Vermont Income Test Package for Tax Year 2021





Vermont Test Cases

Test 1:

Required Vermont Forms/Schedules: IN-111, Sch. IN-113

Taxpayer(s) Information:

Primary SSN: 400-00-9030
Name: Tom T. Taylor
Residency Status: Non-Resident

Mailing Address: 334 Washington Street

City: San Francisco

State: CA Zip Code: 94105

Date of Birth: January 15, 1969

Filing Status: Single School District Code: 999

911 Address: 334 Washington Street

Healthcare Coverage: Yes

Return Information:

 Federal AGI:
 95,594.00

 Charitable Contributions:
 5,000.00

 Wages:
 25,041.00

 VT Wages:
 5,041.00

 Taxable Interest:
 1,000.00

Rents, royalties, partnerships,

SCorps, trusts etc: 69,553.00

VT rents, royalties,

partnerships, Scorps, trusts etc: 41,417.00 Estimated payments made 1,000.00

2021 Form IN-111

Vermont Income Tax Return



Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name		MI	Social Security Numb	er Charlett
TAYLOR	TOM		Г	400009030	Check if Deceased
Spouse's/CU Partner's Last Name	First Name		MI	Social Security Numb	er Check if
Mailing Address (Number a	nd Street/Road or PO Box)			911/Physical Street Addre	Deceased Deceased
334 WASHINGTON ST	ind off court dad of 1 o boxy	1	334	, , , , , , , , , , , , , , , , , , , ,	
City	State ZIP Code or Foreign P	ostal Code		Foreign Cou	
SAN FRANCISCO	CA 94105				
999 Inter Healthcare Code (See instructions for	Coverage Code Check al that appl	I I AIVIE	ENDED urn	RECOMPUTI Return	ED EXTENDED Return
Filing Status and Standard Deduction Single Single (\$6,350)		ed/CU Filing rately (\$6,350)		Head of Household (\$9,500)	Qualifying Widow(er) (\$12,700)
1. Federal Adjusted Gross Income (federal For	m 1040, Line 11)	• • • • • • • • • • • • • • • • • • • •			95594.00
2. Net Modifications to Federal AGI (Schedule	e IN-112, Part I, Line 17)	• • • • • • • • • •		2	
3. Federal AGI with Modifications (ADD Line	es 1 and 2)			3	95594.00
4. 2021 Vermont Standard Deduction from filing Please see instructions if you or your standard boxes on federal Form 1040	pouse checked any standard	• • • • • • • • • • • • • • • • • • • •		4	6350
5. Personal Exemptions:5a. Enter "1" for yourself if no one can one	claim you as a dependent			5a1	
5b. Enter "1" for your jointly filed spous claim them as a dependent or if you				5b	
5c. Enter number of other dependents cl. This includes any dependents other t		se		5c	
5d. ADD Lines 5a through 5c					5d1
5e. MULTIPLY Line 5d by \$4,350 (2021 Pers	sonal Exemption)			5e	4350.00
6. ADD Lines 4 and 5e				6	00
7. Vermont Taxable Income (SUBTRACT Lin	ne 6 from Line 3. If less than	zero, enter -0)-)	7.	84894.00
8. Vermont Income Tax from tax table or tax r				8	4272.00
(If Line 1 is greater than \$150,000, see instr	,			0	.00
9. Net Adjustment to Vermont Tax (Schedule 110. Vermont Income Tax with Adjustment (AD)					4272 .00
					00
11. Tax-Deductible Charitable Contribution (See instructions) 5000 .00	12. Multiply Line 11 by 5% (0.05) 250 .00	13. Charitable Deduction of Line 12 of	(Ente		250 .00
14. Vermont Income Tax (Line 10 MINUS Lin	e 13. If less than zero, enter -6				4022.00
15. Income Adjustment (Schedule IN-113, Line	36, or 100.0000%)			15.	48. 5993 _%
16. Adjusted Vermont Income Tax (MULTIPL					¹⁹⁵⁵ .00
	Amount Due			.00	Form IN-111 Page 1 of 2 Rev. 10/21

(from Line 31)

Taxpayer's Last Name	Social Security Number
TAYLOR	400009030

Amount from	00
Line 16	.00

ermont Credits (Add Lines 17 and 18)		,	rmont Tax Credits (Schedule			(Schedule IN-117		
.00	19	00 =		18) +	00		17.
1955.00	20		e 19 from Line 16.	RACT Liı	redits (SUBTR e 16, enter -0-).	ne Tax after cr eater than Line	Vermont Inc If Line 19 is	20.
.00		heck to certify o Use Tax is due. OR	harged, et, and chart)	s tax was s, worksh	which no sales See instructions	xable items on ne purchases. (S	Use Tax for including on	21.
195500	22			21)	Lines 20 and 2	Taxes (ADD)	Total Vermo	22.
Total Contributions					reen Up Vermont		rmont Veterans Fu	Vern
= 23e00			ŭ		•			
	00	+ 23u	23000	+	·•0\	7 + 230	·•\	zsa.
1955 __ .00	24	1	ADD Lines 22 and 23e	ributions	oluntary Contri	nt Taxes and V	Total of Verm	24.
			25a					
			1 from 2020	ied forwa	e amount carrie	d Tay navment	2021 Estima	25b.
	.00		25b		021 extension	t made with 20	and/or paym	
	.00)	II, Line 1	e IN-112, Part I	edits (Schedule	. Refundable (25c.
	.00		W-171 25d. _	n Form R	ithholding from	Real Estate W	l. 2021 Vermo	25d.
	.00		T, Line 5 . 25e. _	edule K-1	Tax payments ocated on Scheo	ent Estimated 'ithholding) all	. 2021 Nonres (nonresident	25e.
2700.00	. 25f .		25e)	a throug	ADD Lines 25a	s and Credits (. Total Payme	25f.
745								
745_ .00	26	ine 25f	RACT Line 24 from I	25f, SUB	ess than Line 2	If Line 24 is lo	Overpaymen	26.
	.00		27a	x Paymer	2 Estimated Tax	redited to 2022	. Refund to be	27a.
	.00		27b	Bill	2 Property Tax 1	redited to 2022	. Refund to be	27b.
745 .00	28		7b from Line 26)	27a and 1	RACT Lines 2	OUNT (SURT	REFLIND A	28.
•••	201				e 25f, subtract			29.
.00	29					s on tax due.		
.00)) 31	MOUNT DUE ADD Lines 29 and 30	00 31. A		d Tax 30	Penalty on at of Estimate (-152 or IN-152	Underpaym	30.
					<u></u>	-134 OI IIN-13	(vv OI KSHEET I	
Amount due now		Original payment		Refund		Original refund rec	For Amended	
.00	.00		.00		.00		Returns Only:	R

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	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.

Form IN-111 Page 2 of 2 Rev. 10/21



2021 Schedule IN-113 **Vermont Income Adjustment Calculations**



Please PRINT in BLUE or BLACK INK INCLUDE WITH FORM IN-111

Nonresidents and Part-Year Residents Must Complete Parts I and II Full-Year Residents with Adjustments Complete only Part II

Taxpayer's Last Name	First Name		Taxpayer's Social Security Number
TAYLOR	TOM	Т	400009030

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 2021			Name of State(s), Canadian province, or CD				
From (MMDDYYYY):	/	/	To (MMDDYYYY):	/	/		country during non-Vermont residency (use standard 2-character abbreviation)

		A. Federal Amount \$	Verm	B. nont Portion \$
1.	Wages, salaries, tips, etc	25041.00	1B	5041.00
2.	Taxable interest2A	00	2B	.00
3.	Ordinary dividends	.00	3В	.00
4.	Taxable IRAs, pensions, and annuities4A	.00	4B	.00
5.	Taxable Social Security	.00	5B	.00
6.	Taxable refunds of state and local income taxes 6A.	.00	6B	.00
7.	Alimony received	.00	7B	.00
8.	Business income or loss	.00	8B	.00
9.	Capital gain or loss9A	.00	9B	.00
	Rents, royalties, partnerships, S corporations, trusts, etc		10B	41417.00
11.	Farm income or loss	.00	11B	.00
12.	Unemployment compensation	.00	12B	.00
13.	Other: Specify	.00	13B	.00
14.	TOTAL INCOME (ADD Lines 1 through 13)	95594.00	14B	46458.00

