Form with fields A1 through A4 for tax calculations and business/rental use of buildings.

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

Form with checkboxes A5 through A8 for special situations.

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
TAXING	400008034



* 2 4 1 2 2 1 2 0 0 *

DUE DATE: April 15, 2024. Generally, claims cannot be accepted after Oct. 15, 2024.

SECTION B. PROPERTY TAX CREDIT CLAIM

For Household Income up to \$128,000. 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 2023? Yes, Go to Line B2. No, STOP.
- B2. Were you claimed as a dependent in 2023 by another taxpayer? Yes, STOP. No, Go to Line B3.
- B3. Do you anticipate selling this Vermont housesite on or before April 1, 2024? Yes, STOP. No, Continue

Amounts for Lines B4 through B6 are found on the 2023/2024 property tax bill. Round amounts to the nearest dollar.

B4. Housesite Value	.B4. 600200.00
B5. Housesite Education Tax	.B5. 9817.00
B6. Housesite Municipal Tax	.B6. 2476.00
B7. Ownership Interest	.B7. 100.00 %
B8. Household Income (Schedule HI-144, Line z). You MUST attach Schedule HI-144.	.B8. 8079.00 <input type="checkbox"/> Check here if amended Schedule HI-144, Household Income, is included.

Complete the following **ONLY if applicable** from Form LRC-147, Part B.

B9. For Profit Mobile Home Lot Rent (Allocable Rent from Form LRC-147) .B9. .00

Not-For-Profit Mobile Home Park, Cooperative, and Land Trust

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.

2023 Schedule HI-144



* 2 3 1 4 4 1 1 0 0 *

Household Income

For the year Jan. 1 - Dec. 31, 2023

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2024 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Table with 4 columns: Claimant's Last Name, First Name, MI, Claimant's Social Security Number, 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 people (in addition to a Spouse or CU Partner) who had income and lived with you during 2023. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other People" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Check this box if you temporarily hosted a refugee, asylee, or asylum seeker in your home during 2023. Do not include their income on this form.

Table with 4 columns: 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

Main income table with 4 columns: Yearly totals of ALL members of the household, 1. Claimant /Claimant and jointly filed Spouse, 2. Filing separately Spouse or CU Partner, 3. Other People. Rows include a-n and Total Income.

Claimant's Last Name	Social Security Number
TAXING	400008034



Carried forward from Line o 8079 .00 .00 .00

	1. Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other People
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.	.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
s. ADD Lines p, q, and total of Lines r1 through r4 for each column s.	.00	.00	.00
t. SUBTRACT Line s from Line o of each column. If a negative amount, enter -0- t.	8079 .00	.00	.00

u. **ADD all three amounts from Line t.** If a negative amount, enter -0- u. 8079 .00

v. Complete if born Jan. 1, 1959 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. 8079 .00

HOMEOWNERS Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year.
Homeowners with Household Income up to \$128,000 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. Schedule HI-144 must be filed with Form HS-122.
The due date to file Form HS-122 is April 15, 2024. Homeowners filing a property tax credit, Form HS-122, Section B, and Schedule HI-144, between April 16 and Oct. 15, 2024, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit. Generally, claims cannot be accepted after Oct. 15, 2024.

Test 3:**Required Vermont Forms/Schedules:** IN-111, IN-112, IN-113, IN-119**Taxpayer(s) Information:**

Primary SSN:	400-00-8038
Primary Name:	Buff A Low
Residency Status:	Part Year Resident
Mailing Address:	25 Plymouth Rd
City:	Carmel
State:	ME
Zip Code:	04419
Date of Birth:	November 30, 1980
Filing Status:	Head of Household
School District Code:	999
911 Address:	25 Plymouth Rd
VT Residency:	01/01/2023-09/01/2023

Return Information:

Federal AGI:	36,250.00
Federal Wages:	32,800.00
VT Wages:	24,200.00
VT Taxable Income:	
Use Tax:	60.00
Refundable Credits:	2310
Part Year Refundable Credits:	1762
Nontaxable Interest and Dividend:	1,000.00
Nontaxable VT Interest and Dividend:	500.00
Bonus Depreciation:	200.00
Bond from Build America:	500.00
Child and Dependent Care Credit:	500.00
Qualifying Children VT CTC:	1
Qualifying child #1:	Marsh M Low 400-55-9040 2019
Qualifying children from federal EIC:	2
Federal EITC:	2500.00
Federal Unemployment:	3,450.00
VT Unemployment:	3,450.00
VT Higher Education Investment:	500.00

2023 Form IN-111

Vermont Income Tax Return

DEPT USE ONLY



* 2 3 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

Form with fields for Taxpayer's Last Name (LOW), First Name (BUFF), MI (A), Social Security Number (400008038), Spouse's/CU Partner's Last Name, First Name, MI, Social Security Number, Mailing Address (25 PLYMOUTH RD), City (CARMEL), State (ME), ZIP Code (04419), Vermont School District Code (999), Filing Status (Head of Household), and Vermont Residency Status (PART-YEAR RESIDENT).

- 1. Federal Adjusted Gross Income (federal Form 1040, Line 11) 36250.00
2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 18) 200.00
3. Federal AGI with Modifications (ADD Lines 1 and 2) 36450.00
4. 2023 Vermont Standard Deduction from filing status section above. 10550.00
5. Personal Exemptions: 5a. 1, 5b. 0, 5c. 2, 5d. 3, 5e. 14550.00
6. ADD Lines 4 and 5e 25100.00
7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3. If less than zero, enter -0-). 11350.00
8. Vermont Income Tax from tax table or tax rate schedule 380.00
9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 15). 0.00
10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9. If less than zero, enter -0-). 380.00
11. Tax-Deductible Charitable Contribution 0.00
12. Multiply Line 11 by 5% (0.05) 0.00
13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 0.00
14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-). 380.00
15. Income Adjustment (Schedule IN-113, Line 35, or 100.00000%). 76,2759 %
16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15). 290.00

Taxpayer's Last Name	Social Security Number
LOW	400008038



* 2 3 1 1 1 1 2 0 0 *

Amount from Line 16 **290 .00**

Other State Credit (Schedule IN-117, Line 21) **17.** .00 + **Vermont Tax Credits** (Schedule IN-119, Part II) **18.** 50 .00 = **Total Vermont Credits** (Add Lines 17 and 18) **19.** 50 .00

20. Vermont Income Tax after credits (**SUBTRACT Line 19 from Line 16.**
If Line 19 is greater than Line 16, enter -0-). **20.** 240 .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.** 60 .00

22. Total Vermont Taxes (**ADD Lines 20 and 21**) **22.** 300 .00

Nongame Wildlife Fund	Vermont Children's Trust Foundation	Vermont Veterans Fund	Green Up Vermont	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.** 300 .00

25a. 2023 Vermont Tax Withheld from W-2, 1099 **25a.** 600 .00

25b. 2023 Estimated Tax payments, amount carried forward from 2022, and/or payment made with 2023 extension. **25b.** .00

25c. Refundable Credits (Schedule IN-112, Part II: **Full-Year Residents**-Line 8; **Part-Year Residents**-Line 12) **25c.** 1762 .00

25d. 2023 Vermont Real Estate Withholding from Form RW-171 **25d.** .00

25e. 2023 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.** 2362 .00

26. Overpayment. **If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f** **26.** 2062 .00

27a. Refund to be credited to 2024 Estimated Tax Payment **27a.** .00

27b. Refund to be credited to 2024 Property Tax Bill **27b.** .00

28. REFUND AMOUNT (**SUBTRACT Lines 27a and 27b from Line 26**) **28.** 2062 .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) 11 / 30 / 1980	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 (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.
5454

Keep a copy for your records.

2023 Schedule IN-112



* 2 3 1 1 2 1 1 0 0 *

Vermont Tax Adjustments and Credits

Please PRINT in
BLUE or BLACK INK

INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
LOW	BUFF	A	400-00-8038

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.** 1000 .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 (SUBTRACT Line 2 from Line 1) **3.** 500.00
- 4. Bonus Depreciation Allowed under Federal Law for 2023 **4.** 200 .00
- 5. Other (reserved) **5.** RESERVED .00
- 6. Total Additions (ADD Line 3 and Line 4) **6.** 700.00

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. Retirement 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.** 500 .00
- VSAC
 Build America
 Vermont Telecom Authority
 Vermont Public Power Supply Authority
- 15a. For residents only - Enter the total student loan interest you paid in 2023 on qualified student loans. **15a.** .00
 - 15b. For residents only - Enter any student loan interest already deducted on federal Form 1040, Schedule 1, Line 21. **15b.** .00
 - 15c. Subtract Line 15b from Line 15a. If filing jointly and AGI is greater than \$200,000, enter -0-. All other filers, if AGI is greater than \$120,000, enter -0-. **15c.** .00
 - 16. Other (reserved) **16.** RESERVED .00
 - 17. Total Subtractions (ADD Lines 7 through 14 and Line 15c). **17.** 500.00

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

- 18. SUBTRACT Line 17 from Line 6. Enter on Form IN-111, Line 2. **18.** 200.00
This can be a negative number.

