Vermont MeF ATS Test Package for Tax Year 2018



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General Information

This publication describes the Vermont State Acceptance Testing system procedures for software developers participating in Vermont's MeF electronic filing program using currently accepted Vermont schema versions.

Who Must Test?

All software developers who wish to participate in supporting Vermont returns for electronic filing must complete the ATS test package provided by Vermont. Before submitting the first test file, an e-mail is required to alert the e-file coordinator.

Why Test?

Testing is performed to ensure that the software adheres to Vermont's business rules and to ensure successful transmission and receipt of acknowledgments.

A list of all approved software developers will be posted to the Vermont Department of Taxes website at http://tax.vermont.gov/tax-professionals/software-and-vendor-updates. The 8879-VT-F is approved as part of the e-file testing process for preparer products.

What is tested?

Vermont's test package includes 10 test returns and includes information needed to prepare each return. A completed return for each test case is provided. All 10 test cases must be submitted for each Online and Preparer product. Vermont does not limit the type of form or schedule that your software will support. Please indicate what is not supported to the e-file coordinator. All forms do not need to be supported to pass ATS testing for Vermont.

"The Vermont MeF Handbook" should be used for general system instructions. Also refer to current release of Vermont schema, validations and data elements.

When to test?

Testing can begin with Vermont as soon as the IRS opens its testing platform. ATS testing is scheduled to begin in early November, but is subject to IRS system availability. It is suggested that all software testing be completed by February 1st.

Test Feedback Report and Certification Letter

Within 48 hours after Vermont receives the test file, you will receive an e-mail if there is anything wrong with your file. If errors are found, you must resubmit the entire test package. A separate letter will be sent for an Online product and Preparer product. Once testing is completed, you will receive a certification letter indicating you are approved for Vermont.

Direct Debit

Vermont will be accepting direct debit.

**NOTE taxpayer may get a bill if the payment is posted for a date past the original due date. A payment may be for all or a portion of the balance due.

Vermont allows 5 days after the due date for processing the direct debit as the IRS does.

Transmitting Testing Files

Returns must be transmitted through the IRS MeF system for federal and state return processing. Both Fed/State and State Only returns can be submitted. Each return (Fed/State or State Only) must be a separate submission. Multiple submissions may be contained in a single message payload.

Test Acknowledgment

Vermont will post acknowledgments to the MeF Fed/State Acknowledgment System and will follow the IRS acknowledgment schema for both testing and production.

Vermont Schema and Forms Supported

Software Developers use 1041 MeF forms based schemas and the Vermont forms based schemas/spreadsheet.

Edits and verification of business rules are defined for each field or data element. The state spreadsheet will include information on the field type, field format, the business rule and other edits. Developers should apply data from the state spreadsheet and tax forms to the appropriate data element in the XML schema. All XML data must be well formed. Vermont's State Specific schema supports the forms below; software developers are not required to support all the forms that Vermont accepts electronically.

Form	FIT-161	Fiduciary Return of Income
Schedules	FIT-162	Capital Gain Exclusion Calculation for Estates or Trusts
	FIT-166	VT Income Adjustments and Tax Computation for Fiduciaries
	FIT-167	VT Credit for Tax Paid to Other State or Canadian Province
	K1VT-F	Shareholder, Partner, or Member Information for Fiduciaries
Form	FIT-168	Extension to file Fiduciary Income Tax Return

Software Developer Responsibilities

If the Software Developer is not acting as the ERO, the Software Developer is responsible for providing state acknowledgments to the ERO no later than two days after receipt. Failure to do so could lead to suspension from the Vermont Program.

Software errors which cause electronic returns to be rejected that surface after testing has been completed should be quickly corrected to ensure that the ERO has the ability to timely and accurately file its electronic returns. Software updates related to software errors should be distributed promptly to users together with any documentation needed.



For 2018 or fiscal YEAR ending: Enter dates in the format: "MMDDYYYY" Name of Estate or Trust FEIN Date of Death Marvin Brooks Estate 033244556 04022017 Title of Fiduciary Name of Fiduciary Tax Year Begin Date Tax Year End Date Lauren Brooks Executrix 01012018 12312018 Mailing Address of Fiduciary (Number and Street/Road or PO Box) 133 State St. State of Domicile at Death and/or Creation of Trust Additional Line for Mailing Address of Fiduciary, if needed Check ONE Bankruptcy Estate **Grantor Trust** x Estate City State ZIP Code Revocable Trust Irrevocable Trust VT 05633-1401 Montpelier Foreign Country (if not United States) For Department Use Only X Check here if this is an EXTENDED return Check here if this is an AMENDED return X Check here if this is your FINAL return Were any distributions reported on Federal Form 1041, Line 18, made to nonresident beneficiaries? . . x Yes No B. Did the estate or trust have non-Vermont municipal board income? If "Yes." see instructions for both Line 2a and FIT-166, Part I..... Yes x No C. x No Yes D. X No Yes Federal taxable income from Form 1041, Line 22, or modified gross income of Check to indicate 1 16000 Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3) . . 2a. 2b. Bonus Depreciation allowed under federal law for 2017..... 2h State and local income taxes included on federal Form 1041, Line 11. (see instructions) 2c 2c 1100 Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.) 3 17100 Interest income from U.S. Obligations..... 4a 1000 Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0-.) 4b 1000 Vermont taxable income (Line 3 minus Line 4d)..... 5 16100 6. 1160 Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c)..... 7. 8 Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8)...... 9. Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%) 10 100

> Form FIT-161 Rev 10/18

Name of Estate or Trust FEIN Marvin Brooks Estate 033244556



				<u> </u>	1 1 2 0 0	
11.	Adjusted tax (Multiply Line 10 by Line 11)	11	1160			
12.	Other states credit (from Schedule FIT-167, Line 21)			12		
	Total Vermont taxes (Line 12 minus Line 13)			13	1160	
	14a. Vermont Tax Withheld on 1099	14a				
	14b. Estimated Tax or Extension Payments	14b	1200			
	14c. Vermont Real Estate Withholding	14c				
	14d. Nonresident Payments from Form Wh-435	14d				
	14e. 2017 Overpayment Applied	14e	200			
14f.	Total Payments (Add Lines 15a, 15b, 15c, 15d, and 15e)			14f	1400	
15.	5. Overpayment: If Line 14 is less than Line 15f, subtract Line 14 from Line 15f				240	
16.	6. Amount of overpayment to be credited to 2019 Taxes			16	240	
17.	7. Amount of overpayment to be REFUNDED (Line 15 minus Line 16)			17		
18.	BALANCE DUE: If Line 14f is less than Line 13, subtract Lin	e 14f f	rom Line 13	18		
	Vermont 2018 Tay Schedule					

If Taxable The Vermont of the amount But not over income is over Tax is over

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

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

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

		03012019	8028286820
Signature of Responsible Officer		Date (MMDDYY)	Daytime Telephone Number
Lauren Brooks	lauren.brooks@gmail.c	com	
Printed Name	Email Address (optional)		
Preparer's Signature		03012019 Date (MMDDYY)	Check if Self-Employed
Penny Lane Preparer's Printed Name	penny.lane@gmail.com Email Address (optional)	1	P00099888 Preparer's SSN or PTIN
Lane & Lane, LLC 15 State Firm's Name (or yours if self-employed) an	e St. Montpelier, VT 05602	066666666 FEIN	8028282720 Preparer's Telephone Number
5.45.4	May the Department of Taxes discuss this return with the preparer shown?	x Yes No	Form FIT-161

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For 2018 or fiscal YEAR ending: Enter dates in the format: "MMDDYYYY" Name of Estate or Trust FEIN Date of Death 012345678 China Town Trust Tax Year Begin Date Name of Fiduciary Title of Fiduciary Tax Year End Date Chin Chow
Mailing Address of Fiduciary (Number and Street/Road or PO Box) Trustee 01012018 12312018 State of Domicile at Death 133 State St. and/or Creation of Trust Additional Line for Mailing Address of Fiduciary, if needed Check ONE Bankruptcy Estate **Grantor Trust** Estate City State ZIP Code Revocable Trust Irrevocable Trust Montpelier VT 05602 Foreign Country (if not United States) For Department Use Only Check here if this is an EXTENDED return Check here if this is an AMENDED return Check here if this is your FINAL return Were any distributions reported on Federal Form 1041, Line 18, made to nonresident beneficiaries? . . χ Yes No Did the estate or trust have non-Vermont municipal board income? If "Yes," see instructions for both B. Yes No C. No Yes D. x No Yes Federal taxable income from Form 1041, Line 22, or modified gross income of Check to indicate 1 20000 Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3) . . 2a. 800 2b. Bonus Depreciation allowed under federal law for 2017..... 2h 500 State and local income taxes included on federal Form 1041, Line 11. (see instructions) 2c 2c 1000 Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.) 3 22300 4a 300 Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0-.) 4b 300 600 Vermont taxable income (Line 3 minus Line 4d)..... 5 21700 1653 Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c)..... 7. 8 200 Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8)...... 1453

57.66

10

Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%)

Name of Estate or Trust FEIN China Town Trust 012345678



11.	Adjusted tax (Multiply Line 10 by Line 11)	11	838		
12.	Other states credit (from Schedule FIT-167, Line 21)	12			
	Total Vermont taxes (Line 12 minus Line 13)			13	838
	14a. Vermont Tax Withheld on 1099	14a			
	14b. Estimated Tax or Extension Payments	14b	1000		
	14c. Vermont Real Estate Withholding	14c			
	14d. Nonresident Payments from Form Wh-435	14d	200)	
	14e. 2017 Overpayment Applied	14e	450	0	
14f.	Total Payments (Add Lines 15a, 15b, 15c, 15d, and 15e)			14f	1650
15.	Overpayment: If Line 14 is less than Line 15f, subtract Line	14 fron	n Line 15f	15	812
16.	Amount of overpayment to be credited to 2019 Taxes	16	600		
17.	7. Amount of overpayment to be REFUNDED (Line 15 minus Line 16)			17	212
18.	BALANCE DUE: If Line 14f is less than Line 13, subtract Lin	e 14f f	rom Line 13	18	
	Variation to 2010 Tay Calcadula				