Taxpayer's Last Name	Social Security Number



15	IRA, Keogh/SEP/SIMPLE		olumn A. ral Amount \$	Ve	Column B. ermont Portion \$
13.	(Reported on federal Form 1040)	. 15A	.00	15B	.00
	Self Spouse				
16.	Student Loan Interest (Reported on Form 1040)	. 16A	.00	16B	.0
17.	Employee Deductions: Reservists, Performing Artists, Fee-basis Gov't Officials (Reported on Form 1040)	. 17A .	.00	17B	.0.
18.	Self-Employment Deductions: Tax and Health Insurance (Reported on Form 1040).				.0
19.	Health Savings Account (Reported on Form 1040)				.0
20.	Moving Expenses (Reported on Form 1040)	20A	.00	20B	.0
	Penalty on Early Withdrawal of Savings (Reported on Form 1040)			21B	.00.
22.	Alimony Paid (Reported on Form 1040)	. 22A	.00	22B	.00
23.	Domestic Production Activities (Reported on Form 1040)	23A	.00	23B	.0
24.	Educator Expenses and Tuition & Fees (Reported on Form 1040)	24A	.00	24B	.0
25.	Deductions not listed above but reported on Form 1040				.0
26.	TOTAL ADJUSTMENTS (ADD Lines 15 through 25)			26B	.0
27.	Adjusted Gross Income (SUBTRACT Line	26A from Line 14	A)	27.	95594
	Vermont Portion of AGI (SUBTRACT Line				46450
	Non-Vermont Income (SUBTRACT Line 28 Also enter on Part II, Line 31 below	3 from Line 27)			49136
	T II. Adjustment for Vermont Exen	-		e	
30.	Adjusted Gross Income. If Part I completed, Otherwise, enter amount from Form IN-111,	enter Line 27 amou Line 1	unt.	30.	95594
1a.	Municipal Bond Interest	31a	49136 .00		
1b.	ADD Lines 30 and 31a			31b	.0
32.	Non-Vermont Income (Line 29 above)	32	.00		
33.	Military pay. Number of months on active duty (See instructions)	33	.00		
34.	Total (ADD Lines 32 and 33)			34.	49136
35.	Vermont Income (SUBTRACT Line 34 from	n Line 31b)		35.	46458
	INCOME ADJUSTMENT % (DIVIDE Li carry the result out to the fourth decimal p	ne 35 by Line 31b	, MULTIPLY the result by 10	00 and nstructions)36	48 5993

Test 2:

Required Vermont Forms/Schedules: IN-111, IN-112, HS-122, HI-144

Taxpayer(s) Information:

Primary SSN: 400-00-9031

Name: Bradley Edgewood

Residency Status: Resident

Mailing Address: PO Box 306

City: Hyde Park

State: VT Zip Code: 05655

Date of Birth:

Filing Status:

Spouse SSN:

June 18, 1960

Married Filing Joint
400-00-9032

Spouse Name: Marjorie Edgewood

School District Code: 097

911 Address: 306 Edgewood Dr.

Healthcare Coverage: Spouse
Primary Occupation: Minister
Spouse Occupation: Secretary

Return Information:

Federal AGI: 97,000.00

Wages: 95,000.00 2,000.00

Taxable State Refund:

Social Security & Medicare Tax 7,268.00

Withheld:

Income Tax Withheld from Wages: 560.00

Additional Household Members: Tom Taylor400-00-9030

Additional Members Income: 26,500.00 SSI SPAN: 306-097-00001

Business Use of Dwelling: 0.00%
Rental Use of Dwelling: 0.00%
Improvements: None
Special Situations: None
Housesite Value: 308,900.00

Housesite Education Tax: 3,133.00
Housesite Municipal Tax: 2,200.00
Ownership Interest: 100.00%
Mobile Home Lot Rent: None
Contiguous Property: No

2021 Form IN-111

Vermont Income Tax Return



Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name	!	MI	Social Security Num	ber	
EDGEWOOD	BRADLEY			400009031		Check if Deceased
Spouse's/CU Partner's Last Name	First Name	!	MI	Social Security Num	ber	Check if
EDGEWOOD	MARJORIE			400009032		Deceased
	and Street/Road or PO Box)			911/Physical Street Addr	ess on 12/31/20	021
PO BOX 306	State ZIP Code or Fore	oian Doctal Codo	306	EDGEWOOD DR Foreign Co	untry	
HYDE PARK	VT 05655	eigii Fusiai Code		T oreign Co	uniny	
Vermont School District Code		ook all —			_	_
<u> </u>	for code options) tha		MENDEI eturn	RECOMPU Return	TED	EXTENDED Return
Filing Status and Single (\$6,350) Marrie (\$12,75)	ed/CU Filing Jointly 700)	Married/CU Filing Separately (\$6,350)		Head of Household (\$9,500)	Qualifying (\$12,700)	Widow(er)
1. Federal Adjusted Gross Income (federal Fe	orm 1040, Line 11)			1	9	7000 .00
2. Net Modifications to Federal AGI (Schedu	le IN-112, Part I, Line 17)				_	2000.00
3. Federal AGI with Modifications (ADD Lin	nes 1 and 2)				9	5000 .00
4. 2021 Vermont Standard Deduction from fi Please see instructions if you or your	ling status section above				1	2700.00
deduction boxes on federal Form 104 5. Personal Exemptions: 5a. Enter "1" for yourself if no one can	0, page 1.			. 1		
5b. Enter "1" for your jointly filed spot claim them as a dependent or if you	use or CU partner if no one	can		1		
5c. Enter number of other dependents of This includes any dependents other	claimed on federal Form 10)40.				
5d. ADD Lines 5a through 5c					5d.	2
5e. MULTIPLY Line 5d by \$4,350 (2021 Pe						8700 .0 0
6. ADD Lines 4 and 5e					2	1400 .00
7. Vermont Taxable Income (SUBTRACT L					7	3600 .0 0
7. Vermont Taxable income (SUBTRACT L	anie o from Line 3. It less	man zero, emer	-0-)			
8. Vermont Income Tax from tax table or tax (If Line 1 is greater than \$150,000, see inst				8		2634 .00
9. Net Adjustment to Vermont Tax (Schedule	e IN-119, Part I, Line 16)			9 .		.00
10. Vermont Income Tax with Adjustment (Al	DD Lines 8 and 9. If less t	han zero, enter -	0-)	10		2634 .00
11. Tax-Deductible Charitable Contribution (See instructions)	12. Multiply Line 11 by 5% (0.05	1	/	11 1		.00
.00	.00	of Line 12	2 or \$1,0	r the lesser (000) 13.		
14. Vermont Income Tax (Line 10 MINUS Li	ine 13. If less than zero, en	iter -0-)		14		2634 .00
15. Income Adjustment (Schedule IN-113, Lin	ne 36, or 100.0000%)			15.	100	0000 %
16. Adjusted Vermont Income Tax (MULTIP	LY Line 14 by Line 15)			16.		2634.00
5454	Amount Due (from Line 31)			.00	Form IN-1 Page 1 c Rev. 10	of 2

(from Line 31)