Taxpayer's Last Name	Social Security Number
LOW	400-00-8038



PART II

REFUNDABLE CREDITS

Child and Dependent Care Credit - Resident and Part-Year Resident

- 1. Child and Dependent Care Credit (federal Form 2441, Line 11)1. 500.00
- 2. Vermont Child and Dependent Care Credit (**MULTIPLY Line 1 by 72% (0.72)**)2. 360.00

Child Tax Credit - Resident and Part-Year Resident

- 3. Number of qualifying children3. 1
List only children who qualify for Child Tax Credit (born 2018 through 2023) below

Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth
LOW	MARSH	M	400-55-9040	2019
Qualifying Child #2 - Last Name	First Name	MI	Social Security Number	Year of Birth
Qualifying Child #3 - Last Name	First Name	MI	Social Security Number	Year of Birth

- 4. Child Tax Credit (**MULTIPLY Line 3 by \$1,000**). See instructions for credit amount if your Adjusted Gross Income from Form IN-111, Line 1 is over \$125,0004. 1000.00

Earned Income Tax Credit - Resident and Part-Year Resident

- 5. Number of qualifying children from federal Schedule EIC5. 2
- 6. Federal Earned Income Tax Credit. Enter amount from federal Form 10406. 2500.00
- 7. Vermont Earned Income Tax Credit: **MULTIPLY Line 6 by 38% (0.38)**7. 950.00

Refundable Tax Credit - Resident and Part-Year Resident

- 8. Total Vermont Refundable Tax Credit (**ADD Lines 2, 4, and 7**)8. 2310.00
Full-Year Residents: Enter this amount on Form IN-111, Line 25c.
Part-Year Residents: Complete Lines 9 through 12.

Refundable Tax Credit Adjusted for Part-Year Residents

- 9. Enter amount from Schedule IN-113, Line 14B, Vermont Portion of Total Income9. 27650.00
- 10. Enter amount from Schedule IN-113, Line 14A, Total Income10. 36250.00
- 11. Refundable Tax Credit Adjustment Percentage. (**DIVIDE Line 9 by Line 10, then MULTIPLY the result by 100**)11. 76.28 %
- 12. Total Vermont Refundable Credit Adjusted for Part-Year Residents. (**MULTIPLY Line 8 by Line 11**). Enter this amount on Form IN-111, Line 25c.12. 1762.00

2023 Schedule IN-113



* 2 3 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
LOW	BUFF	A	400008038

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 2023		Name of State(s), Canadian province, or country during non-Vermont residency (use standard 2-character abbreviation)
From (MMDDYYYY): 01 / 01 / 2023	To (MMDDYYYY): 09 / 01 / 2023	

	A. Federal Amount \$	B. Vermont Portion \$
1. Wages, salaries, tips, etc. 1A.	32800.00	1B. 24200.00
2. Taxable interest. 2A.	.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.	.00	10B. .00
11. Farm income or loss 11A.	.00	11B. .00
12. Unemployment compensation 12A.	3450.00	12B. 3450.00
13. Other: Specify. 13A.	.00	13B. .00
14. TOTAL INCOME (ADD Lines 1 through 13) 14A.	36250.00	14B. 27650.00

Taxpayer's Last Name	Social Security Number
LOW	400008038



* 2 3 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.		36250 .00
28. Vermont Portion of AGI (SUBTRACT Line 26B from Line 14B) 28.		27650 .00
29. Non-Vermont Income (SUBTRACT Line 28 from Line 27) Also enter on Part II, Line 31 below. 29.		8600 .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.		36250 .00
31. Non-Vermont Income (Line 29 above) 31.	8600 .00	
32. Military pay. Number of months on active duty _____ (See instructions) 32.	.00	
33. Total (ADD Lines 31 and 32) 33.		8600 .00
34. Vermont Income (SUBTRACT Line 33 from Line 30) 34.		27650 .00
35. INCOME ADJUSTMENT % (DIVIDE Line 34 by Line 30, 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) 35.		76,2759 %

2023 Schedule IN-119

**Vermont Tax Adjustments and
Nonrefundable Credits**



* 2 3 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
LOW	BUFF	A	400008038

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 the Elderly or the Disabled (federal Schedule R)8. _____ **.00**
- 9. Investment Tax Credit - Vermont-based only (See instructions)9. _____ **.00**
- 10. Vermont Farm Income Averaging Credit (from worksheet in instructions)10. _____ **.00**
- 11. **ADD Lines 8 through 10.**11. _____ **.00**
- 12. **MULTIPLY Line 11 by 24% (0.24)**12. _____ **.00**
- 13. Vermont-based Solar Energy Credit carryforward13. _____ **.00**
- 14. **ADD Lines 12 and 13**14. _____ **.00**

NET ADJUSTMENTS TO VERMONT TAX

- 15. **SUBTRACT Line 14 from Line 7.** Enter on Form IN-111, Vermont Income Tax Return, Line 9. This can be a negative number.15. _____ **.00**

Taxpayer's Last Name	Social Security Number
LOW	400008038



* 2 3 1 1 9 1 2 0 0 *

INCLUDE WITH FORM IN-111

PART II VERMONT INCOME TAX CREDITS

1. Vermont Higher Education Investment (32 V.S.A. § 5825a) See instructions 2023 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

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

	<u>Column A</u> Earned in 2023	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.					50 .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 1611. .00

12. Enter credit for income tax paid to another state or Canadian province from Form IN-111, Line 1712. .00

13. SUBTRACT Line 12 from Line 1113. .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 zero15. .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 1718. .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

Test 4: Cannabis with Recomputed Federal Return
Required Vermont Forms/Schedules: IN-111, IN-117

Taxpayer(s) Information:

Primary SSN:	400-00-8041
Name:	Can E Biss
Residency Status:	Resident
Mailing Address:	54 Douglas Rd
City:	Williston
State:	VT
Zip Code:	05495
Filing Status:	Single
School District Code:	241
911 Address:	54 Douglas Rd
Date of Birth:	December 25, 1980

Return Information:

Federal AGI:	350,000.00
Wages:	350,000.00
Other State Credit:	12,000.00
2023 VT Estimated Tax Payments:	12,000.00
Name of State:	CT
Gross Income Taxes in Another State:	200,000.00
2023 Bonus Depreciation:	1000.00
Non-VT Obligations:	1,000.00
Bonus Depreciation from Another State:	6,000.00
Green Up VT:	50.00

2023 Form IN-111

Vermont Income Tax Return

DEPT USE ONLY



* 2 3 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

Form with fields for Taxpayer's Last Name (BISS), First Name (CAN), MI (E), Social Security Number (400008041), Spouse's/CU Partner's Last Name, First Name, MI, Social Security Number, Mailing Address (54 DOUGLAS RD), City (WILLISTON), State (VT), ZIP Code (05495), Vermont School District Code (241), Filing Status and Standard Deduction (Single), and Vermont Residency Status (RESIDENT).

- 1. Federal Adjusted Gross Income (federal Form 1040, Line 11) 350000.00
2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 18) .00
3. Federal AGI with Modifications (ADD Lines 1 and 2) 350000.00
4. 2023 Vermont Standard Deduction from filing status section above. 7000.00
5. Personal Exemptions: 5a. 1, 5b. , 5c. , 5d. 1
5e. MULTIPLY Line 5d by \$4,850 (2023 Personal Exemption) 4850.00
6. ADD Lines 4 and 5e 11850.00
7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3. If less than zero, enter -0-) 338150.00
8. Vermont Income Tax from tax table or tax rate schedule 24373.00
9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 15) .00
10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9. If less than zero, enter -0-) 24373.00
11. Tax-Deductible Charitable Contribution 10000.00
12. Multiply Line 11 by 5% (0.05) 500.00
13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 500.00
14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 23873.00
15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%) 100.0000 %
16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15) 23873.00

Taxpayer's Last Name	Social Security Number
BISS	400008041



Amount from Line 16 **23873 .00**

Other State Credit (Schedule IN-117, Line 21) **17.** 12000 .00 + **Vermont Tax Credits** (Schedule IN-119, Part II) **18.** .00 = **Total Vermont Credits** (Add Lines 17 and 18) **19.** 12000 .00

20. Vermont Income Tax after credits (**SUBTRACT Line 19 from Line 16.** If Line 19 is greater than Line 16, enter -0-). **20.** 11873 .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.** 11873 .00

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

23a. .00 + **23b.** .00 + **23c.** .00 + **23d.** 50 .00 = **23e.** 50 .00

24. Total of Vermont Taxes and Voluntary Contributions (**ADD Lines 22 and 23e**) **24.** 11923 .00

25a. 2023 Vermont Tax Withheld from W-2, 1099 **25a.** .00

25b. 2023 Estimated Tax payments, amount carried forward from 2022, and/or payment made with 2023 extension. **25b.** 12000 .00

25c. Refundable Credits (Schedule IN-112, Part II: **Full-Year Residents**-Line 8; **Part-Year Residents**-Line 12) **25c.** .00

25d. 2023 Vermont Real Estate Withholding from Form RW-171 **25d.** .00

25e. 2023 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.** 12000 .00

26. Overpayment. **If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f** **26.** 77 .00

27a. Refund to be credited to 2024 Estimated Tax Payment **27a.** 77 .00

27b. Refund to be credited to 2024 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.** .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
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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) 12 / 25 / 1980	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 (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.
5454

Keep a copy for your records.