Vermont 2018 Tax Schedule							
If Taxable income is over	But not over	The Vermont Tax is	of the amount over				

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

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

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

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Circle of Francisch Office		03152019	8028282720
Signature of Responsible Officer		Date (MMDDYY)	Daytime Telephone Number
Chin Chow	chin.chow@gmail.co	om	
Printed Name	Email Address (optional)		
		03152019	
Preparer's Signature		Date (MMDDYY)	Check if Self-Employed
Penny Lane Preparer's Printed Name	Email Address (optional)		P00099888 Preparer's SSN or PTIN
Lane & Lane, LLC Firm's Name (or yours if self-employed) and	, ,	066666666	8028282720
Firm's Name (or yours if self-employed) and	address	FEIN	Preparer's Telephone Number
	May the Department of Taxes discuss this return with the preparer shown?	x Yes No	Form FIT-161

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Vermont Income Adjustments and Tax Computations for Fiduciaries 2018 Form FIT-166



Attach to Form FIT-161

Name of Estate or Trust		FEIN		Tax Year End Date (MMDDYYYY)
China Town Trust		012345678		12312018
PART I Taxable Municipal Bond Income				
. Total interest and dividend income from all state and loc	al obligations exem	pt from		
federal tax (see Line-by-Line Instructions)	_		1	1000
. Interest and dividend income from Vermont state and lo	cal obligations inclu	ded in Line 1	2	
	sar obligations inola		-	200
INCOME FROM NON-VERMONT STATE AND LOCAL				
VERMONT TAXABLE INCOME. (Subtract Line 2 from Enter here and on Form FIT-161, Line 2a	•	,	3	800
				800
. If all municipal bond income was distributed, check here	· 🔲			
PART II ADDITIONS AND SUBTRACTIONS	то тах			
. Additions to Vermont Tax				
1a. Tay on lump our distributions				
1a. Tax on lump-sum distributions (from federal Forms 4972 and 5329)	1a			
Recapture of federal investment credit (from federal Form 4255)	1b			
c. Total additions (Add Lines 1a and 1b; then, multiply by 2 Enter here and on Form FIT-161, Line 7			1c	
Enter here and our office the first state of the fi			10	
Subtractions from Vermont tax				
2a. Investment tax credit - Vermont-based only				
(from federal Form 3468)	2a			
2b. Multiply Line 2a by 24%	2b			
Lo. Montply Line La by L-170	20			
2c. Research & Development Credit,	20			
32 V.S.A. § 5930d	2c		200	
d. Total subtractions from Vermont tax (Add Lines 2b and	,			
Enter here and on Form FIT-161, Line 8			2d	200



Name of state(s), Canadian province or

Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)
China Town Trust	012345678	12312018

PART III INCOME ADJUSTMENT CALCULATION

Nonresidents and Part-Year Residents must complete this section.

Dates of Vermont residency in 2018

Fr	om (MM DD YYYY)	2000 0. 10	To (MM DD Y)			country during not (use standard 2-cha	n-Verm	ont residency
					A. Federal Amount \$			B. Vermont Portion \$
1.	Interest income			1A	2500		1B	2500
2.	Total ordinary divider	nds		2A	1000		2B	1000
3	Business income (or	loss)	← Check to indicate loss	ЗА		← Check to indicate loss	3B	
4.	Capital gain (or loss)		X Check to indicate loss	4A	3000	X ← Check to indicate loss	4B	3000
5.	Rents, royalties, parti							
	S Corporations, LLCs estates and trusts, et	*	← Check to indicate loss	5A	68000	← Check to indicate loss	5B	38000
6.	Farm income (or loss)	← Check to indicate loss	6A		← Check to indicate loss	6B	
7.	Ordinary gain (or loss	3)	← Check to indicate loss	7A		← Check to indicate loss	7B	
8.	Other income (specify	type of income)	_ Check to			Check to ← indicate		
		····	← indicate loss	8A	1000	← indicate loss	8B	1000
9.	Total income (Add Lii	nes 1 through 8)	← Check to indicate loss	9A	69500	← Check to indicate loss	9B	39500
10.	Adjustment percentag	ge. Divide Line 9	3 by Line 9A. Exp	oress a	as a percentage, with two digit	s to the		
	right of the decimal.	Enter here and or	ı Form FIT-161, L	ine 10			10	57.66



For 2018 or fiscal YEAR ending: Enter dates in the format: "MMDDYYYY" FEIN Name of Estate or Trust Date of Death 03-6699887 **Hubert Mann Trust** Name of Fiduciary Title of Fiduciary Tax Year Begin Date Tax Year End Date Strong Mann

Mailing Address of Fiduciary (Number and Street/Road or PO Box)

133 State St 12312018 Trustee 01012018 State of Domicile at Death

133 State St.	and/or Creation of Trust	VT
Additional Line for Mailing Address of Fiduciary, if needed	Check ONE	Bankruptcy Estate
	Estate	Grantor Trust
City State ZIP Code Montpelier VT 05602	Revocable Trust	x Irrevocable Trust
Montpelier VT 05602 Foreign Country (if not United States)	For Departme	ont Heo Only
Foreign Country (if not Officed States)	For Departing	ent use only
Check here if this is an EXTENDED return Check here if this is	is an AMENDED return Check here	if this is your FINAL return
A. Were any distributions reported on Federal Form 1041, Line 18, made to	nonresident beneficiaries? Yes	^X No
B. Did the estate or trust have non-Vermont municipal board income? If "Yes		
Line 2a and FIT-166, Part I	·····Yes	x No
C. Are any present or future trust beneficiaries skip persons?	·····Yes	No
	1es	x No
D. Is this return for a Qualified Settlement Fund (Federal Form 1120-SF)?	······Yes	x No
Federal taxable income from Form 1041, Line 22, or modified gross incon		
Qualified Settlement Fund (from federal Form 1120-SF)	Check to ← indicate 1	45000
	loss	45000
2a. Income from Non-Vermont state and local obligations (from Schedule FIT	T-166, Part I, Line 3) 2a	
2b. Bonus Depreciation allowed under federal law for 2017	Ob.	
20. Bollus Depleciation allowed under lederal law for 2017	2b	
2c. State and local income taxes included on federal Form 1041, Line 11. (se	ee instructions) 2c	9000
	Check to	8000
3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.)	Check to indicate loss 3	53000
4a. Interest income from U.S. Obligations	40	
The first moone from 6.6. Obligations	4a	
4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero	ro, enter -0) 4b	5000
		5000
4c. Adjustment for prior years' Bonus Depreciation	4c	
4d. Add Lines 4a, 4b, and 4c	4d	
		5000
5. Vermont taxable income (Line 3 minus Line 4d)	Check to Check to Check to	48000
	1055	40000
6. Vermont tax from the tax rate schedule on page 2 of this form	6	3968
7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c)	7	
	•	
8. Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 2d)	8	
O Vermont Toy with Additions and Subtractions (add Lines 6 and 7 there are	htraat Lina 9)	
Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then su	obtract Line 8)9	3698
10. Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%)	10	100
,		100

Name of Estate or Trust FEIN **Hubert Mann Trust** 03-6699887

11.	Adjusted tax (Multiply Line 10 by Line 11)	11	3968		
12.	2. Other states credit (from Schedule FIT-167, Line 21)				
	Total Vermont taxes (Line 12 minus Line 13)			13	3968
	14a. Vermont Tax Withheld on 1099	14a			
	14b. Estimated Tax or Extension Payments				
	14c. Vermont Real Estate Withholding	14c	500	00	
	14d. Nonresident Payments from Form Wh-435	14d			
	14e. 2017 Overpayment Applied	14e			
14f.	Total Payments (Add Lines 15a, 15b, 15c, 15d, and 15e)			14f	7000
15.	15. Overpayment: If Line 14 is less than Line 15f, subtract Line 14 from Line 15f			15	3032
16.	16. Amount of overpayment to be credited to 2019 Taxes			16	3032
17.	17. Amount of overpayment to be REFUNDED (Line 15 minus Line 16)			17	
18.	18. BALANCE DUE: If Line 14f is less than Line 13, subtract Line 14f from Line 13			18	

	Vermont 2018	Tax Schedule	
If Taxable income is over	But not over	The Vermont Tax is	of the amount over

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

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

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

daily other person other than for the p	proparation of this retain unless a separate valid cor	iociti form to digited by the ta.	xpayer and retained by the preparet
Signature of Responsible Officer		04012019 Date (MMDDYY)	8028280000 Daytime Telephone Number
Strong Mann Printed Name	strong.mann@gmail Email Address (optional)	.com	
Preparer's Signature		04012019 Date (MMDDYY)	Check if Self-Employed
Penny Lane Preparer's Printed Name	Email Address (optional)		P00099888 Preparer's SSN or PTIN
Lane & Lane LLC Firm's Name (or yours if self-employed) and	d address	06-6666666 FEIN	8028281000 Preparer's Telephone Number
	May the Department of Taxes discuss this return with the preparer shown?	x Yes No	Form FIT-161

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Capital Gains Exclusion Calculation for Estates or Trusts 2018 Form FIT-162