Taxpayer's Last Name	Social Security Number
EDGEWOOD	400009031

* '	2 1	1	1	1	1	2	\cap	\cap	*

Amount from .00 Line 16

	Other State Cred	lit (Schedule IN-117, Lin • 00	·		ont Tax Credits	•			tal Vermont Credits (Ad	
		.UU ome Tax after credit	+ ····································		0 from I inc		U =	19		
20.	If Line 19 is g	greater than Line 16	6, enter -0-).					20		2634 _{.0}
21.	Use Tax for ta including only	axable items on whi ine purchases. (See	ich no sales t instructions,	ax was cha worksheet,	rged, , and chart)	X Che	ck to certify Jse Tax is due.	OR _{21.} _		.0
22.	Total Vermor	nt Taxes (ADD Lin e	es 20 and 21)				22		2634.0
Verm	nont Veterans Fun		Up Vermont		Nongame Wildlif			n's Trust Fund		Contributions
23a.	0	00 + 23b	00	+ 2.	3c	00	+ 23d	.00	= 23e	.0
24.	Total of Verm	ont Taxes and Volu	ntary Contril	outions (AI	DD Lines 22	and 23e).		24.		2634
		nt Tax Withheld from				. 25a	:	.00		
25b.	and/or payme	ed Tax payments, a ent made with 2021	mount carrie extension	d forward f	rom 2020, 	. 25b		.00		
25c.	Refundable C	Credits (Schedule IN	I-112, Part II	, Line 11)		25c		.00		
25d.	2021 Vermon	nt Real Estate Withh	nolding from	Form RW-	171	. 25d		.00		
25e.	2021 Nonresident v	dent Estimated Tax withholding) allocat	payments ted on Sched	ule K-1VT	, Line 5	25e		00		
25f.	Total Paymer	nts and Credits (AD	D Lines 25a	through 2	5e)	• • • • • • • •		25f		560 .0
26.	Overpayment	t. If Line 24 is less	than Line 25	sf, SUBTR	ACT Line 2	4 from Lin	e 25f	26		.0
27a.	Refund to be	credited to 2022 Es	timated Tax	Payment .		. 27a		.00		
27b.	Refund to be	credited to 2022 Pro	operty Tax B	ill		. 27b		.00		
28.	REFUND AN	MOUNT (SUBTRA	CT Lines 27	7a and 27b	from Line 2	26)		28.		.0
29.		more than Line 25								
30.	Interest and Underpayme		ax 30			31 AM	OUNT DU	F		
	or Amended	Original refund received		Refund due	now		riginal payment		Amount due now	
R	eturns Only:		.00			.00		.0	U	.0

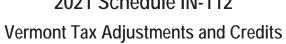
Signature	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
		/ /	
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
		/ /	
Paid Preparer's Signature		Date	Preparer's Telephone Number
		/ /	
Firm's Name (or yours if 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.

Form IN-111 Page 2 of 2 Rev. 10/21

2021 Schedule IN-112





INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
EDGEWOOD	BRADLEY		400009031

Please PRINT in BLUE or BLACK INK

PA	RT I		
— AD	DDITIONS TO FEDERAL ADJUSTED GROSS INCOME		
	Total interest and dividend income from all state and local obligations exempt from federal tax (reported on federal Form 1040)	.00	
2.	Interest and dividend income from Vermont state and local obligations included in Line 1	.00	
3.	Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1)		.00
4.	Bonus Depreciation Allowed under Federal Law for 2021	.00	
5.	Other (reserved)	.00	
6.	Total Additions (ADD Line 3 and Line 4)	6.	.00
SU	BTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME		
7.	Interest Income from U.S. Obligations	.00	
8.	Capital Gains Exclusion (Schedule IN-153, Line 21)	.00	
9.	Adjustment for Prior Years' Bonus Depreciation9.	.00	
	Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040)		
11.	Medical Expense Deduction (see the worksheet in the instructions)		
12.	Social Security Benefits Exempt from Taxation (see the worksheet in the instructions)	.00	
13.	Railroad Retirement income	.00	
14.	Bond/note interest income from (see below)	.00	
	VSAC Build Vermont Telecom Vermont Public Pow Supply Authority	ver	
15.	Other (reserved)	EVED .00	
16.	Total Subtractions (ADD Lines 7 through 14)	16	.00
NE	T MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME		
17	SUBTRACT Line 16 from Line 6. Enter on Form IN-111, Line 2	-2000	.00
-/•	This can be a negative number.		

Taxpayer's Last Name	Social Security Number
EDGEWOOD	400009031



PART II

LVI	XI II			
REF	FUNDABLE CREDITS		Line 1 is for FULL-YE	AR residents
1.	Low Income Child & Dependent Care Credit	ly) or less, ar % of federal t accredited,	nd use	00
VEF	RMONT EARNED INCOME TAX CREDIT	For FU	LL-YEAR residents and PART-YE	AR residents
ELIC	GIBILITY QUESTIONS MUST BE ANSWERED			
A.	Enter number of qualifying children		A	
B.	Enter number of qualifying children under the age of 18		В	
C.	Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at If you answered "No" and do not have any qualifying children, you do not qua	the end of 2	021? C Y	⁄es No
	L-YEAR RESIDENTS Answer eligibility questions above and complete Lines 2 and 3	-		
2.	Earned income tax credit (Reported on federal Form 1040)	2.	.00	
3.	Vermont Earned Income Tax Credit. MULTIPLY Line 2 by 36% (0.36)		3.	.00
	T YEAR RESIDENTS Answer eligibility questions above and complete Lines 4 through 10 A. Federal Amount \$ Enter figures in Column A from your fe EITC worksheet and Schedule IN-113		B. Vermont Porti For Vermont Portion, enter in while a Vermont resident as Schedule IN-113, Column B, 10, and 11	come earned shown on
4.	Wages, salaries, tips, etc. (Schedule IN-113, Line 1)	00	4B	.00
5.	Other earned income (Schedule IN-113, Lines 8, 10, and 11)	00	5B	.00
6.	Total earned income (Add Lines 4 and 5)	00	6В	.00
7.	Earned income tax credit adjustment (DIVIDE Line 6B by Line 6A, MULTIPLY and enter here. Do not enter more than 100%.)	the result b	oy 100, 7.	%
8.	Earned income tax credit (Reported on federal Form 1040)	00		
9.	Multiply Line 8 by 36% and enter the result here		9.	.00
10.	Vermont Earned Income Tax Credit (MULTIPLY Line 9 by Line 7)		10.	.00
11.	TOTAL REFUNDABLE CREDITS (ADD Line 1 to Line 3 or Line 10. Enter this amount on Form IN-111, Line 25c)		11.	.00

2022 Form HS-122

Vermont Homestead Declaration AND Property Tax Credit Claim



DUE DATE: April 15, 2022. You may file up to Oct. 17, 2022, but the town may assess a penalty. For details on late filing, see the 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

SECTION A.

This form must be filed each year by every Vermont resident whose property meets the definition of a homestead. 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, 2022. If your homestead is leased to a tenant on April 1, 2022, you may still claim it as a homestead if it is not leased for more than 182 days in the 2021 calendar year.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name	First Name		MI	Claimant's	Social Security N	lumber
EDGEWOOD	BRADL	EY		400009031		
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Pa	artner's Social Se	curity Number
EDGEWOOD	MARJO:	RIE		400009032		
Mailing Address (Number and Street/Road or PO Box)				Claimant's Da	ate of Birth (MM/D	D/YYYY)
PO BOX 306				06 /18	/1960	
City	State	ZIP Code				
HYDE PARK	VT	05655				
Location of Homestead (Use a number, street	/road name.	Do not use a PO Box or "same.")		City/Town of Legal Resi	idence on April 1,	2022 and State
306 EDGEWOOD DR				HYDE PARK		VT
Federal Single	×	Married/CU iling Jointly		Married/CU Filing Separately		Head of Household
A1. SPAN - REQUIRED (from the 2021/2022) A2. Business Use of Dwelling	or Other I	Buildings r buildings located on your paramation). Check the following if A7. Homest (File a d	cel use f it app ead pro leclarat g in a d	ed for business or ren	. A3nted? A4.	%

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

Form HS-122 Page 1 of 2 Rev. 10/21

Claimant's Last Name	Social Security Number
EDGEWOOD	400009031

DUE DATE: April 15, 2022. Claims accepted up to Oct. 17, 2022.