2023 Schedule IN-117



* 2 3 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
BISS	CAN	E	400008041

1. Name of state or Canadian province. Use standard two-letter abbreviation. **1.** CT
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.** 200000 **.00**
3. 2023 Bonus Depreciation addback taxed in another state or Canadian province AND taxed in Vermont. **3.** 1000 **.00**
4. Non-Vermont state/local obligations taxed in another state or Canadian province AND taxed in Vermont. **4.** 1000 **.00**
- 5. ADD Lines 2 through 4.** **5.** 202000 **.00**
6. Bonus Depreciation subtracted from income in another state or Canadian province in tax year 2023. **6.** 6000 **.00**
7. U.S. Government interest income subtracted from income in another state or Canadian province in tax year 2023. **7.** **.00**
- 8. ADD Lines 6 and 7** **8.** 6000 **.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.** 196000 **.00**
10. Adjusted Gross Income from Form IN-111, Line 1. (If less than zero, enter -0-). **10.** 350000 **.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.** 350000 **.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.** 350000 **.00**
18. Vermont income tax from Form IN-111, Line 14 **18.** 23873 **.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	<u>196000</u>	x Line 18	<u>23873</u>	
Line 17	<u>350000</u>			19. <u>13369</u> .00
20. Income tax paid to another state or Canadian province based on modified Adjusted Gross Income from Line 9 above **20.** 12000 **.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.** 12000 **.00**

Test 5:**Required Vermont Forms/Schedules:** IN-111, IN-112, IN-119, IN-153**Taxpayer(s) Information:**

Primary SSN: 400-00-8042
Name: Kay Oss
Residency Status: Resident
Mailing Address: 1 Main Street
City: Dover
State: VT
Zip Code: 05302
Filing Status: Qualified Widower
School District Code: 058
911 Address: 1 Main Street
Date of Birth: 10/31/1970

Return Information:

Federal AGI: 70,000.00
Net Modifications to AGI: -5,500.00
Federal AGI with Modifications: 40,600.00
Personal Exemptions: 2
2023 Estimated payments carried forward: 3200.00
Total interest & dividend income from state and local obligations
As reported on federal form 1040: 12,000.00
Interest & dividend income from state and local obligations
Included in line 1: 10,000.00
Capital gains exclusion (schedule IN-153, Line 21): 5,000.00
Student loan interest paid in 2023: 5,000.00
Student loan interest already deducted on federal form 1040: 2,500.00
Total subtractions: 5,500.00
Number of qualifying children: 1
Child Information:
Last Name: Mumm
First Name: Max
Middle Initial: E
Social Security Number: 400-55-8044
Year of birth: 2021
Child tax credit: 1000.00
Vermont High Education Investment (VSAC): 5000.00

Direct Debit Information for Vermont:

Routing Number: 211672531
Checking Account Number: 75146123

2023 Form IN-111

Vermont Income Tax Return

DEPT USE ONLY



* 2 3 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

Form header section containing taxpayer information, address, and filing status options.

Main calculation section with lines 1 through 16, including Federal AGI, deductions, exemptions, and final Vermont Income Tax.

Taxpayer's Last Name	Social Security Number
OSS	400008042



Amount from Line 16 **1365 .00**

Other State Credit (Schedule IN-117, Line 21) **17.** .00 + **Vermont Tax Credits** (Schedule IN-119, Part II) **18.** 500 .00 = **Total Vermont Credits** (Add Lines 17 and 18) **19.** 500 .00

20. Vermont Income Tax after credits (**SUBTRACT Line 19 from Line 16.**
If Line 19 is greater than Line 16, enter -0-). **20.** 865 .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

Nongame Wildlife Fund	Vermont Children's Trust Foundation	Vermont Veterans Fund	Green Up Vermont	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.** 865 .00

25a. 2023 Vermont Tax Withheld from W-2, 1099 **25a.** .00

25b. 2023 Estimated Tax payments, amount carried forward from 2022, and/or payment made with 2023 extension. **25b.** 3200 .00

25c. Refundable Credits (Schedule IN-112, Part II: **Full-Year Residents**-Line 8; **Part-Year Residents**-Line 12) **25c.** 1000 .00

25d. 2023 Vermont Real Estate Withholding from Form RW-171 **25d.** .00

25e. 2023 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.** 4200 .00

26. Overpayment. **If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f** **26.** 3335 .00

27a. Refund to be credited to 2024 Estimated Tax Payment **27a.** .00

27b. Refund to be credited to 2024 Property Tax Bill **27b.** .00

28. REFUND AMOUNT (**SUBTRACT Lines 27a and 27b from Line 26**) **28.** 3335 .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**
(Worksheet IN-152 or IN-152A) **(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
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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 (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.
5454

Keep a copy for your records.

2023 Schedule IN-112



* 2 3 1 1 2 1 1 0 0 *

Vermont Tax Adjustments and Credits

Please PRINT in
BLUE or BLACK INK

INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
OSS	KAY		400008042

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. 12000 .00
- 2. Interest and dividend income from Vermont state and local obligations included in Line 1. 2. 10000 .00
- 3. Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1) 3. 2000.00
- 4. Bonus Depreciation Allowed under Federal Law for 2023 4. .00
- 5. Other (reserved) 5. RESERVED .00
- 6. Total Additions (ADD Line 3 and Line 4) 6. 2000.00

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. 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. Retirement 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
- 15a. For residents only - Enter the total student loan interest you paid in 2023 on qualified student loans. 15a. 5000 .00
- 15b. For residents only - Enter any student loan interest already deducted on federal Form 1040, Schedule 1, Line 21. 15b. 2500 .00
- 15c. Subtract Line 15b from Line 15a. If filing jointly and AGI is greater than \$200,000, enter -0-. All other filers, if AGI is greater than \$120,000, enter -0-. 15c. 2500 .00
- 16. Other (reserved) 16. RESERVED .00
- 17. Total Subtractions (ADD Lines 7 through 14 and Line 15c). 17. 7500.00

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

- 18. SUBTRACT Line 17 from Line 6. Enter on Form IN-111, Line 2. 18. -5500.00
This can be a negative number.

Taxpayer's Last Name	Social Security Number
OSS	400008042



PART II

REFUNDABLE CREDITS

Child and Dependent Care Credit - Resident and Part-Year Resident

- 1. Child and Dependent Care Credit (federal Form 2441, Line 11)1. _____ **.00**
- 2. Vermont Child and Dependent Care Credit (**MULTIPLY Line 1 by 72% (0.72)**)2. _____ **.00**

Child Tax Credit - Resident and Part-Year Resident

- 3. Number of qualifying children3. _____
List only children who qualify for Child Tax Credit (born 2018 through 2023) below

Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth
MUMM	MAX	E	400559044	2021
Qualifying Child #2 - Last Name	First Name	MI	Social Security Number	Year of Birth
Qualifying Child #3 - Last Name	First Name	MI	Social Security Number	Year of Birth

- 4. Child Tax Credit (**MULTIPLY Line 3 by \$1,000**). See instructions for credit amount if your Adjusted Gross Income from Form IN-111, Line 1 is over \$125,0004. _____ **1000.00**

Earned Income Tax Credit - Resident and Part-Year Resident

- 5. Number of qualifying children from federal Schedule EIC5. _____
- 6. Federal Earned Income Tax Credit. Enter amount from federal Form 10406. _____ **.00**
- 7. Vermont Earned Income Tax Credit: **MULTIPLY Line 6 by 38% (0.38)**7. _____ **.00**

Refundable Tax Credit - Resident and Part-Year Resident

- 8. Total Vermont Refundable Tax Credit (**ADD Lines 2, 4, and 7**)8. _____ **1000.00**
Full-Year Residents: Enter this amount on Form IN-111, Line 25c.
Part-Year Residents: Complete Lines 9 through 12.

Refundable Tax Credit Adjusted for Part-Year Residents

- 9. Enter amount from Schedule IN-113, Line 14B, Vermont Portion of Total Income9. _____ **.00**
- 10. Enter amount from Schedule IN-113, Line 14A, Total Income10. _____ **.00**
- 11. Refundable Tax Credit Adjustment Percentage. (**DIVIDE Line 9 by Line 10, then MULTIPLY the result by 100**)11. _____ **%**
- 12. Total Vermont Refundable Credit Adjusted for Part-Year Residents. (**MULTIPLY Line 8 by Line 11**). Enter this amount on Form IN-111, Line 25c.12. _____ **.00**

2023 Schedule IN-119

**Vermont Tax Adjustments and
Nonrefundable Credits**



* 2 3 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
OSS	KAY		400008042

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

NET ADJUSTMENTS TO VERMONT TAX

- 15. **SUBTRACT Line 14 from Line 7.** Enter on Form IN-111, Vermont Income Tax Return, Line 9. This can be a negative number.15. _____ **.00**

Taxpayer's Last Name	Social Security Number
OSS	400008042



INCLUDE WITH FORM IN-111

PART II VERMONT INCOME TAX CREDITS

1. Vermont Higher Education Investment (32 V.S.A. § 5825a) See instructions 2023 Contribution eligible for credit 5000 .00 TIMES (X) .10 = Credit 500 .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 2023	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. 500 .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

2023 Schedule IN-153

**Vermont Capital Gains Exclusion
Calculation**



* 2 3 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
OSS	KAY		400008042

PART I. FLAT EXCLUSION

- 1. Enter smaller of Line 15 or 16 from federal Form 1040, Schedule D **1.** 50000 **.00**
- 2. Enter amount from:
 - 2a. Federal Form 1040, Schedule D, Line 18. **2a.** 2000 **.00**
 - 2b. Federal Form 1040, Schedule D, Line 19. **2b.** **.00**
- 3. Add Lines 2a and 2b. **3.** 2000 **.00**
- 4. Subtract Line 3 from Line 1. **4.** 48000 **.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.** 48000 **.00**
- 9. Enter the smaller of Line 8 or \$5,000. **9.** 5000 **.00**

Taxpayer's Last Name	Social Security Number
OSS	400008042



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. _____ .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 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. _____ .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 gains exclusion.