Attach to Form FIT-161

2. Enter amount from: 2a. Federal Form 1041, Schedule D, Line 18b(2)	Tax Year End Date (MMDDYYYY)								
1. Enter smaller of Line 18a(2) or 19(2) from federal Form 1041, Schedule D. 1 2. Enter amount from: 2a 2a. Federal Form 1041, Schedule D, Line 18b(2). 2a 2b Federal Form 1041, Schedule D, Line 18c(2). 2b 3. Add Lines 2a and 2b. 3 4. Subtract Line 3 from Line 1. Entry cannot be less than zero. 4 If you filed federal Form 4952, complete Lines 5 through 7 5. Enter amount from: 5a 5b. Federal Form 4952, Line 4g. 5a 5b. Federal Form 4952, Line 4e. 5b 5c. Multiply Line 5a by Line 5b. Enter result here. 5c									
1. Enter smaller of Line 18a(2) or 19(2) from federal Form 1041, Schedule D. 1 2. Enter amount from: 2a 2a. Federal Form 1041, Schedule D, Line 18b(2). 2a 2b Federal Form 1041, Schedule D, Line 18c(2). 2b 3. Add Lines 2a and 2b 3 4. Subtract Line 3 from Line 1. Entry cannot be less than zero. 4 If you filed federal Form 4952, complete Lines 5 through 7 5. Enter amount from: 5a 5b. Federal Form 4952, Line 4g 5a 5b. Federal Form 4952, Line 4e 5b 5c. Multiply Line 5a by Line 5b. Enter result here 5c									
2. Enter amount from: 2a. Federal Form 1041, Schedule D, Line 18b(2)	PART I Flat Exclusion								
2a. Federal Form 1041, Schedule D, Line 18b(2)	8500								
2800 2b Federal Form 1041, Schedule D, Line 18c(2)									
3. Add Lines 2a and 2b 3 4. Subtract Line 3 from Line 1. Entry cannot be less than zero. 4 If you filed federal Form 4952, complete Lines 5 through 7 5. Enter amount from: 5a 5a. Federal Form 4952, Line 4g 5a 5b. Federal Form 4952, Line 4e 5b 5c. Multiply Line 5a by Line 5b. Enter result here 5c									
4. Subtract Line 3 from Line 1. Entry cannot be less than zero. 4 If you filed federal Form 4952, complete Lines 5 through 7 5. Enter amount from: 5a. Federal Form 4952, Line 4g									
If you filed federal Form 4952, complete Lines 5 through 7 5. Enter amount from: 5a. Federal Form 4952, Line 4g	2800								
5. Enter amount from: 5a. Federal Form 4952, Line 4g	5700								
5a. Federal Form 4952, Line 4g 5a 5b. Federal Form 4952, Line 4e 5b 5c. Multiply Line 5a by Line 5b. Enter result here 5c									
5b. Federal Form 4952, Line 4e 5b 5c. Multiply Line 5a by Line 5b. Enter result here 5c									
5c. Multiply Line 5a by Line 5b. Enter result here									
5d. Federal Form 4952, Line 4b 5d									
5e Federal Form 4952, Line 4e									
6. Add Lines 5d and 5e. Enter result here									
7. Divide Line 5c by Line 6. Enter result here									
8. Subtract Line 7 from Line 4. <i>Entry cannot be less than zero.</i> 8	35700								
9. Enter the smaller of Line 8 or \$5,000	5000								

(continued on next page)



Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)
Hubert Mann Trust	03-6699887	12312018

PART II Percentage Exclusion

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

,		
10. Enter the amount from Part I, Line 4	10	35700
11. Enter amount of adjusted net capital gain from		
the sale of assets held for three years or less	11	700
12. Assets held for more than three years. Subtract Line 11		
from Line 10. <i>Entry cannot be less than zero.</i>	12	35000
Enter the amount of net adjusted capital gain from the sale of the	e followi	ing assets held for more than three years.
13a. Real estate or portion of real estate used as a		
primary or nonprimary home	13a	
13b. Depreciable personal property (except for		
farm property or standing timber)	13b	
13c. Stocks or bonds publicly traded or traded on an		
exchange or any other financial instruments	13c	35000
14. Add Lines 13a through 13c	14	35000
15. Subtract Line 14 from Line 12. Enter result here.		
Entry cannot be less than zero. This is the amount	15	
of net capital gain eligible for exclusion		0

Line 16 federal Form 4952 information. If no investment interest expense for ineligible assets reported on federal Form 4952, enter Line 7 from Part I of this form. Otherwise, you may need to recompute federal Form 4952 to reflect only investment interest income for assets eligible for the capital gain exclusion.

16.	Enter amount from Part I, Line 7, or recomputed federal Form 4952		
17.	Subtract Line 16 from Line 15. <i>Entry cannot be less than zero.</i>	17	
18.	Multiply Line 17 by 40%. Enter result here	18	
PA	RT III Capital Gain Exclusion		
19.	Enter the greater of Line 9 or Line 18	19	5000
20.	Multiply 45000 x 40%. Enter result here	20	18000
21	Enter the smaller of Line 19 or Line 20. This is the capital gain exclusion.		
۷۱.	Enter on Form FIT-161, Line 4b	21	5000



2018 Form FIT-161

* 1 8 1 6 1 1 1 0 0 *
Enter dates in the format: "MMDDYYYY"

Name of Estate or Trust Estate of William Broom Name of Fiduciary Name of Fiduciary Name of Fiduciary Title of Fiduciary Tax Year Begin Date Tax Year En)18 I Date
Name of Fiduciary Millicent Peters Mailing Address of Fiduciary (Number and Street/Road or PO Box) Tax Year Begin Date Tax Year End T	d Date
Milicent Peters Mailing Address of Fiduciary (Number and Street/Road or PO Box) Executrix 01012018 123120 State of Domicile at Death VT	
Mailing Address of Fiduciary (Number and Street/Road or PO Box) State of Domicile at Death VT	8
Mailing Address of Fiduciary (Number and Street/Road or PO Box) State of Domicile at Death VT	
V 0 " (T)	
A 1 100 111 C AA 101 A 11 C C 1 1 1 C C I I	tcy Estate
X Estate Granto	-
011	ble Trust
Montpelier VT 05602	510 11401
Foreign Country (if not United States) For Department Use Only	
Check here if this is an EXTENDED return X Check here if this is an AMENDED return Check here if this is your FINA	L return
A. Were any distributions reported on Federal Form 1041, Line 18, made to nonresident beneficiaries? x Yes No	
A. Were any distributions reported on Federal Form 1041, Line 18, made to nonresident beneficiaries? x Yes No B. Did the estate or trust have non-Vermont municipal board income? If "Yes," see instructions for both	
Line 2a and FIT-166, Part I	
C. Are any present or future trust beneficiaries skip persons? Yes x No	
TICS A NO	
D. Is this return for a Qualified Settlement Fund (Federal Form 1120-SF)? Yes x No	
103 110	
1. Federal taxable income from Form 1041, Line 22, or modified gross income of	
Qualified Settlement Fund (from federal Form 1120-SF))
0	
2a. Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3) 2a	
Oh. Danua Danrasiation allowed under federal law for 2017	
2b. Bonus Depreciation allowed under federal law for 2017	0
2c. State and local income taxes included on federal Form 1041, Line 11. (see instructions) 2c	
2c. State and local income taxes included on federal Form 1041, Line 11. (see instructions)	
3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.)	
3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.)	0
4a. Interest income from U.S. Obligations	
4a. Interest income from U.S. Obligations	
4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0)	
45. Suprial Suits Exclusion (nome Suite 111 182, Eine 21. In 1838 than 2510, Shiel 18.1)	
4c. Adjustment for prior years' Bonus Depreciation	
4c. Adjustment for prior years Bonus Depreciation	00
4d. Add Lines 4a, 4b, and 4c	
5	00
5. Vermont taxable income (Line 3 minus Line 4d)	
525 Same taxaste meetine (2me e minae 2me ta).	00
6. Vermont tax from the tax rate schedule on page 2 of this form	
436	4
7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c)	
8. Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 2d)	
9. Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8) 9	2.4
43)4
10. Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%)	

Name of Estate or Trust FEIN Estate of William Broom 89-6541237



11.	Adjusted tax (Multiply Line 10 by Line 11)	11	4364		
12.	Other states credit (from Schedule FIT-167, Line 21)				1527
	Total Vermont taxes (Line 12 minus Line 13)			13	2837
	14a. Vermont Tax Withheld on 1099	14a	1400		
	14b. Estimated Tax or Extension Payments	14b			
	14c. Vermont Real Estate Withholding	14c			
	14d. Nonresident Payments from Form Wh-435	14d			
	14e. 2017 Overpayment Applied	14e			
14f.	Total Payments (Add Lines 15a, 15b, 15c, 15d, and 15e)			14f	1400
15.	5. Overpayment: If Line 14 is less than Line 15f, subtract Line 14 from Line 15f				
16.	6. Amount of overpayment to be credited to 2019 Taxes				
17.	7. Amount of overpayment to be REFUNDED (Line 15 minus Line 16)				
18.	BALANCE DUE: If Line 14f is less than Line 13, subtract Lin	e 14f f	rom Line 13	18	1437
	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				

Vermont 2018 Tax Schedule If Taxable The Vermont of the amount But not over income is over Tax is over

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

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

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

Signature of Responsible Officer		04022019 Date (MMDDYY)	8028288000 Daytime Telephone Number		
Milicent Peters	milicent.peters@gm	, , , , , , , , , , , , , , , , , , , ,			
Printed Name	Email Address (optional)				
		04022019	х		
Preparer's Signature		Date (MMDDYY)	Check if Self-Employed		
Penny Lane	penny.lane@gmail.c	om	P00099888		
Preparer's Printed Name	Email Address (optional)		Preparer's SSN or PTIN		
Lane & Lane LLC Firm's Name (or yours if self-employed) an	d address	06-6666666 FEIN	8028282720 Preparer's Telephone Number		
	May the Department of Taxes discuss	x Yes No	Form FIT 161		

Form FIT-161 Rev. 10/18

Name of Estate or Trust

Vermont Credit for Tax Paid to Another State or Canadian Province for Fiduciaries 2018 Form FIT-167



Attach to Form FIT-161

Tax Year End Date (MMDDYYYY)