S	SECTION B.	PROPERTY TAX For Household Income up to \$136,900.			HI-144.
		meet the requirements for filing a homestead declar ions must be answered.	aration in additio	on to the following requ	uirements.
B1.	Were you domic	ciled in Vermont all of calendar year 2021?	X Yes, Go to Lin	ne B2.	No, STOP.
B2.	Were you claim	ned as a dependent in 2021 by another taxpayer?	Yes, STOP.	×	No, Go to Line B3.
	Do you anticipa	ate selling this Vermont housesite on or 2022?			No, Continue
Amo	ounts for Lines B	34-B6 are found on the 2021/2022 property tax bill.	Round amount	ts to the nearest dollar	r.
B4.	Housesite Value	e			00
В5.	Housesite Educa	ation Tax		B5.	3133.00
B6.	Housesite Muni	icipal Tax		В6.	00
B7.	Ownership Inter	rest			B710000
B8.		ome (Schedule HI-144, Line z). ach Schedule HI-144			
Com	plete the followir	ng ONLY if applicable. See instructions for details.			
В9.	Lot Rent (Alloc	cable Rent from Form LRC-147)		В9.	00
Allo	cated Property 1	Tax from Land Trust, Cooperative, or Nonprofit Mo	obile Home Parl	– k	
B10.	Allocated Educa	ation Tax		B10.	.00
B11.	Allocated Muni	icipal Tax			.00
OR I	Property Tax from	om contiguous property if housesite has less than 2 ac			
B12.	Contiguous proj	perty Education Tax		B12.	.00
B13.	Contiguous proj	perty Municipal Tax		B13.	
_		MAXIMUM CREDIT A	AMOUNT IS \$8,0	000.	
		jury, I declare that I have examined this return and accorrect, and complete. Preparers cannot use return inform			
Sigr	nature			Date (MMDDYYYY)	Daytime Telephone Number
Sigr	nature (If a joint return	n, BOTH must sign.)		Date (MMDDYYYY)	Daytime Telephone Number
Paid	d Preparer's Signature	e		Date (MMDDYYYY)	Preparer's Telephone Number
Firm	n's Name (or yours if s	self-employed) and address		Preparer's SSN or PTIN	FEIN

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2021 Schedule HI-144

Household Income



Please PRINT in BLUE or BLACK INK

For the year Jan 1 - Dec 31, 2021

This schedule must be included with the 2022 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
EDGEWOOD	BRADLEY		400009031
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY)
EDGEWOOD	MARJORIE		400009032

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2021. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Other Person #1 Last Name	First Name	MI	Other Person #1 Social Security Number
TAYLOR	TOM	Т	400009030
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household	Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
a. Cash public assistance and relief (See instructions for exclusions) .	a00	00	.00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable	b00	00	00
c. Unemployment compensation/worker's compensation	c00	00	
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)		00	.00
e. Interest and dividends	e00	00	00
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable	f00	00	.00
g. Alimony and support money	g00	.00	.00
Please specify	h00	.00	2400 .00
i. Business income. If the amount is a loss, enter -0 See instructions for offsetting a loss		00	.00
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0 See instructions for offsetting a loss	j00	00	00
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions	k00	.00	.00
1. Rental and royalty income. If the amount is a loss, enter -0 See instructions for offsetting a loss		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	m00	00	.00
n. Other income (See instructions for examples of other income)			
Please specify	n00	00	.00
o. Total Income: ADD Lines a through n	. o9500000		2890000

Schedule HI-144

Page 1 of 2 Rev. 10/21

Claimant's Last Name	Social Security Number
EDGEWOOD	400009031



Carried forward from Line o 95000 .00 _____.00 ____.00

Carried for ward from Line 0				
D. See Histractions, Effici Social Security and	7268	2. Filing separately Spouse or CU Partner	3. Other Persons	
q. Child support paid. You must include				
proof of payment. See instructions $\dots q_{\bullet}$.00	.00	.00	
		<u> </u>	1	1
Support paid to: Last Name	First Na	me MI	Social Secu	rity Number
r. Allowable adjustments from Federal Form 1	.040			
r1. Business expenses for Reservists r1.	.00	.00	.00	
11. Business expenses for Reservists 11.	00			
r2. Alimony paidr2.	.00	.00	.00	
r3. Self-employed health				
insurance deduction	.00	.00	.00	
	00	00	00	
r4. Health Savings Account deduction r4.	00	.00	.00	
r5. Tuition and Fees as reported on federal Form 8917 r5.	.00	00	.00	
s. ADD Lines p, q, and total of	0.0		0.0	
Lines r1 through r5 for each columns.	00	.00	.00	
t. SUBTRACT Line s from Line o of each column. If a negative amount, enter -0t.	7268	.00	.00	
column. If a negative amount, enter -0 t.		00		I
u. ADD all three amounts from Line t. If a nega	tive amount enter -0-			u. 116632 .00
v. Complete if born Jan. 1, 1957 and after.				I
Lines e and f	.00	00	00	
w. ADD all three amounts from Line v				w00
x. Asset Adjustment of Interest and Dividend Inco	ome (Lines e and f). Pe	er 32 V.S.A. § 6061E		x10,000.00
				ΛΛ
y. SUBTRACT Line x from Line w. If Line x is	more than Line w, ente	er -0		
z. HOUSEHOLD INCOME. ADD Line u and l	Line v			z. 116632 .00
E. II. COLLICED INCOME. ADD LINC & and I				•vv

HOMEOWNERS Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year.

Homeowners with Household Income up to 136,900 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. This schedule must be filed with Form HS-122.

Form HS-122 The due date to file is April 15, 2022. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 17, 2022, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

Test 3:

Required Vermont Forms/Schedules: IN-111, IN-112, IN-119, HS-122, HI-144

Taxpayer(s) Information:

Primary SSN: 400-00-9034

Primary Name: Christopher Renaud

Residency Status: Resident
Mailing Address: PO Box 322
City: ST Johnsbury

State: VT
Zip Code: 05863
Country: USA

Date of Birth: June 18, 1977
Filing Status: Head of Household

School District Code: 182

911 Address: 189 Martin St. Town of Legal Residence: Sheffield Healthcare Coverage: **Taxpayer Primary Occupation:** Manager Dependent 1 Name: John Renaud Dependent 1 SSN: 400-00-9002 Dependent 2 Name: Valerie Renaud Dependent 2 SSN: 400-00-9003

Return Information:

Federal AGI: 37,500.00
Wages: 37,500.00
Tax Withheld from Wages: 789.00
Social Security & Medicare Tax Withheld: 1,866.00
EIC from Federal Form 1040: 4,512.00

Interest/Dividend Income from VT State

Obligations: 185.00
Railroad Retirement Income: 12,750.00
Vermont Higher Education Investment: 2,500.00
Bond Note Interest Income: 355.00
Bond Note Interest Income received from: VSAC

SPAN #: 579-182-12345
Housesite Value: 125,980.00
Housesite Education Tax: 1,969.00
Housesite Municipal Tax: 233.00
Ownership Interest: 100%