- 16. Enter amount from Part I, Line 7 or recomputed federal Form 4952.16. _____ .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 GAINS EXCLUSION

- 19. Enter the *greater of* Line 9 or Line 1819. _____ 5000 .00
- 20. Multiply $\frac{59000.00}{\text{Federal Taxable Income}}$ x 40% and enter result here20. _____ 23600 .00
- 21. Enter the *smaller of* Line 19 or Line 20. This is your capital gains exclusion. Enter on Schedule IN-112, Part I, Line 821. _____ 5000 .00

Test 6:**Required Vermont Forms/Schedules:** IN-111, IN-112, HS-122, HI-144**Taxpayer(s) Information:**

Primary SSN: 400-00-8045
 Name: Choc A Holic
 Residency Status: Resident
 Mailing Address: 133 State St
 City: Montpelier
 State: VT
 Zip Code: 05601
 Date of Birth: May 5, 1978
 Filing Status: Head of Household
 School District Code: 126
 911 Address: 133 State Street

Return Information:

Federal AGI:	40,000.00
Net Modifications to AGI:	-200.00
VT Taxable Income:	39,800.00
Other Dependents:	2
Total VT Taxes:	494.00
2023 VT Tax Withheld from W2:	500.00
Refundable Credits:	1950.00
Refund to 2023 Property Tax:	500.00
Refund Amount:	1456.00
Total Student Loan Interest Paid:	2,700.00
Federal Student Loan Interest Paid:	2,500.00
Qualifying Children:	1
Qualifying Child #1:	Mon E Bags 400-55-8047 09/23/2022
Qualifying Children from Federal EIC:	2
Federal EITC:	2,500.00
SPAN:	405-126-13225
Business Use:	0
Rental Use:	0
Improvements:	None
Domicile	yes
Claimed	no
Selling	no
Housesite Value:	500,000.00
Education Tax:	6,191.00
Municipal Tax:	3,549.00
Ownership:	100.00
Household Income:	49,000.00
Other Person #1:	Sam I Am 400-00-8048

Other Person #2:	Cat N Hat 400-00-8049
Other Cash Public Assistance:	5,000.00
Other People SSI:	15,000.00
Claimant unemployment:	36,000.00
Other People Worker's Comp:	15,000.00
Claimant Rental:	4,000.00
Other People Child Support Paid:	6,000.00
Paid to:	Lois Price 400-00-8050
Claimant Health Savings:	5,000.00

2023 Form IN-111

Vermont Income Tax Return

DEPT USE ONLY



* 2 3 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

Form with fields for Taxpayer's Last Name (HOLIC), First Name (CHOC), MI (A), Social Security Number (400-00-8045), Mailing Address (133 STATE ST, MONTPELIER, VT 05601), Filing Status (Head of Household), and Vermont Residency Status (RESIDENT).

- 1. Federal Adjusted Gross Income (federal Form 1040, Line 11) 40000.00
2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 18) -200.00
3. Federal AGI with Modifications (ADD Lines 1 and 2) 39800.00
4. 2023 Vermont Standard Deduction from filing status section above. 10550.00
5. Personal Exemptions: 5a. 1, 5b. 0, 5c. 2, 5d. 3
5e. MULTIPLY Line 5d by \$4,850 (2023 Personal Exemption) 14550.00
6. ADD Lines 4 and 5e 25100.00
7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3. If less than zero, enter -0-) 14700.00
8. Vermont Income Tax from tax table or tax rate schedule 494.00
9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 15) 0.00
10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9. If less than zero, enter -0-) 494.00
11. Tax-Deductible Charitable Contribution .00
12. Multiply Line 11 by 5% (0.05) .00
13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) .00
14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 494.00
15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%) 100.0000 %
16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15) 494.00

Taxpayer's Last Name	Social Security Number
HOLIC	400-00-8045



Amount from Line 16 **494 .00**

- Other State Credit** (Schedule IN-117, Line 21) **17.** .00 + **Vermont Tax Credits** (Schedule IN-119, Part II) **18.** .00 = **Total Vermont Credits** (Add Lines 17 and 18) **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.** 494 .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.** 494 .00
- | | | | | |
|-----------------------|-------------------------------------|-----------------------|------------------|----------------------------|
| Nongame Wildlife Fund | Vermont Children's Trust Foundation | Vermont Veterans Fund | Green Up Vermont | 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.** 494 .00
- 25a.** 2023 Vermont Tax Withheld from W-2, 1099 **25a.** 500 .00
- 25b.** 2023 Estimated Tax payments, amount carried forward from 2022, and/or payment made with 2023 extension. **25b.** .00
- 25c.** Refundable Credits (Schedule IN-112, Part II: **Full-Year Residents-Line 8; Part-Year Residents-Line 12**) **25c.** 1950 .00
- 25d.** 2023 Vermont Real Estate Withholding from Form RW-171 **25d.** .00
- 25e.** 2023 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.** 2450 .00
- 26.** Overpayment. **If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f** **26.** 1956 .00
- 27a.** Refund to be credited to 2024 Estimated Tax Payment **27a.** 500 .00
- 27b.** Refund to be credited to 2024 Property Tax Bill **27b.** .00
- 28.** REFUND AMOUNT (**SUBTRACT Lines 27a and 27b from Line 26**) **28.** 1456 .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 (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.
5454

Keep a copy for your records.

2023 Schedule IN-112



* 2 3 1 1 2 1 1 0 0 *

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or BLACK INK

INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
HOLIC	CHOC	A	400-00-8045

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 2023 **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. Retirement 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
- 15a. For residents only - Enter the total student loan interest you paid in 2023 on qualified student loans. **15a.** _____ **2700 .00**
 - 15b. For residents only - Enter any student loan interest already deducted on federal Form 1040, Schedule 1, Line 21. **15b.** _____ **2500 .00**
 - 15c. Subtract Line 15b from Line 15a. If filing jointly and AGI is greater than \$200,000, enter -0-. All other filers, if AGI is greater than \$120,000, enter -0-. **15c.** _____ **200 .00**
 - 16. Other (reserved) **16.** **RESERVED** **.00**
 - 17. Total Subtractions (ADD Lines 7 through 14 and Line 15c). **17.** _____ **200.00**

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

- 18. SUBTRACT Line 17 from Line 6. Enter on Form IN-111, Line 2. **18.** _____ **-200.00**
This can be a negative number.

Taxpayer's Last Name	Social Security Number
HOLIC	400-00-8045



* 2 3 1 1 2 1 2 0 0 *

PART II

REFUNDABLE CREDITS

Child and Dependent Care Credit - Resident and Part-Year Resident

- 1. Child and Dependent Care Credit (federal Form 2441, Line 11)1. _____ **.00**
- 2. Vermont Child and Dependent Care Credit (**MULTIPLY Line 1 by 72% (0.72)**)2. _____ **.00**

Child Tax Credit - Resident and Part-Year Resident

- 3. Number of qualifying children3. _____ 1
List only children who qualify for Child Tax Credit (born 2018 through 2023) below

Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth
BAGS	MON	E	400-55-8047	2022
Qualifying Child #2 - Last Name	First Name	MI	Social Security Number	Year of Birth
Qualifying Child #3 - Last Name	First Name	MI	Social Security Number	Year of Birth

- 4. Child Tax Credit (**MULTIPLY Line 3 by \$1,000**). See instructions for credit amount if your Adjusted Gross Income from Form IN-111, Line 1 is over \$125,0004. _____ **1000.00**

Earned Income Tax Credit - Resident and Part-Year Resident

- 5. Number of qualifying children from federal Schedule EIC5. _____ 2
- 6. Federal Earned Income Tax Credit. Enter amount from federal Form 1040.....6. _____ **2500.00**
- 7. Vermont Earned Income Tax Credit: **MULTIPLY Line 6 by 38% (0.38)**.....7. _____ **950.00**

Refundable Tax Credit - Resident and Part-Year Resident

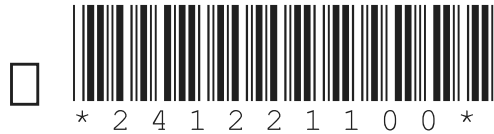
- 8. Total Vermont Refundable Tax Credit (**ADD Lines 2, 4, and 7**)8. _____ **1950.00**
Full-Year Residents: Enter this amount on Form IN-111, Line 25c.
Part-Year Residents: Complete Lines 9 through 12.