For Residents and Some Part-Year Residents Only

	Estate of William Broom		89-6541237		12312019	
	u must complete a separate Schedule FIT-167 te return. See instructions.	for each	state or Canadian pr	ovince an	d attach a copy	of the othe
1.	Name of state or Canadian province. Use standard two-lett	er abbrevia	ation			1 TX
2.	Enter total income taxed in another state or Canadian province and also subject to Vermont tax Check to indicate loss	2	40000			
3.	2018 Bonus Depreciation add back taxed in another state or Canadian province AND taxed in Vermont	3				
4.	Non-Vermont state/local obligations taxed in another state or Canadian province AND taxed in Vermont	4				
5.	Add Lines 2 through 4. If negative, enter -0			5	40000	
6.	Bonus Depreciation subtracted from income in another state or Canadian province in TY 2018	6				
7.	U.S. Government interest income	7				
8.	Add Lines 6 and 7			8	40000	
9.	Modified total income for income taxed in another state or C taxed in Vermont (Line 5 minus Line 8)			9	40000	
10.	Total income (from federal Form 1041, Line 9) Check to ← indicate loss	10	115000			
11.	Non-Vermont state/local obligations from FIT-161, Line 2a	11				
12.	Bonus Depreciation from Form FIT-161, Line 2b	12				
13.	Add Lines 10 through 12. If negative, enter -0			13	11500	00
14.	U.S. Government interest income from FIT-161, Line 4a	14				
15.	Bonus Depreciation from Form FIT-161, Line 4c	15				
16.	Add lines 14 and 15			16		

FEIN

115000

17

17. Line 13 minus Line 16.....





Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYY)	()		
Estate of William Broom	12312019				
18. Vermont income tax from Form FIT-161, Line 6		18 4364			
 Computed tax credit (Divide Line 9 by Line 17 and multiple Result cannot be more than 100% of Vermont tax. 	y result by Line 18).				
Line 9 Line 17 x Line 18		19 1527			
20. Income tax paid to another state or Canadian province ba modified total income from Line 9 above		20 1650			
21. VERMONT CREDIT for income tax paid to another state of	or Canadian province.				
Enter the <i>lesser</i> of Line 19 or Line 20. Also enter on Forr	·	1527			
Enter the <i>lesser</i> of Line 19 or Line 20. Also enter on Forr	n FIT-161, Line 12	1527			



For 2018 or fiscal YEAR ending: * 1 8 1 6 1 1 1 0 0 * Enter dates in the format: "MMDDYYYY"

N	Name of Estate or Trust			FEIN				Date of Death	
	Wonder Woman Trust Name of Fiduciary Title of Fiduciary				30-5698745 Tax Year Begin Date Tax Year End				to
	Super Man	01012	U	ite		12312019	ıc		
	Mailing Address of Fiduciary (Number and Street/Road or PO Box) 133 State St.				State of Domicile at Death and/or Creation of Trust		VT		
А	Additional Line for Mailing Address of Fiduciary	, if nee	eded	Check O				Bankruptcy E Grantor Trus	
C	City	State	ZIP Code	=				X Irrevocable T	
يا	Montpelier	VT	05602		_				
F	Foreign Country (if not United States)				F	or Departm	ent Us	se Only	
	X Check here if this is an EXTENDED re	turn	Check here if this is an AME	NDED retur	'n	Check here	if this i	is your FINAL re	turn
A.	Were any distributions reported on Federal F	orm 1	1041, Line 18, made to nonreside	ent beneficia	ries?	Yes	X	No	
B.	Did the estate or trust have non-Vermont mu Line 2a and FIT-166, Part I					Yes	X	No	
C.	Are any present or future trust beneficiaries s	skip pe	ersons?		[Yes	X	No	
D.	Is this return for a Qualified Settlement Fund	(Fede	eral Form 1120-SF)?		[Yes	X	No	
1.	Federal taxable income from Form 1041, Lin Qualified Settlement Fund (from federal Form	e 22, (n 112(or modified gross income of 0-SF)	X Check indicate loss	to e 1			3000	
2a.	Income from Non-Vermont state and local o	rt I, Line 3)	· · 2a						
2b.	Bonus Depreciation allowed under federal la		· · 2b						
2c.	State and local income taxes included on fed	ions)	2c						
3.	Federal Taxable Income with Additions (Add	Lines	s 1, 2a, 2b, and 2c.)	X ← Check indicate loss	to a			3000	
4a.	Interest income from U.S. Obligations				·· 4a				
4b.	Capital Gains Exclusion (from Schedule FIT-	162, L	Line 21. If less than zero, enter -	O)	4b				
4c.	Adjustment for prior years' Bonus Depreciation	on			· · 4c				
4d.	Add Lines 4a, 4b, and 4c				· · 4d				
5.	Vermont taxable income (Line 3 minus Line	X Check indicate loss	to e 5			3000			
6.	Vermont tax from the tax rate schedule on pa	age 2	of this form		6				
7.	Additions to Vermont Tax (from Schedule FI	Г-166,	, Part II, Line 1c)		7				
8.	Subtractions from Vermont Tax (From Scheo	lule FI	IT-166, Part II, Line 2d)		8				
9.	Vermont Tax with Additions and Subtractions	s (add	Lines 6 and 7, then subtract Lin	e 8)	9				
10.	Income Adjustment (from Schedule FIT-166,	Part I	III, Line 10, or 100%)		. 10			100	

ame of Estate or Trust	FEIN	
Vonder Woman Trust	30-5698745	
	35 5555. 15	+ 1 0 1 6 1 1 2

			1 0	1 0 1 1 2 0 0
11.	Adjusted tax (Multiply Line 10 by Line 11)		11	0
12.	Other states credit (from Schedule FIT-167, Line 21)		12	
	Total Vermont taxes (Line 12 minus Line 13)		13	0
	14a. Vermont Tax Withheld on 1099	14a		
	14b. Estimated Tax or Extension Payments	14b		
	14c. Vermont Real Estate Withholding	14c		
	14d. Nonresident Payments from Form Wh-435	14d		
	14e. 2017 Overpayment Applied	14e		
14f.	Total Payments (Add Lines 15a, 15b, 15c, 15d, and 15e)		14f	0
15.	Overpayment: If Line 14 is less than Line 15f, subtract Line	14 from Line 15f	15	0
16.	Amount of overpayment to be credited to 2019 Taxes		16	
17.	Amount of overpayment to be REFUNDED (Line 15 minus L	ine 16)	17	
18.	BALANCE DUE: If Line 14f is less than Line 13, subtract Lin	e 14f from Line 13	18	0

Vermont 2018 Tax Schedule				
If Taxable income is over	But not over	The Vermont Tax is	of the amount over	

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

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

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

any care percent care and recarries are pr		iooni ionii io olgilou oj tilo t	and of an analysis and propare
		04022019	8028282720
Signature of Responsible Officer		Date (MMDDYY)	Daytime Telephone Number
Super Man Printed Name	super.man@gmail.co	om	
Preparer's Signature		04022019 Date (MMDDYY)	Check if Self-Employed
Penny Lane Preparer's Printed Name	penny.lane@gmail.co	om	P00099888 Preparer's SSN or PTIN
Lane & Lane LLC Firm's Name (or yours if self-employed) and a	address	06-666666 FEIN	8028288000 Preparer's Telephone Number
	May the Department of Taxes discuss this return with the preparer shown?	x Yes No	Form FIT-161

Rev. 10/18

Vermont Beneficiary Information for Fiduciaries Schedule K-1VT-F



For the taxable period beginning, 20	, and ending _	, 20_	·			hedule is RI to Form FIT-		
Estate or Trust's Name					Attacii	FEIN	101	
Wonder Woman Trust							698745	
	EADED INE	ODMATI	ON DE	OUIDED I	TEMO	30-0	1030743	
Entity Name	EADER INF	ORWATIC	JN - KE	ועטואבט ו	I EIVIS	FEIN		
•								
OR Individual Last Name (Beneficiary)	F	First Name				MI OR Social S	Security Number	er
Address Blue		Baby				1234 Recipient Typ	456789	
140 Main St. Address, Line 2 (if needed)						(I, C, S, L, P, Residency S	X, or T)	1
O'		01.1	710.0			VT Res		esident
City			ZIP Cod			Check here if FINAL return	this is your	
Foreign Country (if not United States)			0	e's or Trust's inc		o this recipient. the decimal point.	50.00	x %
		Place	an "X" i	n the box left	of the line	e number to inc	licate a loss a	moun
RMONT RESIDENT BENEFICIARY Beneficiary's share of distributed net income all	ocated to Vern	nont		€ Check to	4			
beneficiary a share of distributed flet moonle an	ocated to vern			loss	1		16000	
Interest / dividends from obligations of other sta	tes				2		2000	
Interest / dividends from U.S. obligations					3		1000	
RMONT NONRESIDENT BENEFICIARY								
4a. Interest income		4a						
4b. Dividend Income		4b						
4c. Business Income	Check to indicate loss	4c						
4d. Capital gain or loss	Check to indicate loss	4d						
4e. Partnership, S Corporation, LLC	Check to indicate loss	4e						
4f. Rent, royalties, estates, trusts	Check to indicate loss	4f						
4g. Farm income	Check to indicate loss	4g						
4h. Other income	Check to indicate loss	4h						
Total nonresident income				Check to indicate loss	4i			
YMENT INFORMATION								
Total annual nonresident estimated payments a	allocated to this	beneficiary			5		500	
Total annual real estate withholding payments a	allocated to this	s beneficiary	.		6			
Other payments allocated to this beneficiary					7			