2021 Form IN-111

Vermont Income Tax Return



Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name		MI	Social Security Number	
REANUD	CHRISTOPHER			400009034	Check if Deceased
Spouse's/CU Partner's Last Name	First Name		MI	Social Security Number	Check if
Marillan Adding Alberta	Charat/Dandar DO Day			011/Dlausiani Charat Addus	Deceased
PO BOX 322	and Street/Road or PO Box)		189	911/Physical Street Address of MARTIN ST	1 12/31/2021
City	State ZIP Code or Foreign	n Postal Code	183	Foreign Country	
SAINT JOHNSBURY	VT 05863	Tr dottal dodd		r oroigir obunity	
Vermont School District Code Enter Healthcare (call \square	ENDE		
182	or code options) that a	AIV	IENDEI turn	Return	EXTENDED Return
Filing Status and Standard Deduction Single (\$6,350) Married (\$12,70		arried/CU Filing parately (\$6,350)			Qualifying Widow(er) (\$12,700)
1. Federal Adjusted Gross Income (federal For	rm 1040, Line 11)			1	37500 .00
2. Net Modifications to Federal AGI (Schedule	e IN-112, Part I, Line 17)			2.	00
3. Federal AGI with Modifications (ADD Line	es 1 and 2)			3	24580 .00
4. 2021 Vermont Standard Deduction from fili	ng status section above.			4.	⁹⁵⁰⁰ .00
Please see instructions if you or your s deduction boxes on federal Form 1040	pouse checked any standard			· · · · · · · · · · · · · · · · · · ·	
5. Personal Exemptions:				_ 1	
5a. Enter "1" for yourself if no one can o	•			5a	
5b. Enter "1" for your jointly filed spous claim them as a dependent or if you	are a qualifying widow(er).			5b .	
5c. Enter number of other dependents cl This includes any dependents other t	aimed on federal Form 1040 than yourself and/or your spe). ouse		5c2	
5d. ADD Lines 5a through 5c					. 5d3
5e. MULTIPLY Line 5d by \$4,350 (2021 Pers	sonal Exemption)			5e .	13050.00
6. ADD Lines 4 and 5e				6	22550 .00
7. Vermont Taxable Income (SUBTRACT Li	na 6 from Lina 3 If less th	an zero, enter .	-0-)	7	2030 .00
7. Vermont Taxable income (SUBTRACT El	ne o from Line 3. It less th	an zero, enter	-0-)		
8. Vermont Income Tax from tax table or tax r (If Line 1 is greater than \$150,000, see instr				8	6800
9. Net Adjustment to Vermont Tax (Schedule	IN-119, Part I, Line 16)			9 .	.00
10. Vermont Income Tax with Adjustment (AD	D Lines 8 and 9. If less that	n zero, enter -	0-)		68 00
	12. Multiply Line 11 by 5% (0.05)	13. Charitabl			
(See instructions)	00	of Line 12	or \$1,0	r the lesser 100) 13.	.00
14. Vermont Income Tax (Line 10 MINUS Lin	ne 13. If less than zero, enter	r -0-)		14.	38.00
15. Income Adjustment (Schedule IN-113, Line				1	. 0000 %
					68.00
16. Adjusted Vermont Income Tax (MULTIPL	11 Line 14 by Line 15)	• • • • • • • • • • • •			
5454	Amount Due			F	orm IN-111 Page 1 of 2 Rev. 10/21

(from Line 31)

Taxpayer's Last Name	Social Security Number
RENAUD	400009034

+ /	າ 1	1	1	1	1	2	\cap	↑ +

Amount from Line 16 .00

Vermont Credits (Add Lines 17 and 18	T							
		e IN-119, Part II)	•	Vermont Ta	21)	Schedule IN-117, Line		
250 _{.0}	19	.00 =	250	18	+	.00		17.
·0	20		om Line 16.	CT Line 19 fro	s (SUBTRA enter -0-)	e Tax after credits ater than Line 16,	Vermont Inc If Line 19 is	20.
.0		1 1 115		v was charged	ch no caloc to	abla itame on which	Hea Tay for	21.
0.0	22				s 20 and 21)	Γaxes (ADD Lines	Total Vermo	22.
Total Contributions	t Fund	Children's Trust	ame Wildlife Fund	Nongar	Up Vermont	Green U	rmont Veterans Fur	Verm
= 23e0	.00	+ 23d.	.00	+ 23c.	.00	+ 23b.		23a.
0.0	24)	Lines 22 and 23	utions (ADD L	ntary Contrib	t Taxes and Volum	Total of Verm	24.
	.00	789	259		n W-2 1099	Γav Withheld from	2021 Vermo)5a
	. •00					Tax payments, am		
	.00		25b.		extension	made with 2021 e	and/or payme	
	00	788	250	Line 11)	112 Dog II	dits (Schedule IN-	Dafundahla (250
	.00			Line II)	-112, Fait II,	uns (Schedule IIV-	. Kerundabie (25C.
	.00		25d.	Form RW-171	olding from l	Real Estate Withho	. 2021 Vermo	25d.
					payments	nt Estimated Tax r	. 2021 Nonres	
1577.0								25f.
<u>1577</u> .0	26	ine 25f	Γ Line 24 from	f, SUBTRACT	han Line 25	f Line 24 is less th	Overpaymen	26.
	.00		27a. ₋	Payment	imated Tax I	edited to 2022 Esti	. Refund to be	27a.
	.00		27b.	11	perty Tax Bi	edited to 2022 Prop	. Refund to be	27b.
1577 . 0								
	28					OUNT (SUBTRAC ore than Line 25f,		
.0.	29		Line 24.		., subtract L	on tax due	See instruction	29.
		MOUNT DUE	31.				Interest and	30.
.0.	0) 31	ADD Lines 29 and 30	00		x 30	of Estimated Tax 152 or IN-152A)		
Amount due now		Original payment		Refund due now		riginal refund received	For Amended	F
.0	.00		.00		.00		Returns Only:	

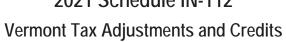
Signature	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
Paid Preparer's Signature		Date / /	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN	FEIN

Check if the Department of Taxes may discuss this return with the preparer shown. $5\,4\,5\,4$

Keep a copy for your records.

Form IN-111 Page 2 of 2 Rev. 10/21

2021 Schedule IN-112





INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
RENAUD	CHRISTOPHER		400009034

Please PRINT in BLUE or BLACK INK

PA	RT I			
AD	DITIONS 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)	00.00		
2.	Interest and dividend income from Vermont state and local obligations included in Line 1			
3.	Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1)	3	185	.00
4.	Bonus Depreciation Allowed under Federal Law for 2021	00		
5.	Other (reserved)	00		
6.	Total Additions (ADD Line 3 and Line 4)	6		.00
SU	BTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME			
7.	Interest Income from U.S. Obligations	00		
8.	Capital Gains Exclusion (Schedule IN-153, Line 21)	00		
9.	Adjustment for Prior Years' Bonus Depreciation9.	00		
10.	Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040)	00		
11.	Medical Expense Deduction (see the worksheet in the instructions)	_		
12.	Social Security Benefits Exempt from Taxation (see the worksheet in the instructions)	00		
13.	Railroad Retirement income	.00		
	Bond/note interest income from (see below)	500		
	▼ VSAC Build Vermont Telecom Authority Vermont Public Power Supply Authority			
15.	Other (reserved)	00		
16.	Total Subtractions (ADD Lines 7 through 14)	16	13105	.00
NE	T MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME			
17	SUBTRACT Line 16 from Line 6 Enter on Form IN-111 Line 2	17.	(12920)	.00
17.	SUBTRACT Line 16 from Line 6. Enter on Form IN-111, Line 2	17	(12920)	.00

Taxpayer's Last Name	Social Security Number
RENAUD	400009034



PART II

. ,	· · ·			
REI	FUNDABLE CREDITS		Line 1 is for FULI	L-YEAR residents
1.	Low Income Child & Dependent Care Credit If your federal Adjusted Gross Income is \$30,000 (or \$40,000 for Married Filing Jointly child care services are provided by a Vermont accredited daycare provider, enter 50% Form 2441, Line 11. If you are not a Vermont resident or your daycare provider is not a Schedule IN-119, Part I, Line 8. See instructions if your providers are both accredited and the second se	y) or less, and % of federal accredited, use		.00
VEF	RMONT EARNED INCOME TAX CREDIT	For FULL-YE	AR residents and PAR	T-YEAR residents
ELIC	GIBILITY QUESTIONS MUST BE ANSWERED			
A.	Enter number of qualifying children		A.	2
B.	Enter number of qualifying children under the age of 18		В.	2
C.	Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at t If you answered "No" and do not have any qualifying children, you do not qual	the end of 2021? . lify for Earned In	C. come Tax Credit	Yes No
FUL	L-YEAR RESIDENTS Answer eligibility questions above and complete Lines 2 and 3			
2.	Earned income tax credit (Reported on federal Form 1040)	.22	188.00	
3.	Vermont Earned Income Tax Credit. MULTIPLY Line 2 by 36% (0.36)		3.	<u>788</u> .00
4.	Answer eligibility questions above and complete Lines 4 through 10 A. Federal Amount \$ Enter figures in Column A from your fed EITC worksheet and Schedule IN-113	leral :	B. Vermont P For Vermont Portion, ent while a Vermont resident Schedule IN-113, Colum 10, and 11	er income earned as shown on
4.	Wages, salaries, tips, etc. (Schedule IN-113, Line 1)	00	4B	.00
5.	Other earned income (Schedule IN-113, Lines 8, 10, and 11)	00	5B	.00
6.	Total earned income (Add Lines 4 and 5)6A.	00	6B	.00
7.	Earned income tax credit adjustment (DIVIDE Line 6B by Line 6A, MULTIPLY t and enter here. Do not enter more than 100%.)	the result by 100	, .7.	
8.	Earned income tax credit (Reported on federal Form 1040)	00		
9.	Multiply Line 8 by 36% and enter the result here		9	.00
10.	Vermont Earned Income Tax Credit (MULTIPLY Line 9 by Line 7)		10	.00
11.	TOTAL REFUNDABLE CREDITS (ADD Line 1 to Line 3 or Line 10. Enter this amount on Form IN-111, Line 25c).		11	788 .00