Refundable Tax Credit Adjusted for Part-Year Residents

- 9. Enter amount from Schedule IN-113, Line 14B, Vermont Portion of Total Income9. _____ **.00**
- 10. Enter amount from Schedule IN-113, Line 14A, Total Income10. _____ **.00**
- 11. Refundable Tax Credit Adjustment Percentage. (**DIVIDE Line 9 by Line 10, then MULTIPLY the result by 100**).....11. _____ 100.00 %
- 12. Total Vermont Refundable Credit Adjusted for Part-Year Residents. (**MULTIPLY Line 8 by Line 11**). Enter this amount on Form IN-111, Line 25c.12. _____ **1950.00**

2024 Form HS-122

Vermont Homestead Declaration AND Property Tax Credit Claim



DUE DATE: April 15, 2024. You may file up to Oct. 15, 2024, but the town may assess a penalty. For details on late filing, see 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, 2024. If your homestead is leased to a tenant on April 1, 2024, you may still claim it as a homestead if it is not leased for more than 182 days in the 2024 calendar year.

Please PRINT in BLUE or BLACK INK

Form with fields for Claimant's Last Name (HOLIC), First Name (CHOC), MI (A), Social Security Number (400008045), Spouse's/Partner's info, Mailing Address (133 STATE ST, MONTPELIER, VT 05601), Date of Birth (05/05/1978), Location of Homestead, and Filing Status (Head of Household).

Form with fields A1 through A4 for tax calculations and business/rental use of buildings.

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

Form with checkboxes A5 through A8 for special situations like trust ownership, town boundaries, and related farmer parcels.

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
HOLIC	400008045



* 2 4 1 2 2 1 2 0 0 *

DUE DATE: April 15, 2024. Generally, claims cannot be accepted after Oct. 15, 2024.

SECTION B. PROPERTY TAX CREDIT CLAIM

For Household Income up to \$128,000. 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 2023? Yes, Go to Line B2. No, STOP.
- B2. Were you claimed as a dependent in 2023 by another taxpayer? Yes, STOP. No, Go to Line B3.
- B3. Do you anticipate selling this Vermont housesite on or before April 1, 2024? Yes, STOP. No, Continue

Amounts for Lines B4 through B6 are found on the 2023/2024 property tax bill. Round amounts to the nearest dollar.

- B4. Housesite ValueB4. 500000.00
- B5. Housesite Education TaxB5. 6191.00
- B6. Housesite Municipal TaxB6. 3549.00
- B7. Ownership InterestB7. 100.00 %
- B8. Household Income (Schedule HI-144, Line z).
You MUST attach Schedule HI-144. B8. 49000.00 Check here if amended Schedule HI-144, Household Income, is included.

Complete the following **ONLY if applicable** from Form LRC-147, Part B.

- B9. For Profit Mobile Home Lot Rent (Allocable Rent from Form LRC-147)B9. .00

Not-For-Profit Mobile Home Park, Cooperative, and Land Trust

- B10. Allocated Education TaxB10. .00
- B11. Allocated Municipal TaxB11. .00

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

- B12. Contiguous property Education TaxB12. .00
- B13. Contiguous property Municipal TaxB13. .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.

2023 Schedule HI-144



* 2 3 1 4 4 1 1 0 0 *

Household Income

For the year Jan. 1 - Dec. 31, 2023

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2024 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
HOLIC	CHOC	A	400008045
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY)
			05 05 1978

List the names and Social Security Numbers of all other people (in addition to a Spouse or CU Partner) who had income and lived with you during 2023. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other People" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Check this box if you temporarily hosted a refugee, asylee, or asylum seeker in your home during 2023. Do not include their income on this form.

Other Person #1 Last Name	First Name	MI	Other Person #1 Social Security Number
AM	SAM	I	400-00-8048
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number
HAT	CAT	N	400-00-8049

Yearly totals of ALL members of the household	1. Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other People
a. Cash public assistance and relief (See instructions for exclusions) . . .	a. _____ .00	_____ .00	_____ 5000 .00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable	b. _____ .00	_____ .00	_____ 15000 .00
c. Unemployment compensation/worker's compensation.	c. 36000 .00	_____ .00	_____ .00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)	d. _____ .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. 4000 .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. 40000 .00	_____ .00	_____ 20000 .00

Claimant's Last Name	Social Security Number
HOLIC	400008045



Carried forward from Line o 40000 .00 .00 20000 .00

<p>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>	1. Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other People
	<u>.00</u>	<u>.00</u>	<u>.00</u>
<p>q. Child support paid. You must include proof of payment. See instructions</p>	<u>.00</u>	<u>.00</u>	<u>6000 .00</u>

Support paid to: Last Name	First Name	MI	Social Security Number
PRICE	LOIS		400-00-8050

r. Allowable adjustments from federal Form 1040

r1. Business expenses for Reservists	<u>.00</u>	<u>.00</u>	<u>.00</u>
r2. Alimony paid	<u>.00</u>	<u>.00</u>	<u>.00</u>
r3. Self-employed health insurance deduction	<u>.00</u>	<u>.00</u>	<u>.00</u>
r4. Health Savings Account deduction	<u>5000 .00</u>	<u>.00</u>	<u>.00</u>
s. ADD Lines p, q, and total of Lines r1 through r4 for each column	<u>5000 .00</u>	<u>.00</u>	<u>6000 .00</u>
t. SUBTRACT Line s from Line o of each column. If a negative amount, enter -0-	<u>35000 .00</u>	<u>.00</u>	<u>14000 .00</u>

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

v. Complete if born Jan. 1, 1959 and after.
Enter interest and dividend income from Lines e and f.00 | .00 | .00 |

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

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

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

z. **HOUSEHOLD INCOME. ADD Line u and Line y** 49000 .00

HOMEOWNERS Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year.
Homeowners with Household Income up to \$128,000 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. Schedule HI-144 must be filed with Form HS-122.
The due date to file Form HS-122 is April 15, 2024. Homeowners filing a property tax credit, Form HS-122, Section B, and Schedule HI-144, between April 16 and Oct. 15, 2024, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit. Generally, claims cannot be accepted after Oct. 15, 2024.

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

Primary SSN:	400-00-8051
Name:	Frank N Stein
Spouse SSN:	400-00-8090
Mailing Address:	33 Spooky Lane
City:	Woodstock
State:	VT
Zip Code:	05035
Date of Birth:	October 31, 1960
Filing Status:	Single
911 Address:	33 Spooky Lane Woodstock, VT

Return Information:

SPAN:	786-250-12596
Business Use:	75.00
Improvements:	Yes
Housesite Value:	400,000.00
Education Tax:	7,500.00
Municipal Tax:	1,500.00
Ownership:	100.00
Household Income:	109,000.00

2024 Form HS-122

Vermont Homestead Declaration AND Property Tax Credit Claim



DUE DATE: April 15, 2024. You may file up to Oct. 15, 2024, but the town may assess a penalty. For details on late filing, see 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, 2024. If your homestead is leased to a tenant on April 1, 2024, you may still claim it as a homestead if it is not leased for more than 182 days in the 2024 calendar year.

Please PRINT in BLUE or BLACK INK

Form with fields for Claimant's Last Name (STEIN), First Name (FRANK), MI (N), Social Security Number (400008051), Spouse's/Partner's Last Name (STEIN), First Name (MARY), MI (K), Social Security Number (400008090), Mailing Address (33 SPOOKY LANE, WOODSTOCK, VT 05035), and Filing Status (Married/CU Filing Jointly).

Form with fields A1 through A4 for property tax and business/rental use information. A1: SPAN - REQUIRED (786 - 250 - 12596), A2: Business Use of Dwelling (75.00%), A3: Rental Use of Dwelling, A4: Business or Rental Use of Improvements or Other Buildings (Yes).

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

Form with checkboxes A5 through A8 for special situations: Grantor and sole beneficiary of a revocable trust, Homestead property crosses town boundaries, Life estate holder, 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
STEIN	400008051



* 2 4 1 2 2 1 2 0 0 *

DUE DATE: April 15, 2024. Generally, claims cannot be accepted after Oct. 15, 2024.

SECTION B. PROPERTY TAX CREDIT CLAIM

For Household Income up to \$128,000. 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 2023? Yes, Go to Line B2. No, STOP.
- B2. Were you claimed as a dependent in 2023 by another taxpayer? Yes, STOP. No, Go to Line B3.
- B3. Do you anticipate selling this Vermont housesite on or before April 1, 2024? Yes, STOP. No, Continue

Amounts for Lines B4 through B6 are found on the 2023/2024 property tax bill. Round amounts to the nearest dollar.

- B4. Housesite ValueB4. 400000.00
- B5. Housesite Education TaxB5. 7500.00
- B6. Housesite Municipal TaxB6. 1500.00
- B7. Ownership InterestB7. 100.00 %
- B8. Household Income (Schedule HI-144, Line z).
You MUST attach Schedule HI-144. B8. 109000.00 Check here if amended Schedule HI-144, Household Income, is included.