Schedule FIT-K-1VT-F Rev. 10/18

5454

Vermont Beneficiary Information for Fiduciaries Schedule K-1VT-F



or the taxable period beginning, 20	, and ending _	, 20)			edule is RI Form FIT		
Estate or Trust's Name						FEIN		
Wonder Woman Trust						30-5	698745	
н	EADER INF	ORMAT	ION - R	EQUIRED I	TEMS			
Entity Name						FEIN		
PR Individual Last Name (Beneficiary)	F	irst Name			N	OR Social S	Security Number	er
Address Blue		Adult					789123	
		, tadit				Recipient Typ	oe	
15 Shorten The Rd. Address, Line 2 (if needed)						Residency		
City		State	ZIP Co	ode		X Check here it		reside
Websteryille oreign countly (If not United States)		VT	05	678		FINAL return		Х
oreign Country (if not United States)			ntage of Est	tate's or Trust's inc age to two places		•	50.00	0
		Plac	e an "X"	in the box left	t of the line	number to inc	dicate a loss a	ımoı
MONT RESIDENT BENEFICIARY								
Beneficiary's share of distributed net income all	located to Verm	nont		Check to indicate loss	1		16000	
Interest / dividends from obligations of other sta	ates				2		2000	
Interest / dividends from U.S. obligations					3			
MONT NONDECIDENT DENERICIARY							1000	
RMONT NONRESIDENT BENEFICIARY 4a. Interest income		4a						
		ти						
4b. Dividend Income		4b						
4c. Business Income	Check to indicate loss	4c						
4d. Capital gain or loss	Check to indicate loss	4d						
4e. Partnership, S Corporation, LLC	Check to indicate	4e						
4f. Rent, royalties, estates, trusts	Check to							
4f. Rent, royalties, estates, trusts	loss	4f						
4g. Farm income	Check to indicate loss	4g						
4h. Other income	Check to indicate loss	4h						
Total nonresident income				← Check to indicate	4i			
MATNIT INFORMATION				loss				
'MENT INFORMATION Total annual nonresident estimated payments a	allocated to this	beneficia	'nу		5			
							500	
Total annual real estate withholding payments a	allocated to this	beneficia	ſ y		6			
Other payments allocated to this beneficiary					7			



For 2018 or fiscal YEAR ending: * 1 8 1 6 1 1 1 0 0 * Enter dates in the format: "MMDDYYYY"

ŭ				Enter	dates in the t	ormat: "WINDDY	YYY"	
Name of Estate or Trust			FEIN			Date of Deat	th	
Diamond State Trust			50-669	9885				
Name of Fiduciary	Title	e of Fiduciary	Tax Year Be		nto	Tax Year End	Dato	
				-	ile			
April May		ustee	010120	718		1231201	8	
Mailing Address of Fiduciary (Number and Str 133 State St.	eet/Road or PO Bo	ox)	State of Do and/or Crea			NH		
Additional Line for Mailing Address of Fiducian	y, if needed		Check ONE			Bankrup	tcy Estate	
				Estate		Grantor	•	
City	State ZIP Code				ala Trust	X Irrevoca		
·				Revocal	ble Trust	irrevoca	bie Trust	
Montpelier	VT 05	5602		_				
Foreign Country (if not United States)				F	or Departmer	it Use Only		
X Check here if this is an EXTENDED r	eturn Check I	nere if this is an AMENE	DED return		Check here if	this is your FINA	L return	
A. Were any distributions reported on Federal	Form 1041. Line 18	8. made to nonresident	beneficiarie	es? [y Voc	No		
					A 163	INO		
B. Did the estate or trust have non-Vermont m Line 2a and FIT-166, Part I					Vos	NIa		
Lille 2a aliu i II-100, Falt I					Yes	x No		
 Are any present or future trust beneficiaries 	skip persons?				Yes	x No		
 Is this return for a Qualified Settlement Fun 	d (Federal Form 11	20-SF)?			Yes	x No		
1. Federal taxable income from Form 1041, Li		•	Check to					
Qualified Settlement Fund (from federal For	m 1120-SF)		Check to indicate	1		3500	n	
			1000			3300	0	
2a. Income from Non-Vermont state and local	obligations (from S	chedule FIT-166, Part I,	, Line 3)	2a				
Bonus Depreciation allowed under federal law for 2017								
2c. State and local income taxes included on fe	deral Form 1041. L	ine 11. (see instruction	s)	2c				
	,		-,	20		230	0	
3. Federal Taxable Income with Additions (Ad	dlings 1 2a 2h a	nd 2c)	← Check to indicate	0				
5. I ederal raxable income with Additions (Ad	u Lilies 1, 2a, 2b, a	iiid 20.)	loss	3		3730	0	
4 14 17 18 18 18 18								
4a. Interest income from U.S. Obligations				4a				
4b. Capital Gains Exclusion (from Schedule FIT	-162, Line 21. If le	ss than zero, enter -0)		4b		140	nn	
						140	00	
4c. Adjustment for prior years' Bonus Deprecia	tion			4c				
4d. Add Lines 4a, 4b, and 4c				4d				
5. Vermont taxable income (Line 3 minus Line	4d)		Check to	_				
o. Vermont taxable moonte (Eme o minas Eme	τα)		← indicate loss	5		233	00	
C Varmant toy from the tay rate cohedule on a	and 2 of this form			_				
Vermont tax from the tax rate schedule on p	bage 2 of this form.			6		179	4	
							-	
Additions to Vermont Tax (from Schedule F	IT-166, Part II, Line	e 1c)		7				
8. Subtractions from Vermont Tax (From Sche	dule FIT-166, Part	II, Line 2d)		8				
9. Vermont Tax with Additions and Subtraction	ns (add Lines 6 and	7, then subtract Line 8	3)	9				
	,	,	<i>'</i>	J		179)4	
10. Income Adjustment (from Schedule FIT-166	Part III Tine 10 /	or 100%)		40		400		
10. Insome Adjustment (nom conclude FTF-100	,, . a.t, E 10, t	J. 100/0j		10		100		

Name of Estate or Trust FEIN 50-6699885 **Diamond State Trust**



11.	Adjusted tax (Multiply Line 10 by Line 11)			11	1794
12.	Other states credit (from Schedule FIT-167, Line 21)			12	
13. 14.	Total Vermont taxes (Line 12 minus Line 13)			13	
	14a. Vermont Tax Withheld on 1099	14a			
	14b. Estimated Tax or Extension Payments	14b	2000		
	14c. Vermont Real Estate Withholding	14c			
	14d. Nonresident Payments from Form Wh-435	14d			
	14e. 2017 Overpayment Applied	14e			
14f.	Total Payments (Add Lines 15a, 15b, 15c, 15d, and 15e)			14f	2000
15.	Overpayment: If Line 14 is less than Line 15f, subtract Line	14 fror	n Line 15f	15	206
16.	Amount of overpayment to be credited to 2019 Taxes			16	
17.	Amount of overpayment to be REFUNDED (Line 15 minus L	ine 16)	17	206
18.	BALANCE DUE: If Line 14f is less than Line 13, subtract Lin	e 14f 1	rom Line 13	18	
	Vermont 2018 Tay Schedule				

Vermont 2018 Tax Schedule					
If Taxable income is over	But not over	The Vermont Tax is	of the amount over		

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

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

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

any care percent care aran ier are pr	oparation of the rotating announced a coparation rains con-	isom form to digitou by the to	mpayer and returned by the propar
Signature of Responsible Officer		06302019 Date (MMDDYY)	8028288000 Daytime Telephone Number
April May Printed Name	april.may@gmail.con Email Address (optional)	n	
Preparer's Signature		06302019 Date (MMDDYY)	Check if Self-Employed
Penny Lane Preparer's Printed Name	penny.lane@gmail.co	om	P00099888 Preparer's SSN or PTIN
Lane & Lane LLC Firm's Name (or yours if self-employed) and	address	06-6666666 FEIN	8028282720 Preparer's Telephone Number
	May the Department of Taxes discuss this return with the preparer shown?	Yes x No	Form FIT-161

Rev. 10/18

Capital Gains Exclusion Calculation for Estates or Trusts 2018 Form FIT-162



Attach to Form FIT-161

١	lame of Estate or Trust	FEIN	Ta	ax Year End Date (MMDDYYYY)
	Diamond State Trust	50-6699885	•	12312018
P#	ART I Flat Exclusion			
1.	Enter smaller of Line 18a(2) or 19(2) from federal Form 104	1, Schedule D	1	135000
2.	Enter amount from:			
	2a. Federal Form 1041, Schedule D, Line 18b(2)	2a		
	2b Federal Form 1041, Schedule D, Line 18c(2)	2b		
3.	Add Lines 2a and 2b		3	0
4.	Subtract Line 3 from Line 1. Entry cannot be less than ze	ro	4	135000
If y	ou filed federal Form 4952, complete Lines 5 through 7			
5.	Enter amount from:			
	5a. Federal Form 4952, Line 4g	5a		
	5b. Federal Form 4952, Line 4e	5b		
	5c. Multiply Line 5a by Line 5b. Enter result here		5c	0
	5d. Federal Form 4952, Line 4b	5d		
	5e Federal Form 4952, Line 4e	5e		
6.	Add Lines 5d and 5e. Enter result here		6	0
7.	Divide Line 5c by Line 6. Enter result here		7	
8.	Subtract Line 7 from Line 4. Entry cannot be less than ze	ro	8	135000
9.	Enter the smaller of Line 8 or \$5,000		9	5000

(continued on next page)



EIN	ax Year End Date (MMDDYYYY)
50-6699885	12312018

PART II Percentage Exclusion

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

10. Enter the amount from Part I, Line 4	135000								
11. Enter amount of adjusted net capital gain from the sale of assets held for three years or less	. 11								
12. Assets held for more than three years. Subtract Line 11 from Line 10. <i>Entry cannot be less than zero.</i>	. 12 135000								
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 home	. 13a								
13b. Depreciable personal property (except for									
farm property or standing timber)	. 13b								
13c. Stocks or bonds publicly traded or traded on an									
exchange or any other financial instruments	. 13c 90000								
14. Add Lines 13a through 13c	90000								
15. Subtract Line 14 from Line 12. Enter result here.									
Entry cannot be less than zero. This is the amount of net capital gain eligible for exclusion.	. 15 45000								

Line 16 federal Form 4952 information. If no investment interest expense for ineligible assets reported on federal Form 4952, enter Line 7 from Part I of this form. Otherwise, you may need to recompute federal Form 4952 to reflect only investment interest income for assets eligible for the capital gain exclusion.

federal Form 4952		
17. Subtract Line 16 from Line 15. <i>Entry cannot be less than zero.</i>	17	
18. Multiply Line 17 by 40%. Enter result here	18	18000
PART III Capital Gain Exclusion		
19. Enter the greater of Line 9 or Line 18	19	18000
20. Multiply x 40%. Enter result here Federal Taxable Income from Form FIT-161, Line 1	20	14000
21. Enter the smaller of Line 19 or Line 20. This is the capital gain exclusion.		
Enter on Form FIT-161, Line 4b	21	14000