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2021 Schedule IN-119

Vermont Tax Adjustments and Nonrefundable Credits



INCLUDE WITH FORM IN-111
Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
RENAUD	CHRISTOPHER		400 00 9034

REMIDE CIRCLETOFIER	100 00 3031	
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)	.00	
2. Recapture of Federal Investment Tax Credit (reported on Form 1040)	.00	
3. Tax from federal Form 4972, Tax on Lump-Sum Distributions 3.	.00	
4. ADD Lines 1 through 3	.00	
5. MULTIPLY Line 4 by 24% (0.24)	.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 Child & Dependent Care Expenses (reported on Form 1040)	.00	
9. Credit for the Elderly or the Disabled (federal Schedule R) 9.	.00	
10. Investment Tax Credit - Vermont-based only (See instructions)		
11. Vermont Farm Income Averaging Credit (from worksheet in instructions)		
12. ADD Lines 8 through 11	.00	
13. MULTIPLY Line 12 by 24% (0.24)	.00	
14. Vermont-based Solar Energy Credit carryforward14.	.00	
15. ADD Lines 13 and 14	15	.00
NET ADJUSTMENTS TO VERMONT TAX		
16. SUBTRACT Line 15 from Line 7. Enter on Form IN-111, Vermont Income Tax Ret	turn,	0.0

.00

Taxpayer's Last Name Social Security			/ Number
RENAUD	400	00	9034

For credits earned through an S-Corporation, LLC, or Partnership, enter name and FEIN of the entity



INCLUDE WITH FORM IN-111

PART II VERMONT INCOME TAX CREDITS

1. Vermont Higher Education	eligible for credit				Credit
Investment (32 V.S.A § 5825a) See instructions	2500	.00	TIMES (X) .10	=	25000

Name of Entity FEIN If credits from more than one business entity, fill out a separate IN-119 for each entity. Column A **PLUS** Column B **EQUALS** Column C Earned in 2021 Carryforward (+)(=)2. Charitable Housing 2C. ____ .00 .00 .00 (32 V.S.A. § 5830c) 2A. 2B. 3. Qualified Sale of Mobile Home Park .00 3B. ____ .00 .00 (32 V.S.A. § 5828) **3A.** _____ 3C. **4.** Research & Development .00 .00 .00 Prior approval required from Vermont Housing Finance Agency for Line 5 5. Affordable Housing 5B. ____ .00 .00 6. Historic Rehabilitation 6B. _____.00 (32 V.S.A. § 5930cc(a)) 6A. _____.00 6C. .00 7. Facade Improvement .00 .00 .00 7C. (32 V.S.A. § 5930cc(b)) **7A.** ___ 7B. **8.** Code Improvements .00 .00 (32 V.S.A. § 5930cc(c)) 8A. ______**.00** 8B. ____ 8C. 250 .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. **Tax Credit Calculation Worksheet** .00.00 .00 .00 .00 .00 .00 17. Enter the lesser of Line 10 or Line 16. .00 .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. .00

2022 Form HS-122

Vermont Homestead Declaration AND Property Tax Credit Claim



DUE DATE: April 15, 2022. You may file up to Oct. 17, 2022, but the town may assess a penalty. For details on late filing, see the 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

SECTION A.

This form must be filed each year by every Vermont resident whose property meets the definition of a homestead. 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, 2022. If your homestead is leased to a tenant on April 1, 2022, you may still claim it as a homestead if it is not leased for more than 182 days in the 2021 calendar year.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name			First Name		MI		Claimant's	Social Security	Number	
RENAUD	СН	RIS	TOPHER			400009	9034			
Spouse's/CU Partner's Last Na	ame		First Name		MI	Spouse	s or CU P	artner's Social S	Security Numb	er
Mailing	Address (Number and S	treet/Roa	ad or PO Box)			Cla	aimant's Da	ate of Birth (MM/	DD/YYYY)	
PO BOX 322						06	/18	/1977		
City		State	ZIP Code							
SAINT JOHNSBURY	V	/T	05863							
Location of Homestead (U	se a number, street/road	l name.	Do not use a PO Box or "same	9.")		City/Town of	Legal Res	idence on April 1	1, 2022 and	State
189 MARTIN ST						SHEFF	IELD		V	Γ
Federal Single			larried/CU iling Jointly			Married/CU Filing Separate	ely		× Head of Househ	old
 A1. SPAN - REQUIRED (from A2. Business Use of Dwelling. A3. Rental Use of Dwelling. A4. Business or Rental Use of I 	mprovements or O	 	Buildings					. A3	 	%
Not including the dwelling, A5-A8 Special Situations (See i	nstructions for more		nation). Check the follow	wing if	it app	lies:			· L Yes	No
A5. Grantor and sole bene revocable trust owning A6. Life estate holder of the	the property		□A'. (File a de Residing	eclarati in a d	perty crosse ion for each t welling on the y a related fa	town.) e homeste			

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

Form HS-122 Page 1 of 2 Rev. 10/21

Claimant's Last Name	Social Security Number
RENAUD	400009034

DUE DATE: April 15, 2022. Claims accepted up to Oct. 17, 2022.

SECTION B. PROPERTY TAX CREDIT CLAIM

For Household Income up to \$136,900. 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 2021? Yes, Go to Line B2. No. STOP. Were you claimed as a dependent in 2021 by another taxpayer?.... Yes, STOP. No, Go to Line B3. **B3.** Do you anticipate selling this Vermont housesite on or Yes, STOP. No, Continue Amounts for Lines B4-B6 are found on the 2021/2022 property tax bill. Round amounts to the nearest dollar. 125980.00 233.00 B7. Household Income (Schedule HI-144, Line z). 48924_.00 HI-144, Household Income, is included. You MUST attach Schedule HI-144...... B8. Complete the following **ONLY if applicable.** See instructions for details. .00 Allocated Property Tax from Land Trust, Cooperative, or Nonprofit Mobile Home Park .00 .00 OR Property Tax from contiguous property if housesite has less than 2 acres (See instructions.) .00 .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 Date (MMDDYYYY) Signature (If a joint return, BOTH must sign.) 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

2021 Schedule HI-144

Household Income



Other Person #1 Social Security Number

Please PRINT in BLUE or BLACK INK

For the year Jan 1 - Dec 31, 2021

Other Person #1 Last Name

This schedule must be included with the 2022 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	
RENAUD	CHRISTOPHER	400009034		
Spouse's/CU Partner's Last Name	Name First Name		Claimant's Date of Birth (MMDDYYYY)	

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2021. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

First Name

Other Person #2 Last Name	Other Person #2 Last Name First Name		Other Person #2 Soci	al Security Number
Yearly totals of ALL members of the household	1. Claimant /Cla and jointly filed S		2. Filing separately Spouse or CU Partner	3. Other Persons
a. Cash public assistance and relief (See instruction	ons for exclusions) a	00	00	.00
b. Social Security, SSI, disability, railroad retirem veteran's benefits, taxable and nontaxable	nent, 1275	00.	00	.00
c. Unemployment compensation/worker's compensation	nsation	00	.00	.00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)			00	.00
e. Interest and dividends	e18	⁵ .00	.00	00
f. Interest on U.S., state, and municipal obligation taxable and nontaxable			.00	
g. Alimony and support money	g	00	.00	
h. Child support and cash gifts				
Please specify	h	00	.00	.00
i. Business income. If the amount is a loss, enter See instructions for offsetting a loss	-0		.00	
j. Capital gains, taxable and nontaxable. If the amenter -0 See instructions for offsetting a loss	nount is a loss.		.00	
k. Taxable pensions, annuities, IRA and other reti distributions. See instructions	rement fund and	0.0	.00	
l. Rental and royalty income. If the amount is a lose instructions for offsetting a loss		00	.00	
m. Farm/partnerships/S corporations/LLC/Estate of If the amount is a loss, enter -0 See Line mine exception to offset a loss	or Trust income. structions for only		00	.00
n. Other income (See instructions for examples of				
Please specify	n	00	00	.00
	5079	0 00	0.0	00