Complete the following **ONLY if applicable** from Form LRC-147, Part B.

- B9. For Profit Mobile Home Lot Rent (Allocable Rent from Form LRC-147)B9. .00

Not-For-Profit Mobile Home Park, Cooperative, and Land Trust

- B10. Allocated Education TaxB10. .00
- B11. Allocated Municipal TaxB11. .00

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

- B12. Contiguous property Education TaxB12. .00
- B13. Contiguous property Municipal TaxB13. .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.

2023 Schedule HI-144



* 2 3 1 4 4 1 1 0 0 *

Household Income

For the year Jan. 1 - Dec. 31, 2023

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2024 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
STEIN	FRANK	N	400008051
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY)
STEIN	MARY	K	10 31 1960

List the names and Social Security Numbers of all other people (in addition to a Spouse or CU Partner) who had income and lived with you during 2023. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other People" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Check this box if you temporarily hosted a refugee, asylee, or asylum seeker in your home during 2023. Do not include their income on this form.

Other Person #1 Last Name	First Name	MI	Other Person #1 Social Security Number
STEIN	JULIAN	N	400008061
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 People
a. Cash public assistance and relief (See instructions for exclusions) . . .	a. _____ .00	_____ .00	_____ 500 .00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable	b. 25000 .00	_____ .00	_____ .00
c. Unemployment compensation/worker's compensation.	c. _____ .00	_____ .00	_____ 5000 .00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)	d. _____ .00	_____ .00	_____ .00
e. Interest and dividends	e. 5000 .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. 25000 .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. 55000 .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. 110000 .00	_____ .00	_____ 5500 .00

Claimant's Last Name	Social Security Number
STEIN	400008051



* 2 3 1 4 4 1 2 0 0 *

Carried forward from Line o 110000 .00 .00 5500 .00

	1. Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other People
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.	<u>.00</u>	<u>.00</u>	<u>.00</u>
q. Child support paid. You must include proof of payment. See instructions q.	<u>6500 .00</u>	<u>.00</u>	<u>.00</u>

Support paid to: Last Name	First Name	MI	Social Security Number
TELLING	TRUE	L	400008011

r. Allowable adjustments from federal Form 1040

r1. Business expenses for Reservists r1.	<u>.00</u>	<u>.00</u>	<u>.00</u>
r2. Alimony paid r2.	<u>.00</u>	<u>.00</u>	<u>.00</u>
r3. Self-employed health insurance deduction r3.	<u>.00</u>	<u>.00</u>	<u>.00</u>
r4. Health Savings Account deduction r4.	<u>.00</u>	<u>.00</u>	<u>.00</u>
s. ADD Lines p, q, and total of Lines r1 through r4 for each column s.	<u>6500 .00</u>	<u>.00</u>	<u>.00</u>
t. SUBTRACT Line s from Line o of each column. If a negative amount, enter -0- t.	<u>103500 .00</u>	<u>.00</u>	<u>5500 .00</u>

u. **ADD** all three amounts from Line t. If a negative amount, enter -0- u. 109000 .00

v. Complete if born Jan. 1, 1959 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. 109000 .00

HOMEOWNERS Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year.
Homeowners with Household Income up to \$128,000 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. Schedule HI-144 must be filed with Form HS-122.
The due date to file Form HS-122 is April 15, 2024. Homeowners filing a property tax credit, Form HS-122, Section B, and Schedule HI-144, between April 16 and Oct. 15, 2024, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit. Generally, claims cannot be accepted after Oct. 15, 2024.

Test 8: Cannabis with Recomputed Federal Return
Required Vermont Forms/Schedules: IN-111, IN-113

Taxpayer(s) Information:

Primary SSN: 400-00-8052
Name: Tom A Too
Residency Status: Part Year resident
Mailing Address: PO Box 1872
City: Northfield
State: VT
Zip Code: 05663
Filing Status: Single
School District Code: 139
911 Address: 97 Hot Springs Rd
Date of Birth: April 2, 1985

Return Information:

Federal AGI: 137,081
VT Standard Deduction 7,000.00
Personal Exemptions: 1 self, 1 other
Personal Exemptions Total: 2
Personal Exemption Amount: 9,700.00
VT Taxable Income: 120,381.00
VT Income Tax: 6,573.00
Charitable Contributions: 800.00
Income Adjustment: 56.70
Use Tax (check the box): no use tax
Total VT Tax 3,704.00
Contributions (total 130.00):
 Nongame Wildlife: 50.00
 VT Childrens Trust: 20.00
 VT Veterans 35.00
 Green Up Vermont 25.00
2022 VT Tax Withheld: 327.00
2022 Estimated Payments: 5,000.00
Amount of Overpayment: 1,493.00
Refund credited to 2024 Estimates: 1,000.00
Refund Amount (to issue as refund): 493.00

IN-113:

VT Residency From: Jan 1, 2023
VT Residency To: Aug 31, 2023
Federal Wages: 45,872.00
VT Wages: 0
Federal Taxable interest: 812.00
VT Taxable interest: 750.00
VT Alimony received: 6,478.00

Federal Business Income	92,500.00
VT Business Income	74,500.00
Federal Moving Expenses:	5,000.00
VT Moving Expenses:	0
Military Pay:	2,000.00

Direct Debit Information for Vermont:

Routing Number:	021313103
Checking Account Number:	358742618

2023 Form IN-111

Vermont Income Tax Return

DEPT USE ONLY



* 2 3 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

Form with fields for Taxpayer's Last Name (TOO), First Name (TOM), MI (A), Social Security Number (400008052), Spouse's/CU Partner's Last Name, First Name, MI, Social Security Number, Mailing Address (PO BOX 1872), City (NORTHFIELD), State (VT), ZIP Code (05663), Foreign Country, Vermont School District Code (139), Filing Status (Single), Standard Deduction (\$7,000), Vermont Residency Status (PART-YEAR RESIDENT), and checkboxes for AMENDED, CANNABIS, RECOMPUTED, and EXTENDED returns.

- 1. Federal Adjusted Gross Income (federal Form 1040, Line 11) 137081.00
2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 18) .00
3. Federal AGI with Modifications (ADD Lines 1 and 2) 137081.00
4. 2023 Vermont Standard Deduction from filing status section above. 7000.00
5. Personal Exemptions: 5a. 1, 5b. , 5c. 1, 5d. 2, 5e. 9700.00
6. ADD Lines 4 and 5e 16700.00
7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3. If less than zero, enter -0-) 120381.00
8. Vermont Income Tax from tax table or tax rate schedule 6573.00
9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 15) .00
10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9. If less than zero, enter -0-) 6573.00
11. Tax-Deductible Charitable Contribution 800.00
12. Multiply Line 11 by 5% (0.05) 40.00
13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 40.00
14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 6533.00
15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%) 56.7000 %
16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15) 3704.00

Taxpayer's Last Name	Social Security Number
TOO	400008052



Amount from Line 16 **3704 .00**

- Other State Credit** (Schedule IN-117, Line 21) **Vermont Tax Credits** (Schedule IN-119, Part II) **Total Vermont Credits** (Add Lines 17 and 18)
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. **3704 .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. **3704 .00**
- | | | | | |
|-----------------------|-------------------------------------|-----------------------|------------------|----------------------------|
| Nongame Wildlife Fund | Vermont Children's Trust Foundation | Vermont Veterans Fund | Green Up Vermont | Total Contributions |
|-----------------------|-------------------------------------|-----------------------|------------------|----------------------------|
- 23a. **50 .00** + 23b. **20 .00** + 23c. **35 .00** + 23d. **25 .00** = 23e. **130 .00**
24. Total of Vermont Taxes and Voluntary Contributions (**ADD Lines 22 and 23e**). 24. **3834 .00**
- 25a. 2023 Vermont Tax Withheld from W-2, 1099 25a. **327 .00**
- 25b. 2023 Estimated Tax payments, amount carried forward from 2022, and/or payment made with 2023 extension. 25b. **5000 .00**
- 25c. Refundable Credits (Schedule IN-112, Part II: **Full-Year Residents**-Line 8; **Part-Year Residents**-Line 12) 25c. **.00**
- 25d. 2023 Vermont Real Estate Withholding from Form RW-171 25d. **.00**
- 25e. 2023 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. **5327 .00**
26. Overpayment. If Line 24 is less than Line 25f, **SUBTRACT Line 24 from Line 25f** 26. **1493 .00**
- 27a. Refund to be credited to 2024 Estimated Tax Payment 27a. **1000 .00**
- 27b. Refund to be credited to 2024 Property Tax Bill 27b. **.00**
28. **REFUND AMOUNT (SUBTRACT Lines 27a and 27b from Line 26)** 28. **493 .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) 04 / 02 / 1985	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 (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.
5454

Keep a copy for your records.