Vermont Beneficiary Information for Fiduciaries Schedule K-1VT-F



For the taxable period beginning, 20	, and ending		, 20					dule is REQUIRE Form FIT-161	D
Estate or Trust's Name								FEIN	
Diamond State Trust							50-6699885		
H	EADER IN	IFOR	MATION -	REQ	UIRED I	ГЕМЅ			
Entity Name								FEIN	
OR Individual Last Name (Beneficiary)		First	Name				MI	OR Social Security Nu	ımber
May		Ap	ril					00000000	
Address								00999999999999999999999999999999999999	
133 State St. Address, Line 2 (if needed)								(I, C, S, L, P, X, or T) Residency Status	
Address, Line 2 (il fleeded)								VT Resident	Nonresident
City			State ZIP	Code				X	Nomesiaent
Manchester			NH 0	3013	2-1401			Check here if this is your FINAL return	
Foreign Country (if not United States)			Percentage of E	Estate's	or Trust's inc				
			Calculate perce		·	Ū			
ERMONT RESIDENT BENEFICIARY			Place an ")			of the li	ne ni	umber to indicate a lo	ss amoun
. Beneficiary's share of distributed net income all	located to Ve	ermont			Check to indicate loss	1			
2. Interest / dividends from obligations of other sta	ates					2			
B. Interest / dividends from U.S. obligations									
s. Interest / dividends from 0.5. obligations						3			
/ERMONT NONRESIDENT BENEFICIARY									
4a. Interest income		4a							
4b. Dividend Income									
4c. Business Income	Check to indicate loss	4c							
4d. Capital gain or loss	Check to indicate loss	4d							
4e. Partnership, S Corporation, LLC	Check to indicate loss	4e							
4f. Rent, royalties, estates, trusts	Check to indicate loss	4f		12000					
4g. Farm income	Check to indicate loss	4g							
4h. Other income	Check to indicate loss	4h							
4i. Total nonresident income					Check to indicate loss	4i		1200	0
PAYMENT INFORMATION									
Total annual nonresident estimated payments allocated to this beneficiary						5			
Total annual real estate withholding payments allocated to this beneficiary						6		1200	
7. Other payments allocated to this beneficiary						7			



* 1 8 1 6 1 1 1 0 0 * Enter dates in the format: "MMDDYYYY"

Name of Estate or Trust							Date of Death		
	Mickey Mouse Trust					-4-	Tay Voor Fred Date	Tan Valar Fra I D. (
Г	Name of Fiduciary Pluto Dog	Title of Fiduciary Trustee	Tax Year E	Begin Da	ate	Tax Year End Date 12312018			
	Mailing Address of Fiduciary (Number and Stree	01012		at Dooth					
	100 Church St.	State of D and/or Cre			VT				
,	Additional Line for Mailing Address of Fiduciary,	Check ONE Bankruptcy Estat							
			Estate	Grantor Trust					
,	City	ZIP Code		Revoca	ble Trust	X Irrevocable Trust			
	Burlington Foreign Country (if not United States)	VT	05401		-	or Denartme	nent Use Only		
Г	oreign country (if not critica ciates)		•	or Departin	ent ose only				
	Check here if this is an EXTENDED ret	1	Check here	if this is your FINAL retu	rn				
A.	Were any distributions reported on Federal F					Yes	x No		
B.	Did the estate or trust have non-Vermont mul Line 2a and FIT-166, Part I	•				x Yes	No		
C.	Are any present or future trust beneficiaries s	kip per	rsons?			Yes	x No		
D.	Is this return for a Qualified Settlement Fund	(Feder	ral Form 1120-SF)?						
٥.	io the retain for a gadined established and	(1 000.	arr om 1120 or j			Yes	x No		
1.	Federal taxable income from Form 1041, Line Qualified Settlement Fund (from federal Form			Check to	0				
	Quaimed Settlement Fund (Irom lederal Form	1 1120-	-or)	loss	1		150000		
2a.	Income from Non-Vermont state and local of	t I, Line 3) .	. 2a		5600				
2b.	Bonus Depreciation allowed under federal law	v for 20	017		- 2b				
2c.	State and local income taxes included on fed	eral Fo	ons)	- 2c		2900			
3.	Federal Taxable Income with Additions (Add	← Check to	3						
		IOSS			158500				
4a.	Interest income from U.S. Obligations				4a				
4b.	Capital Gains Exclusion (from Schedule FIT-	162. Li	ne 21. If less than zero, enter -0))	. 4b				
			,	,	40		5000		
4c.	Adjustment for prior years' Bonus Depreciation	n			- 4c				
4d.	Add Lines 4a, 4b, and 4c	• • • • •			4d		5000		
5.	Vermont taxable income (Line 3 minus Line 4	d)		Check to	5		153500		
_			6.0.1. 6	1033			100000		
6.	Vermont tax from the tax rate schedule on pa	ge 2 o	of this form		- 6		13252		
7.	Additions to Vermont Tax (from Schedule FIT	-166, I	Part II, Line 1c)		. 7				
	,	,	•						
8.	Subtractions from Vermont Tax (From Sched	ule FIT	Γ-166, Part II, Line 2d)		. 8		1200		
9.	Vermont Tay with Additions and Subtractions	t Tax with Additions and Subtractions (add Lines 6 and		a 8)					
J.	VOLITION TO WILL AUGUSTS AND SUBLICUOUS	(auu L	Lines o ana 7, men subhact Lili		. 9		12052		
10.	Income Adjustment (from Schedule FIT-166,	Part III	I, Line 10, or 100%)		· 10		84.10		

Name of Estate or Trust Mickey Mouse Trust 77-7980623

			*	T 8 T 6	0 1 1 2 0 0 *
11.	Adjusted tax (Multiply Line 10 by Line 11)			11	10136
12.	Other states credit (from Schedule FIT-167, Line 21)	12	313		
13. 14.	Total Vermont taxes (Line 12 minus Line 13)			13	9823
	14a. Vermont Tax Withheld on 1099	14a			
	14b. Estimated Tax or Extension Payments	14b			
	14c. Vermont Real Estate Withholding				
	14d. Nonresident Payments from Form Wh-435	14d	85	500	
	14e. 2017 Overpayment Applied	14e	2	000	
14f.	Total Payments (Add Lines 15a, 15b, 15c, 15d, and 15e)			14f	10500
15.	Overpayment: If Line 14 is less than Line 15f, subtract Line	14 fror	n Line 15f	15	677
16.	Amount of overpayment to be credited to 2019 Taxes			16	677
17.	Amount of overpayment to be REFUNDED (Line 15 minus Line 16)			17	
18.	BALANCE DUE: If Line 14f is less than Line 13, subtract Lin	ie 14f f	rom Line 13	18	
	V 10040 T 0 1 1 1				

mount
er

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

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

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

and the person canon and the are pro-	ropalation of the rotatin anness a copalate valid con-	20.11.10.11.10 o.g.10a 27 t.10 ta.	ipayor and rotamou by the propar
		04152019	8028282720
Signature of Responsible Officer		Date (MMDDYY)	Daytime Telephone Number
Pluto Dog	pluto.dog@gmail.cor	m	
Printed Name	Email Address (optional)		
Preparer's Signature		04152019 Date (MMDDYY)	X Check if Self-Employed
Penny Lane Preparer's Printed Name	penny.lane@gmail.c	om	P00099888 Preparer's SSN or PTIN
Lane & Lane LLC Firm's Name (or yours if self-employed) and	address	06-6666666 FEIN	8028288000 Preparer's Telephone Number
	May the Department of Taxes discuss this return with the preparer shown?	x Yes No	Form FIT-161

Rev. 10/18

Vermont Income Adjustments and Tax Computations for Fiduciaries 2018 Form FIT-166



Attach to Form FIT-161

Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)					
Mickey Mouse Trust	77-7980623	12312019					
PART I Taxable Municipal Bond Income							
Total interest and dividend income from all state and loca federal tax (see Line-by-Line Instructions)		1 8200					
2. Interest and dividend income from Vermont state and local	al obligations included in Line 1	2 2600					
3. INCOME FROM NON-VERMONT STATE AND LOCAL OF VERMONT TAXABLE INCOME. (Subtract Line 2 from L Enter here and on Form FIT-161, Line 2a	Line 1, but not less than zero.)	3 5600					
PART II ADDITIONS AND SUBTRACTIONS TO TAX							
Additions to Vermont Tax							
1a. Tax on lump-sum distributions (from federal Forms 4972 and 5329)	1a						
1b. Recapture of federal investment credit (from federal Form 4255)	1b						
1c. Total additions (Add Lines 1a and 1b; then, multiply by 24 Enter here and on Form FIT-161, Line 7		1c					
2 Subtractions from Vermont tax							
2a. Investment tax credit - Vermont-based only (from federal Form 3468)	2a						
2b. Multiply Line 2a by 24%	2b						
2c. Research & Development Credit, 32 V.S.A. § 5930d	^{2c} 12	200					
2d. Total subtractions from Vermont tax (Add Lines 2b and 2d Enter here and on Form FIT-161, Line 8	,	^{2d} 1200					



Name of state(s), Canadian province or

Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)
Mickey Mouse Trust	77-7980623	12312019

PART III INCOME ADJUSTMENT CALCULATION

Nonresidents and Part-Year Residents must complete this section.