.00

.00

o. Total Income: ADD Lines a through n o. _

Claimant's Last Name	Social Security Number
RENAUD	400009034



Carried forward from Line 0 50790 .00 _____.00 ____.00

Carried for ward from Line 0			00	
D. See Histractions, Effici Social Security and		2. Filing separately Spouse or CU Partner	3. Other Persons	
q. Child support paid. You must include				
proof of payment. See instructions $\dots q_{\bullet}$.00	.00	.00	
Current rold to Lock Norse	First No	me MI	Contal Consu	eite e N.I. mada ou
Support paid to: Last Name	First Na	ime ivii	Social Secu	nty Number
r. Allowable adjustments from Federal Form 1	1040	ı	I	ı
r1. Business expenses for Reservists r1.	.00	.00	.00	
		0.0	00	
r2. Alimony paidr2.	00	.00	.00	
r3. Self-employed health insurance deduction	00	.00	.00	
msurance deduction	00		00	
r4. Health Savings Account deduction r4.	.00	.00	.00	
r5. Tuition and Fees as reported on				
federal Form 8917	.00	.00	.00	
s. ADD Lines p, q, and total of Lines r1 through r5 for each columns.	186600	.00	.00	
t. SUBTRACT Line s from Line o of each		0.0	00	
column. If a negative amount, enter -0- \dots t.	00	.00	.00	
u. ADD all three amounts from Line t. If a nega	utive amount enter 0			u. 48924 .00
	uive amount, enter -0-			u •00
v. Complete if born Jan. 1, 1957 and after. Enter interest and dividend income from	E40	ı	I	ı
Enter interest and dividend income from Lines e and f		.00	.00	
			•	540
w. ADD all three amounts from Line v				w00
- A Adington and of Laterant and Dividend Land	/I : 16. D-	- 22 M C A 8 COC1E		_ 10 000 00
x. Asset Adjustment of Interest and Dividend Inco	ome (Lines e and I). Pe	:1 32 v.S.A. § 0001E	• • • • • • • • • • • • • • • • • • • •	x
y. SUBTRACT Line x from Line w. If Line x is	more than Line w, ente	er -0		y00
•	,			40004
z. HOUSEHOLD INCOME. ADD Line u and l	Line y			z00

HOMEOWNERS Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year.

Homeowners with Household Income up to 136,900 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. This schedule must be filed with Form HS-122.

Form HS-122 The due date to file is April 15, 2022. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 17, 2022, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

Test 4:

Required Vermont Forms/Schedules: IN-111, Social Security Worksheet, HS-122, HI-144

Taxpayer(s) Information:

Primary SSN: 400-00-9035 Name: Sammy Goodrich

Residency Status: Resident

Mailing Address: PO Box 349

City: Chester

State: VT

Zip Code: 05143

Date of Birth: June 14, 1947
Filing Status: Married Filing Joint

Spouse SSN: 400-00-9036
Spouse Name: Patty Goodrich

Spouse Date of Birth: September 14, 1950

School District Code: 045

911 Address: 13 Sugarbush Rd.
Healthcare Coverage: Taxpayer & Spouse
Primary Occupation: Chief Operator
Spouse Occupation: Secretary

Return Information:

Federal AGI: 59,095.00 Wages: 48,595.00 Taxable Social Security Income: 10,500.00

Social Security & Medicare Tax

Withheld: 3,718.00

Income Tax Withheld from

Wages: 1,200.00

Overpayment applied to 2020

Property Tax Bill: Yes

SPAN: 114-045-12345

Business Use of Dwelling: 0.00%
Rental Use of Dwelling: 0.00%
Improvements: None
Special Situations: None
Housesite Value: 155,500.00

Housesite Value: 155,500.00
Housesite Education Tax: 1,888.00
Housesite Municipal Tax: 1,143
Ownership Interest: 100.00%
Mobile Home Lot Rent: None
Contiguous Property: No

2021 Form IN-111

Vermont Income Tax Return



Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name	N	Al Social	Security Number	
GOODRICH	SAMMY	R			Check if Deceased
Spouse's/CU Partner's Last Name	First Name			Security Number	Check if
GOODRICH Mailing Address (Num	PATTY	M	_ I		Deceased
PO BOX 349	nber and Street/Road or PO Box)	1		al Street Address on 12/31	12021
City	State ZIP Code or Fore		3 SUGARBU	Foreign Country	
CHESTER	VT 05143				
Vermont School District Code 0.4.5 Enter Healthd (See instruction)		ck all AMEN	IDED _	1 RECOMPUTED	□ EXTENDED
045 See instructi	ons for code options) that	apply Return		Return	Return
Filing Status and Single Standard Deduction Single (\$6.350)	arried/CU Filing Jointly	Married/CU Filing	Head of Ho		ing Widow(er)
Standard Deduction (\$6,350)	12,700)	Separately (\$6,350)	(\$9,500)	(\$12,70	10)
					59095
1. Federal Adjusted Gross Income (federa	l Form 1040, Line 11)		1. _.		.00
2. Net Modifications to Federal AGI (Scho	- d1- INI 110 D4 I I : 17)		2	-	10500 .00
2. Net Modifications to Federal AGI (School	edule IN-112, Part I, Line 17)		<u>4</u>		
3. Federal AGI with Modifications (ADD	Lines 1 and 2)		3. .		48595.00
					14800 00
4. 2021 Vermont Standard Deduction from Please see instructions if you or you	n filing status section above		4 . ₋		.00
deduction boxes on federal Form	1040, page 1.	·u			
5. Personal Exemptions:5a. Enter "1" for yourself if no one	can claim you as a denendent		5a	1	
5b. Enter "1" for your jointly filed s			· · · · · · · · · · · · · · · · · · ·	1	
claim them as a dependent or if	you are a qualifying widow(er)				
5c. Enter number of other dependen					
This includes any dependents of	her than yourself and/or your s	pouse	5c. ₋		
5d. ADD Lines 5a through 5c				5d.	2
tut 1122 21100 ou un ough co					8700
Fe. MULTIPLY Line 5d by \$4,350 (2021	Personal Exemption)		5e.		00
			_		23500 00
6. ADD Lines 4 and 5e			6. ₋		.00
7. Vermont Taxable Income (SUBTRAC)	Γ Line 6 from Line 3. If less t	han zero, enter -0-) 7.		²⁵⁰⁹⁵ .00
			_		
8. Vermont Income Tax from tax table or			8 . ₋		841.00
(If Line 1 is greater than \$150,000, see			0		.00
9. Net Adjustment to Vermont Tax (Scheo	iule IN-119, Part I, Line 16)		9 . ₋		
0. Vermont Income Tax with Adjustment	(ADD Lines 8 and 9. If less the	nan zero, enter -0-)	10.		841.00
	·	_			
11. Tax-Deductible Charitable Contribution (See instructions)	12. Multiply Line 11 by 5% (0.05)	Doduction /	ntor the lessor		50 00
(See instructions) 1000	50.00	of Line 12 or	\$1,000) 13. _		00.
4. Vermont Income Tax (Line 10 MINUS	I in 12 If less than zero, and	or ()	1/1		⁷⁹¹ .00
4. Vermont income Tax (Line to MINUS	Line 13. II less than zero, em	ei -0-)	14		
5. Income Adjustment (Schedule IN-113,	Line 36, or 100.0000%)			15	%
English State of the Control of the					791 00
6. Adjusted Vermont Income Tax (MULT	TIPLY Line 14 by Line 15)				00
				Form IN	
5454	Amount Due (from Line 31)		.00	Page 1 Rev. 1	
	I ULOULTING STI			1101.	10141

(from Line 31)