2023 Schedule IN-113



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
TOO	TOM	A	400008052

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 2023		Name of State(s), Canadian province, or country during non-Vermont residency (use standard 2-character abbreviation)
From (MMDDYYYY): 01 / 01 / 2023	To (MMDDYYYY): 08 / 31 / 2023	

	A. Federal Amount \$	B. Vermont Portion \$
1. Wages, salaries, tips, etc. 1A.	45872.00	1B. 2000.00
2. Taxable interest. 2A.	812.00	2B. 750.00
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.	9718.00	7B. 6478.00
8. Business income or loss 8A.	92500.00	8B. 74500.00
9. Capital gain or loss 9A.	.00	9B. .00
10. Rents, royalties, partnerships, S corporations, trusts, etc 10A.	.00	10B. .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.	148902.00	14B. 83728.00

Taxpayer's Last Name	Social Security Number
TOO	400008052



* 2 3 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.	6821.00	18B. 4000.00
19. Health Savings Account (Reported on Form 1040) 19A.	.00	19B. .00
20. Moving Expenses (Reported on Form 1040) . 20A.	5000.00	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.	11821.00	26B. 4000.00
27. Adjusted Gross Income (SUBTRACT Line 26A from Line 14A) 27.		137081.00
28. Vermont Portion of AGI (SUBTRACT Line 26B from Line 14B) 28.		79728.00
29. Non-Vermont Income (SUBTRACT Line 28 from Line 27) Also enter on Part II, Line 31 below. 29.		57353.00

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.		137081.00
31. Non-Vermont Income (Line 29 above) 31.	57353.00	
32. Military pay. Number of months on active duty _____ (See instructions) 32.	2000.00	
33. Total (ADD Lines 31 and 32) 33.		59353.00
34. Vermont Income (SUBTRACT Line 33 from Line 30) 34.		77728.00
35. INCOME ADJUSTMENT % (DIVIDE Line 34 by Line 30, 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) 35.		56,7000 %

Test 9:**Required Vermont Forms/Schedules:** IN-111, RCC-146**Taxpayer(s) Information:**

Primary SSN:	400-00-8053
Name:	Clancey Bell
Mailing Address:	12 Hideaway Lane Apt 5
City:	Bennington
State:	VT
Zip Code:	05201
911 Address:	12 Hideaway Lane Apt 5
School District Code:	015
Healthcare Coverage Code:	1
Extended Return:	Check the box
Filing Status:	Married Filing Separately
Residency Status:	Resident
Date of Birth:	Mar 19, 1993
Taxpayer phone number:	802828001

Return Information:

Federal AGI:	30,000.00
Personal Exemptions:	3
Vermont Tax from the Table:	283
Use Tax:	75.00
Amount Due:	358.00

Renter Credit:

Will you be using Renter Credit to pay PIT Liability:	No
RCC-146 SPAN	051-015-57213
Domiciled in VT all of calendar year?	Yes
Claimed as a dependent?	No
Rent in VT 6 months or more?	Yes
Share your rental with another adult?	Yes
Rent Subsidized?	No
Number of months rented?	12
Add Back of Negative Amounts from Federal	542.00

2023 Form IN-111

Vermont Income Tax Return

DEPT USE ONLY



* 2 3 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

Form header section containing taxpayer information: Taxpayer's Last Name (BELL), First Name (CLANCEY), Social Security Number (40008053), Mailing Address (12 HIDEAWAY LANE APT 5, BENNINGTON, VT 05201), and Filing Status (Married/CU Filing Separately).

Main calculation section with lines 1 through 16. Line 1: Federal Adjusted Gross Income 30000.00. Line 4: 2023 Vermont Standard Deduction 7000.00. Line 5d: Total Exemptions 14550.00. Line 10: Vermont Income Tax with Adjustment 283.00. Line 16: Adjusted Vermont Income Tax 283.00.

Taxpayer's Last Name	Social Security Number
BELL	400008053



Amount from Line 16 **283 .00**

- Other State Credit** (Schedule IN-117, Line 21) **17.** .00 + **Vermont Tax Credits** (Schedule IN-119, Part II) **18.** .00 = **Total Vermont Credits** (Add Lines 17 and 18) **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.** 283 .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.** 75 .00
- 22.** Total Vermont Taxes (**ADD Lines 20 and 21**) **22.** 358 .00
- | | | | | |
|-----------------------|-------------------------------------|-----------------------|------------------|----------------------------|
| Nongame Wildlife Fund | Vermont Children's Trust Foundation | Vermont Veterans Fund | Green Up Vermont | 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.** 358 .00
- 25a.** 2023 Vermont Tax Withheld from W-2, 1099 **25a.** .00
- 25b.** 2023 Estimated Tax payments, amount carried forward from 2022, and/or payment made with 2023 extension. **25b.** .00
- 25c.** Refundable Credits (Schedule IN-112, Part II: **Full-Year Residents**-Line 8; **Part-Year Residents**-Line 12) **25c.** .00
- 25d.** 2023 Vermont Real Estate Withholding from Form RW-171 **25d.** .00
- 25e.** 2023 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.** 358 .00
- 27a.** Refund to be credited to 2024 Estimated Tax Payment **27a.** .00
- 27b.** Refund to be credited to 2024 Property Tax Bill **27b.** .00
- 28.** REFUND AMOUNT (**SUBTRACT Lines 27a and 27b from Line 26**) **28.** 358 .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) 03 / 19 / 1993	Daytime Telephone Number 8028280001
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 (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.
5454

Keep a copy for your records.

Vermont Department of Taxes
2023 Form RCC-146
Vermont Renter Credit Claim

For the year
 Jan. 1 - Dec. 31,
 2023



Claimant's Last Name		First Name		MI	Claimant's Social Security Number	
BELL		CLANCEY			400008053	
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)		
12 HIDEAWAY LANE APT 5				03 / 19 / 1993		
City		State	ZIP Code		County of Rental Unit	
BENNINGTON		VT	05201		BENNINGTON	
Vermont School District Code	Physical Address of Rental Unit on 12/31/2023			Unit	City/Town of Rental Unit on 12/31/2023 and State	
015	12 HIDEAWAY LANE			5	BENNINGTON VT	
Federal Filing Status				Will you be using Renter Credit to pay Income Tax liability?		
<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				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

1. SPAN. To find your SPAN, please see instructions.....1. 051 - 015 - 57213

To determine eligibility, answer questions 2 through 4.

2. Were you domiciled in Vermont all of calendar year 2023? 2. Yes, Go to Question 3. No, STOP. You are not eligible.
3. Were you claimed as a dependent by another taxpayer in 2023? .. 3. Yes, STOP. You are not eligible. No, Go to Question 4.
4. Did you rent in Vermont for six months or more in 2023? 4. Yes, Go to Question 5. No, STOP. You are not eligible.

If you are eligible for a Renter Credit, complete Lines 5 through 14.

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
- 6a. If "Yes", how many months was your rent subsidized in 2023? 6a. _____
7. Number of months rented in 2023 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. 3
9. Did you file a federal income tax return? (See the instructions if you answered "No.") 9. Yes No
10. Total Income (from federal Form 1040, Line 9) 10. 30000 .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, 6, and 8a.
 (See instructions) 13. 542 .00
14. Total (ADD Lines 10 through 13) 14. 30542 .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

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

Primary SSN:	400-00-8056
Primary Name:	Jay Walker
Spouse Name:	Noel Walker
Spouse SSN:	400-00-8057
Residency Status:	Resident
Mailing Address:	PO BOX 27
City:	Elmore
State:	VT
Zip Code:	05657
Date of Birth:	February 11, 2000
Filing Status:	Married Filing Jointly
School District Code:	064
911 Address:	46 Walker Street
Town of Legal Residence:	Elmore

Return Information:

Total Income:	10,000.00
SPAN of Rental Property:	201-064-96478
Number of months rented:	12
Exemptions Claimed:	2
Subsidized Rent:	Yes
Months Subsidized:	3

Vermont Department of Taxes
2023 Form RCC-146
Vermont Renter Credit Claim

For the year
 Jan. 1 - Dec. 31,
 2023



Claimant's Last Name		First Name		MI	Claimant's Social Security Number	
WALKER		JAY			400008056	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
WALKER		NOEL		P	400008057	
Mailing Address (Number and Street/Road or PO Box)				Claimant's Date of Birth (MM/DD/YYYY)		
PO BOX 27				02 / 11 / 2000		
City		State	ZIP Code		County of Rental Unit	
ELMORE		VT	05657		LAMOILLE	
Vermont School District Code	Physical Address of Rental Unit on 12/31/2023			Unit	City/Town of Rental Unit on 12/31/2023 and State	
064	46 WALKER STREET			1	ELMORE VT	
Federal Filing Status				Will you be using Renter Credit to pay Income Tax liability?		
<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				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

1. SPAN. To find your SPAN, please see instructions.....1. 201 - 064 - 96478

To determine eligibility, answer questions 2 through 4.

2. Were you domiciled in Vermont all of calendar year 2023? 2. Yes, Go to Question 3. No, STOP. You are not eligible.
3. Were you claimed as a dependent by another taxpayer in 2023? ... 3. Yes, STOP. You are not eligible. No, Go to Question 4.
4. Did you rent in Vermont for six months or more in 2023? 4. Yes, Go to Question 5. No, STOP. You are not eligible.

If you are eligible for a Renter Credit, complete Lines 5 through 14.