Dates of Vermont residency in 2018

From (MM DD YYY		To (MM DD Y)			country during non-Vermont residency (use standard 2-character abbreviation)				
				A. Federal Amount \$			B. Vermont Portion \$		
Interest income			1A	5700		1B	5700		
2. Total ordinary d	ividends		2A	2500		2B	2500		
3 Business incom	e (or loss)	Check to indicate loss	ЗА		Check to indicate loss	3B			
4. Capital gain (or	loss)	Check to indicate loss	4A	60000	Check to indicate loss	4B	60000		
5. Rents, royalties	• • •								
S Corporations, estates and trus	sts, etc	← Check to indicate loss	5A	250000	← Check to indicate loss	5B	200000		
6. Farm income (c	r loss)	Check to indicate loss	6A		← Check to indicate loss	6B			
7. Ordinary gain (or loss)	Check to indicate loss	7A		Check to indicate loss	7B			
8. Other income (s	specify type of income)	Check to indicate loss	8A		Check to indicate loss	8B			
9. Total income (A	dd Lines 1 through 8)	Check to indicate loss	9A	318200	← Check to indicate loss	9B	268200		
•	-			as a percentage, with two digits		10	84.10 %		

Vermont Income Adjustments and Tax Computations for Fiduciaries 2018 Form FIT-166



Attach to Form FIT-161

Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)					
Mickey Mouse Trust	77-7980623	12312019					
PART I Taxable Municipal Bond Income							
Total interest and dividend income from all state and loca federal tax (see Line-by-Line Instructions)		1 8200					
2. Interest and dividend income from Vermont state and local	al obligations included in Line 1	2 2600					
3. INCOME FROM NON-VERMONT STATE AND LOCAL OF VERMONT TAXABLE INCOME. (Subtract Line 2 from L Enter here and on Form FIT-161, Line 2a	Line 1, but not less than zero.)	3 5600					
PART II ADDITIONS AND SUBTRACTIONS TO TAX							
Additions to Vermont Tax							
1a. Tax on lump-sum distributions (from federal Forms 4972 and 5329)	1a						
1b. Recapture of federal investment credit (from federal Form 4255)	1b						
1c. Total additions (Add Lines 1a and 1b; then, multiply by 24 Enter here and on Form FIT-161, Line 7		1c					
2 Subtractions from Vermont tax							
2a. Investment tax credit - Vermont-based only (from federal Form 3468)	2a						
2b. Multiply Line 2a by 24%	2b						
2c. Research & Development Credit, 32 V.S.A. § 5930d	^{2c} 12	200					
2d. Total subtractions from Vermont tax (Add Lines 2b and 2d Enter here and on Form FIT-161, Line 8	,	^{2d} 1200					



Name of state(s), Canadian province or

Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)
Mickey Mouse Trust	77-7980623	12312019

PART III INCOME ADJUSTMENT CALCULATION

Nonresidents and Part-Year Residents must complete this section.

Dates of Vermont residency in 2018

From (MM DD YYY		To (MM DD Y)			country during non-Vermont residency (use standard 2-character abbreviation)				
				A. Federal Amount \$			B. Vermont Portion \$		
Interest income			1A	5700		1B	5700		
2. Total ordinary d	ividends		2A	2500		2B	2500		
3 Business incom	e (or loss)	Check to indicate loss	ЗА		Check to indicate loss	3B			
4. Capital gain (or	loss)	Check to indicate loss	4A	60000	Check to indicate loss	4B	60000		
5. Rents, royalties	• • •								
S Corporations, estates and trus	sts, etc	← Check to indicate loss	5A	250000	← Check to indicate loss	5B	200000		
6. Farm income (c	r loss)	Check to indicate loss	6A		← Check to indicate loss	6B			
7. Ordinary gain (or loss)	Check to indicate loss	7A		Check to indicate loss	7B			
8. Other income (s	specify type of income)	Check to indicate loss	8A		Check to indicate loss	8B			
9. Total income (A	dd Lines 1 through 8)	Check to indicate loss	9A	318200	← Check to indicate loss	9B	268200		
•	-			as a percentage, with two digits		10	84.10 %		

Name of Estate or Trust

Vermont Credit for Tax Paid to Another State or Canadian Province for Fiduciaries 2018 Form FIT-167



Attach to Form FIT-161

Tax Year End Date (MMDDYYYY)

For Residents and Some Part-Year Residents Only

	Mickey Mouse Trust		77-7980623	12312019		
	u must complete a separate Schedule FIT-16 ite return. See instructions.	7 for ea	ach state or Canadian p	rovince a	nd attach a copy of t	he othei
1.	Name of state or Canadian province. Use standard two-le	etter abbi	reviation		1	MA
2.	Enter total income taxed in another state or Canadian province and also subject to Vermont tax Check indicate loss	to 2	10000			
3.	2018 Bonus Depreciation add back taxed in another state or Canadian province AND taxed in Vermont					
4.	Non-Vermont state/local obligations taxed in another state or Canadian province AND taxed in Vermont	. 4				
5.	Add Lines 2 through 4. If negative, enter -0			5	10000	
6.	Bonus Depreciation subtracted from income in another state or Canadian province in TY 2018	. 6				
7.	U.S. Government interest income	. 7				
8.	Add Lines 6 and 7			8		
9.	Modified total income for income taxed in another state or taxed in Vermont (Line 5 minus Line 8)		·	9	10000	
10.	Total income (from federal Form 1041, Line 9) Check indicate loss	to 10	318200			
11.	Non-Vermont state/local obligations from FIT-161, Line 2a	. 11				
12.	Bonus Depreciation from Form FIT-161, Line 2b	. 12				
13.	Add Lines 10 through 12. If negative, enter -0			13	318200	
14.	U.S. Government interest income from FIT-161, Line 4a	. 14				
15	Danua Danraciation from Form FIT 161 Line 46	15				

FEIN

318200

16

17

16. Add lines 14 and 15.....

17. Line 13 minus Line 16.....



Name of Estate or Trust	FEIN		Tax Year End Date (MMDDYYYY)
Mickey Mouse Trust	77-7980623		12312019
8. Vermont income tax from Form FIT-161, Line 6		18	13252
 Computed tax credit (Divide Line 9 by Line 17 and multiply result by L Result cannot be more than 100% of Vermont tax. 	ine 18).		
Line 9 10000 x Line 18 13252 318200		19	416
Income tax paid to another state or Canadian province based on modified total income from Line 9 above		20	313
 VERMONT CREDIT for income tax paid to another state or Canadian Enter the <i>lesser</i> of Line 19 or Line 20. Also enter on Form FIT-161, L 	·	21	313

Vermont Fiduciary Return of Income 2018 Form FIT-161

For 2018 or fiscal YEAR ending:



Enter dates in the format: "MMDDYYYY"

Name of Estate or Trust		FEIN		Date of Death	
Frog Pond Trust		89-569874	.0	Date of Death	
J	tle of Fiduciary	Tax Year Begin		Tax Year End Date	
·	Trustee	01012018		12312018	
Mailing Address of Fiduciary (Number and Street/Road or PO E	lov)	State of Domicile at Death			
133 State St.	and/or Creation of Trust				
Additional Line for Mailing Address of Fiduciary, if needed	(Check ONE		Bankruptcy Est	tate
		Estat	е	Grantor Trust	
City State ZIP Code	9	Revo	cable Trust	X Irrevocable Tru	st
Williamstown VT 056	78				
Foreign Country (if not United States)			For Departmen	t Use Only	
Check here if this is an EXTENDED return X Check	here if this is an AMEND	ED return	Check here if	this is your FINAL retu	rn
A. Were any distributions reported on Federal Form 1041, Line			Yes	x No	
B. Did the estate or trust have non-Vermont municipal board inc Line 2a and FIT-166, Part I	·		Yes	x No	
C. Are any present or future trust beneficiaries skip persons?			Yes	x No	
D. Is this return for a Qualified Settlement Fund (Federal Form	120-SF)?		Yes	x No	
			100	140	
 Federal taxable income from Form 1041, Line 22, or modified Qualified Settlement Fund (from federal Form 1120-SF) 	Check to indicate loss 1		20000		
2a. Income from Non-Vermont state and local obligations (from	Line 3) 2a				
2b. Bonus Depreciation allowed under federal law for 2017		2b		3000	
2c. State and local income taxes included on federal Form 1041,	Line 11. (see instructions	s) 2c		250	
3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b,	and 2c.)	← Check to indicate loss 3		23250	
4a. Interest income from U.S. Obligations		4a			
4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If I	ess than zero, enter -0)	4b		5000	
4c. Adjustment for prior years' Bonus Depreciation		4c		1500	
4d. Add Lines 4a, 4b, and 4c		4d		6500	
5. Vermont taxable income (Line 3 minus Line 4d)		← Check to indicate loss 5		16750	
6. Vermont tax from the tax rate schedule on page 2 of this form	1	6		1218	
7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Li	ne 1c)	7			
3. Subtractions from Vermont Tax (From Schedule FIT-166, Pa	rt II, Line 2d)	8			
9. Vermont Tax with Additions and Subtractions (add Lines 6 an	nd 7, then subtract Line 8)9			
10. Income Adjustment (from Schedule FIT-166, Part III, Line 10	or 100%)	10		100	

Name of Estate or Trust FEIN Frog Pond Trust 89-5698740



11.	Adjusted tax (Multiply Line 10 by Line 11)	11	1218				
12.	Other states credit (from Schedule FIT-167, Line 21)	12					
13. 14.	Total Vermont taxes (Line 12 minus Line 13)			13	1218		
	14a. Vermont Tax Withheld on 1099	14a					
	14b. Estimated Tax or Extension Payments	14b					
	14c. Vermont Real Estate Withholding	14c					
	14d. Nonresident Payments from Form Wh-435	14d					
	14e. 2017 Overpayment Applied	14e	2000				
14f.	Total Payments (Add Lines 15a, 15b, 15c, 15d, and 15e)			14f	2000		
15.	Overpayment: If Line 14 is less than Line 15f, subtract Line 14 from Line 15f				782		
16.	Amount of overpayment to be credited to 2019 Taxes	16					
17.	Amount of overpayment to be REFUNDED (Line 15 minus Line 16)				782		
18.	BALANCE DUE: If Line 14f is less than Line 13, subtract Lin	e 14f f	rom Line 13	18			

Vermont 2018 Tax Schedule If Taxable The Vermont of the amount But not over income is over Tax is over

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

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

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

,	· · ·	3 ,	, , , , , , , , , , , , , , , , , , ,
Signature of Responsible Officer		11112019 Date (MMDDYY)	8028282720 Daytime Telephone Number
Kermit Frog Printed Name	kermit.frog@gmail Email Address (optional)	.com	
Preparer's Signature		11112019 Date (MMDDYY)	Check if Self-Employed
Penny Lane Preparer's Printed Name	penny.lane@gma Email Address (optional)	il.com	P00099888 Preparer's SSN or PTIN
Lane & Lane LLC		06-666666	8028288000
Firm's Name (or yours if self-employed) and	address	FEIN	Preparer's Telephone Number
	May the Department of Taxes discuss this return with the preparer shown?	x Yes No	Form FIT-161

Rev. 10/18

Capital Gains Exclusion Calculation for Estates or Trusts 2018 Form FIT-162



Attach to Form FIT-161

١	ame of Estate or Trust	FEIN	Ta	ax Year End Date (MMDDYYYY)
	Frog Pond Trust	89-5698740		12312018
P/	RT I Flat Exclusion			
1.	Enter smaller of Line 18a(2) or 19(2) from federal Form 104	1, Schedule D	1	80000
2.	Enter amount from:			
	2a. Federal Form 1041, Schedule D, Line 18b(2)	^{2a} 1000	00	
	2b Federal Form 1041, Schedule D, Line 18c(2)	2b		
3.	Add Lines 2a and 2b		3	10000
4.	Subtract Line 3 from Line 1. Entry cannot be less than ze	ro	4	70000
If y	ou filed federal Form 4952, complete Lines 5 through 7			
5.	Enter amount from:			
	5a. Federal Form 4952, Line 4g	5a		
	5b. Federal Form 4952, Line 4e	5b		
	5c. Multiply Line 5a by Line 5b. Enter result here		5c	
	5d. Federal Form 4952, Line 4b	5d		
	5e Federal Form 4952, Line 4e	5e		
6.	Add Lines 5d and 5e. Enter result here		6	
7.	Divide Line 5c by Line 6. Enter result here		7	
8.	Subtract Line 7 from Line 4. Entry cannot be less than ze	ro	8	70000
9.	Enter the smaller of Line 8 or \$5,000		9	5000

(continued on next page)



Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)
Frog Pond Trust	89-5698740	12312018

PART II Percentage Exclusion

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

10. Enter the amount from Part I, Line 4	10 70000
44 Finter and out of adjusted and applied asia from	
11. Enter amount of adjusted net capital gain from	
the sale of assets held for three years or less	11
12. Assets held for more than three years. Subtract Lii	ne 11
from Line 10. Entry cannot be less than zero	
HOITI LINE TO. LINEY Carriot be less than zero	12
Enter the amount of net adjusted capital gain from the sa 13a. Real estate or portion of real estate used as	ale of the following assets held for more than three years.
primary or nonprimary home	
primary or nonprimary nome	
12h Denregiable personal property (except for	
13b. Depreciable personal property (except for	425
farm property or standing timber)	13b
40 - Otalia and another with the total and an total and	
13c. Stocks or bonds publicly traded or traded on	
exchange or any other financial instruments.	^{13c} 70000
44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
14. Add Lines 13a through 13c	70000
15. Subtract Line 14 from Line 12. Enter result here.	
Entry cannot be less than zero. This is the amou	_
of net capital gain eligible for exclusion	

Line 16 federal Form 4952 information. If no investment interest expense for ineligible assets reported on federal Form 4952, enter Line 7 from Part I of this form. Otherwise, you may need to recompute federal Form 4952 to reflect only investment interest income for assets eligible for the capital gain exclusion.

16.	Enter amount from Part I, Line 7, or recomputed federal Form 4952		
17.	Subtract Line 16 from Line 15. <i>Entry cannot be less than zero.</i>	17	0
18.	Multiply Line 17 by 40%. Enter result here	18	0
PA	RT III Capital Gain Exclusion		
19.	Enter the greater of Line 9 or Line 18	19	5000
20.	Multiply x 40%. Enter result here	20	8000
21	Enter the smaller of Line 19 or Line 20. This is the capital gain exclusion.		
۷۱.	Enter on Form FIT-161, Line 4b	21	5000

Capital Gains Exclusion Calculation for Estates or Trusts 2018 Form FIT-162



Attach to Form FIT-161

١	ame of Estate or Trust	FEIN	Ta	ax Year End Date (MMDDYYYY)
	Frog Pond Trust	89-5698740		12312018
P/	RT I Flat Exclusion			
1.	Enter smaller of Line 18a(2) or 19(2) from federal Form 104	1, Schedule D	1	80000
2.	Enter amount from:			
	2a. Federal Form 1041, Schedule D, Line 18b(2)	^{2a} 1000	00	
	2b Federal Form 1041, Schedule D, Line 18c(2)	2b		
3.	Add Lines 2a and 2b		3	10000
4.	Subtract Line 3 from Line 1. Entry cannot be less than ze	ro	4	70000
If y	ou filed federal Form 4952, complete Lines 5 through 7			
5.	Enter amount from:			
	5a. Federal Form 4952, Line 4g	5a		
	5b. Federal Form 4952, Line 4e	5b		
	5c. Multiply Line 5a by Line 5b. Enter result here		5c	
	5d. Federal Form 4952, Line 4b	5d		
	5e Federal Form 4952, Line 4e	5e		
6.	Add Lines 5d and 5e. Enter result here		6	
7.	Divide Line 5c by Line 6. Enter result here		7	
8.	Subtract Line 7 from Line 4. Entry cannot be less than ze	ro	8	70000
9.	Enter the smaller of Line 8 or \$5,000		9	5000

(continued on next page)



Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)
Frog Pond Trust	89-5698740	12312018

PART II Percentage Exclusion

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

10. Enter the amount from Part I, Line 4	10 70000
44 Finter and out of adjusted and applied asia from	
11. Enter amount of adjusted net capital gain from	
the sale of assets held for three years or less	11
12. Assets held for more than three years. Subtract Lii	ne 11
from Line 10. Entry cannot be less than zero	
HOITI LINE TO. LINEY Carriot be less than zero	12
Enter the amount of net adjusted capital gain from the sa 13a. Real estate or portion of real estate used as	ale of the following assets held for more than three years.
primary or nonprimary home	
primary or nonprimary nome	
12h Denregiable personal property (except for	
13b. Depreciable personal property (except for	425
farm property or standing timber)	13b
40 - Otalia and another with the total and an total and	
13c. Stocks or bonds publicly traded or traded on	
exchange or any other financial instruments.	^{13c} 70000
44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
14. Add Lines 13a through 13c	70000
15. Subtract Line 14 from Line 12. Enter result here.	
Entry cannot be less than zero. This is the amou	_
of net capital gain eligible for exclusion	

Line 16 federal Form 4952 information. If no investment interest expense for ineligible assets reported on federal Form 4952, enter Line 7 from Part I of this form. Otherwise, you may need to recompute federal Form 4952 to reflect only investment interest income for assets eligible for the capital gain exclusion.

16.	Enter amount from Part I, Line 7, or recomputed federal Form 4952		
17.	Subtract Line 16 from Line 15. <i>Entry cannot be less than zero.</i>	17	0
18.	Multiply Line 17 by 40%. Enter result here	18	0
PA	RT III Capital Gain Exclusion		
19.	Enter the greater of Line 9 or Line 18	19	5000
20.	Multiply x 40%. Enter result here	20	8000
21	Enter the smaller of Line 19 or Line 20. This is the capital gain exclusion.		
۷۱.	Enter on Form FIT-161, Line 4b	21	5000

Case 9: FIT-168, Extension with payment

Application for Extension of Time to File Vermont Fiduciary Tax Return 2018 Form FIT-168



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

Enter dates in the format: "MMDDYYYY"

Name of Estate or Trust			FEIN			
Sams Trust				65362		
Name of Fiduciary		Title of Fiduciary	Tax Yea	r Begin Date	Tax Year End Date	
Tim Jones		Trustee	0101	2018	12312018	
Mailing Address of Fiduciary (Number and stre	eet/read	or PO Box				
133 State Street			Check C	NE	Bankruptcy Estate	
Additional Line for Mailing Address of Fiduciar	ded		Estate	Grantor Trust		
				Revocable Trust	X Irrevocable Trust	
City	State	ZIP Code				
Montpelier	VT	05602				
Foreign Country (if not United States)				For Department Use Only		
,				•	-	

Payment to accompany extension request

1.	Estimated tax liability	1	250	0	
2.	Previous payments	2			
3.	Amount of TAX DUE with this application (Line 1 minus Line 2)				2500

An extension of time to file a Vermont fiduciary tax return does not extend the time for paying the tax. Any tax due and unpaid by the original due date will bear interest and penalty at the statutory rate. Returns filed after the due date without an authorized extension are subject to a late filing fee.

Mail to:

Vermont Department of Taxes PO Box 1700 Montpelier, VT 05601-1700 Case 10: FIT-168, Extension without payment

Application for Extension of Time to File Vermont Fiduciary Tax Return 2018 Form FIT-168



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

Enter dates in the format: "MMDDYYYY" FEIN Name of Estate or Trust 83-888888 Tax Year Begin Date Oak Tree Estate Title of Fiduciary Name of Fiduciary Tax Year End Date Margaret Tree Executrix 01012018 12312018 Mailing Address of Fiduciary (Number and street/read or PO Box Check ONE 133 State Street
Additional Line for Mailing Address of Fiduciary, if needed Bankruptcy Estate X Estate **Grantor Trust** Revocable Trust Irrevocable Trust City State ZIP Code Montpelier Foreign Country (if not United States) 05602 For Department Use Only

Payment to accompany extension request

1.	Estimated tax liability	1	500			
2.	Previous payments	2	500			
3.	Amount of TAX DUE with this application (Line 1 minus Line 2)			3	0	

An extension of time to file a Vermont fiduciary tax return does not extend the time for paying the tax. Any tax due and unpaid by the original due date will bear interest and penalty at the statutory rate. Returns filed after the due date without an authorized extension are subject to a late filing fee.

Mail to:

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