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
- 6a. If "Yes", how many months was your rent subsidized in 2023? 6a. 3
7. Number of months rented in 2023 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. Did you file a federal income tax return? (See the instructions if you answered "No.") 9. Yes No
10. Total Income (from federal Form 1040, Line 9) 10. .00
11. 75% of nontaxable Social Security benefits
 (from federal Form 1040, Line 6a minus Line 6b. Multiply result by 0.75) 11. 10000.00
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, 6, and 8a.
 (See instructions) 13. .00
14. Total (ADD Lines 10 through 13) 14. 10000.00

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) 11/01/2023	Daytime Telephone Number 1235672152
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY) 11/01/2023	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

Test 11:**Required Vermont Forms/Schedules:** IN-151**Taxpayer(s) Information:**

Primary SSN:	400-00-8059
Name:	Christopher Robin
Mailing Address:	1065 Archer Way
City:	Hardwick
State:	VT
Zip Code:	05843
Filing Status:	Single

Return Information:

Estimated Tax Liability:	5,000.00
Previous Payments Made:	3,500.00
Amount Paid with Extension:	1

Direct Debit Information for Vermont:

Routing Number:	211672531
Checking Account Number:	75123123
Payment Date:	Same as return

2023 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 18, 2024 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 15 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 18 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	
ROBIN		CHRISTOPHER		400008059	
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	
1065 ARCHER WAY					
City	State	ZIP Code			
HARDWICK	VT	05843			
Foreign Country (if not United States)			Email Address		
			CROBIN@MAIL.COM		

TAX CALCULATION WORKSHEET

Use this worksheet to determine if you may owe Vermont tax.

1. Estimated individual income tax liability. **1.** _____ 5000 **.00**
2. Previous payments **2.** _____ 3500 **.00**
3. Amount of tax paid with extension **3.** _____ 1500 **.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 check payable to **Vermont Department of Taxes** and mail with this form to the address above.

Test 12:

Required Vermont Forms/Schedules: IN-151

Taxpayer(s) Information:

Primary SSN:	400-00-8058
Name:	Rose K Sticks
Mailing Address:	85 Muddy Road
City:	Montpelier
State:	VT
Zip Code:	05602
Filing Status:	Married Filing Jointly
Spouse SSN:	400-00-8070
Spouse Name:	Kirk L Sticks
Email:	Stickymess@live.com

Return Information:

Estimated Tax Liability:	100.00
Previous Payments Made:	100.00
Amount Paid with Extension:	0

2023 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 18, 2024 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 15 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 18 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	
STICKS		ROSE		K	400008058	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
STICKS		KIRK		L	400008070	
Mailing Address (Number and Street/Road or PO Box)					For Department Use Only	
85 MUDDY ROAD						
City		State	ZIP Code			
MONTPELIER		VT	05602			
Foreign Country (if not United States)				Email Address		
				Stickymess@live.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.** _____ **100 .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 check payable to **Vermont Department of Taxes** and mail with this form to the address above.

Test 13:**Required Vermont Forms/Schedules:** IN-114**Taxpayer(s) Information:**

Primary SSN:	400-00-8060
Name:	Scott T Time
Residency Status:	Resident
Mailing Address:	51 Terrace Dr
City:	Northfield
State:	VT
Zip Code:	05663
Filing Status:	Married Filing Joint
Spouse SSN:	400-00-8061
Spouse Name:	Ella Time

Return Information:

Estimated Payment Requirement:	500.00
April 15, 2024 Payment	100.00
June 17, 2024 Payment	80.00
September 16, 2024 Payment:	20.00
January 15, 2025 Payment	300.00

Direct Debit Information for Vermont:

Routing Number:	211672531
Checking Account Number:	75123123

Form IN-114

**Vermont Individual Income Estimated
Tax Payment Voucher**

DEPT
USE
ONLY



* 2 4 1 1 4 1 1 0 0 *

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name TIME		First Name SCOTT		MI T	Taxpayer's Social Security Number 400008060
Spouse's/CU Partner's Last Name TIME		First Name ELLA		MI	Spouse's or CU Partner's Social Security Number 400008061
Mailing Address (Number and Street/Road or PO Box) 51 TERRACE DR					Tax Year 2024
City NORTHFIELD		State VT	ZIP Code or Postal Code 05663		
Foreign Country (if not United States)					Amount of this payment 100 .00

5454

Form IN-114
Rev.10/23

**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 2023 Tax Liability divided by 4 \$ _____	
	OR	
	90% of 2024 Tax Liability (calculated below)	
Line 1	Estimated 2024 Vermont Taxable Income	1. \$ _____
Line 2	Estimated 2024 Vermont Tax: Use 2024 preliminary tax schedules (See instructions)	2. \$ _____
Line 3	Estimated 2024 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 2024 Vermont Tax Withholding	5a. \$ _____
Line 6	2024 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."

Payment Due Dates

1st Quarter	APR 15, 2024
2nd Quarter	JUN 17, 2024
3rd Quarter	SEP 16, 2024
4th Quarter	JAN 15, 2025

Contacting the Department

Mail voucher and payment to:

Vermont Department of Taxes
PO Box 1779
Montpelier, VT 05601-1779

Web site Address: tax.vermont.gov

Email Address: tax.IndividualIncome@vermont.gov

Telephone: (866) 828-2865 (toll-free in Vermont)
(802) 828-2865 (local and out-of-state)

Form IN-114

**Vermont Individual Income Estimated
Tax Payment Voucher**

DEPT
USE
ONLY



Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name TIME		First Name SCOTT		MI T	Taxpayer's Social Security Number 400008060
Spouse's/CU Partner's Last Name TIME		First Name ELLA		MI	Spouse's or CU Partner's Social Security Number 400008061
Mailing Address (Number and Street/Road or PO Box) 51 TERRACE DR					Tax Year 2024
City NORTHFIELD		State VT	ZIP Code or Postal Code 05663		
Foreign Country (if not United States)					Amount of this payment 80 .00

5454

Form IN-114
Rev.10/23

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	OR	
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Line 3	Estimated 2024 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 2024 Vermont Tax Withholding	5a. \$ _____
Line 6	2024 Estimated Tax Liability (Line 5 minus Line 5a).....	6. \$ _____
Line 7	Quarterly payments due (Divide Line 6 by 4)	7. \$ _____

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Payment Due Dates

1st Quarter	APR 15, 2024
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3rd Quarter	SEP 16, 2024
4th Quarter	JAN 15, 2025

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Montpelier, VT 05601-1779

Web site Address: tax.vermont.gov

Email Address: tax.IndividualIncome@vermont.gov

Telephone: (866) 828-2865 (toll-free in Vermont)
(802) 828-2865 (local and out-of-state)

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	
TIME		SCOTT		T	400008060	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
TIME		ELLA			400008061	
Mailing Address (Number and Street/Road or PO Box)					Tax Year	
51 TERRACE DR					2024	
City		State	ZIP Code or Postal Code			
NORTHFIELD		VT	05663			
Foreign Country (if not United States)					Amount of this payment 20 .00	

5454

Form IN-114
Rev.10/23

**Pay your income
taxes online**

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Underpayment Interest and Penalties

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	OR	
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Line 2	Estimated 2024 Vermont Tax: Use 2024 preliminary tax schedules (See instructions)	2. \$ _____
Line 3	Estimated 2024 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 2024 Vermont Tax Withholding	5a. \$ _____
Line 6	2024 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."

Payment Due Dates

1st Quarter	APR 15, 2024
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3rd Quarter	SEP 16, 2024
4th Quarter	JAN 15, 2025

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PO Box 1779
Montpelier, VT 05601-1779

Web site Address: tax.vermont.gov

Email Address: tax.IndividualIncome@vermont.gov

Telephone: (866) 828-2865 (toll-free in Vermont)
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Form IN-114

**Vermont Individual Income Estimated
Tax Payment Voucher**

DEPT
USE
ONLY



Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name TIME		First Name SCOTT		MI T	Taxpayer's Social Security Number 400008060
Spouse's/CU Partner's Last Name TIME		First Name ELLA		MI	Spouse's or CU Partner's Social Security Number 400008061
Mailing Address (Number and Street/Road or PO Box) 51 TERRACE DR					Tax Year 2024
City NORTHFIELD		State VT	ZIP Code or Postal Code 05663		
Foreign Country (if not United States)					Amount of this payment 300 .00

5454

Form IN-114
Rev.10/23

**Pay your income
taxes online**

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Taxpayer's Worksheet - Keep for your records

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	OR	
	90% of 2024 Tax Liability (calculated below)	
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Line 3	Estimated 2024 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 2024 Vermont Tax Withholding	5a. \$ _____
Line 6	2024 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."

Payment Due Dates

1st Quarter	APR 15, 2024
2nd Quarter	JUN 17, 2024
3rd Quarter	SEP 16, 2024
4th Quarter	JAN 15, 2025

Contacting the Department

Mail voucher and payment to:

Vermont Department of Taxes
PO Box 1779
Montpelier, VT 05601-1779

Web site Address: tax.vermont.gov

Email Address: tax.IndividualIncome@vermont.gov

Telephone: (866) 828-2865 (toll-free in Vermont)
(802) 828-2865 (local and out-of-state)