Taxpayer's Last Name	Social Security Number
GOODRICH	400009035

*	2	1	1	1	1	1	2	\cap	Λ	*

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 17 and 17 and 18 and 18 and 19	
20. Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-)	.00
20. Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-)	
21. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). 22. Total Vermont Taxes (ADD Lines 20 and 21) Vermont Veterans Fund Green Up Vermont Nongame Wildlife Fund Children's Trust Fund Total Contributions 23a	.00
Vermont Veterans Fund Green Up Vermont Nongame Wildlife Fund Children's Trust Fund Total Contributions 23a	.00
23a00 + 23b00 + 23c00 + 23d00 = 23e 24. Total of Vermont Taxes and Voluntary Contributions (ADD Lines 22 and 23e)	.00
24. Total of Vermont Taxes and Voluntary Contributions (ADD Lines 22 and 23e)	;
	.00
	.00
23a. 2021 Vermont Tax Withheld from W-2, 1077	
25b. 2021 Estimated Tax payments, amount carried forward from 2020, and/or payment made with 2021 extension	
25c. Refundable Credits (Schedule IN-112, Part II, Line 11)25c00	
25d. 2021 Vermont Real Estate Withholding from Form RW-171 25d..00	
25e. 2021 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 25e00	
25f. Total Payments and Credits (ADD Lines 25a through 25e)	.00
26. Overpayment. If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f	.00
27a. Refund to be credited to 2022 Estimated Tax Payment	
27b. Refund to be credited to 2022 Property Tax Bill	
28. REFUND AMOUNT (SUBTRACT Lines 27a and 27b from Line 26)	.00
29. If Line 24 is more than Line 25f, subtract Line 25f from Line 24. See instructions on tax due	
30. Interest and Penalty on Underpayment of Estimated Tax 30	
For Amended Returns Only: Refund due now Refund due now Original payment Amount due now .00	.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 / /	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. 5 4 5 4

Keep a copy for your records.

Form IN-111 Page 2 of 2 Rev. 10/21

2022 Form HS-122

Vermont Homestead Declaration AND Property Tax Credit Claim



DUE DATE: April 15, 2022. You may file up to Oct. 17, 2022, but the town may assess a penalty. For details on late filing, see the 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

SECTION A.

This form must be filed each year by every Vermont resident whose property meets the definition of a homestead. 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, 2022. If your homestead is leased to a tenant on April 1, 2022, you may still claim it as a homestead if it is not leased for more than 182 days in the 2021 calendar year.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name	First Name	MI	Claimant's Social Securit	y Number
GOODRICH	SAMMY	R	400009035	
Spouse's/CU Partner's Last Name	First Name	MI	Spouse's or CU Partner's Social	Security Number
GOODRICH	PATTY	M	400009036	
Mailing Address (Number a	nd Street/Road or PO Box)		Claimant's Date of Birth (MI	M/DD/YYYY)
PO BOX 349			06 /14 /1947	
City	State ZIP Code			
CHESTER	VT 05143			
Location of Homestead (Use a number, street/	road name. Do not use a PO Box or "same.")		City/Town of Legal Residence on Apri	11, 2022 and State
13 SUGARBUSH RD			CHESTER	VT
Federal Filing Status Single	★ Married/CU Filing Jointly		Married/CU Filing Separately	Head of Household
 A1. SPAN - REQUIRED (from the 2021/2022 process) A2. Business Use of Dwelling	or Other Buildings Into or other buildings located on your paramore information). Check the following i	rcel use f it app tead pro declarat	A2 A3 ed for business or rented?	% %

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

Form HS-122 Page 1 of 2 Rev. 10/21

Claimant's Last Name	Social Security Number
GOODRICH	400009035

DUE DATE: April 15, 2022. Claims accepted up to Oct. 17, 2022.

PROPERTY TAX CREDIT CLAIM

S	ECTION B.	For Household Income up to \$136,900.		HI-144.
		eet the requirements for filing a homestead declar us must be answered.	ration in addition to the following red	quirements.
B1.	Were you domicil	ed in Vermont all of calendar year 2021?	Yes, Go to Line B2.	No, STOP.
B2.	Were you claimed	as a dependent in 2021 by another taxpayer?	Yes, STOP.	No, Go to Line B3.
В3.		selling this Vermont housesite on or 22?	Yes, STOP.	No, Continue
Amo	unts for Lines B4-	B6 are found on the 2021/2022 property tax bill.	Round amounts to the nearest dollar	ur.
B4.	Housesite Value		B4	155500 . 00
B5.	Housesite Educati	on Tax	B5	1888.00
B6.	Housesite Munici	pal Tax	B6	1143.00
B7. B8.		ste (Schedule HI-144, Line z). n Schedule HI-144		
Comp	plete the following	ONLY if applicable. See instructions for details.		
B9.	Lot Rent (Allocab	ole Rent from Form LRC-147)		00
Alloc	cated Property Tax	x from Land Trust, Cooperative, or Nonprofit Mo		
B10.	Allocated Educati	on Tax	B10	00
B11.	Allocated Municip	pal Tax		00
OR I	Property Tax from	contiguous property if housesite has less than 2 ac		
B12.	Contiguous prope	rty Education Tax	B12	00
B13.	Contiguous prope	rty Municipal Tax	B13	00
		MAXIMUM CREDIT A	MOUNT IS \$8,000.	
		ry, I declare that I have examined this return and accordect, and complete. Preparers cannot use return inform		
Sign	ature		Date (MMDDYYYY)	Daytime Telephone Number
Sign	ature (If a joint return, E	BOTH must sign.)	Date (MMDDYYYY)	Daytime Telephone Number
Paid	Preparer's Signature		Date (MMDDYYYY)	Preparer's Telephone Number
Firm	's Name (or yours if sel	f-employed) and address	Preparer's SSN or PTIN	FEIN
			I	

2021 Schedule HI-144

Household Income





Other Person #1 Social Security Number

For the year Jan 1 - Dec 31, 2021

Other Person #1 Last Name

This schedule must be included with the 2022 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name	First Name		Claimant's Social Security Number
GOODRICH	SAMMY	R	400009035
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY)
GOODRICH	PATTY	М	400009036

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2021. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

First Name

		\perp			
Other Person #2 Last Name	First Name	MI	Other Person #2 Social	ociai Security Number	
Yearly totals of ALL	I. Claimant /Cla	imant	2. Filing separately		
members of the household	and jointly filed S		Spouse or CU Partner	3. Other Persons	
a. Cash public assistance and relief (See instruction)	tions for exclusions) a	00	.00	.00.	
 Social Security, SSI, disability, railroad retire veteran's benefits, taxable and nontaxable 	ment, 10500	00.0	00	00	
c. Unemployment compensation/worker's comp	ensation	00	.00	00	
1. Wages, salaries, tips, etc. (See instructions fo dependent's exempt income.)	4859 <u>9</u>	5.00	00	00	
e. Interest and dividends	e	00	.00	.00	
f. Interest on U.S., state, and municipal obligati taxable and nontaxable	ons.		00	00	
g. Alimony and support money	g	00	00	.00.	
Please specify	h	00	.00	.00	
i. Business income. If the amount is a loss, ente See instructions for offsetting a loss	r -0		00	.00	
j. Capital gains, taxable and nontaxable. If the a enter -0 See instructions for offsetting a los	mount is a loss.		00		
x. Taxable pensions, annuities, IRA and other redistributions. See instructions	tirement fund and	00	00	.00	
1. Rental and royalty income. If the amount is a See instructions for offsetting a loss	loss, enter -0		00	00	
In Farm/partnerships/S corporations/LLC/Estate If the amount is a loss, enter -0 See Line me exception to offset a loss	nstructions for only	00	00	.00	
1. Other income (See instructions for examples	of other income)				
Please specify		00	00	.00	

Schedule HI-144 Page 1 of 2 Rev. 10/21

5454

Claimant's Last Name	Social Security Number
GOODRICH	400009035



Carried forward from Line 0 59095 .00 _____.00 ____.00

Carried forward from Line o		•00	00	
Medicare tax withheld on wages claimed on ar 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	2710	2. Filing separately Spouse or CU Partner	3. Other Persons	
if not included with income tax filing p q. Child support paid. You must include		00	00	
proof of payment. See instructions $\dots q_{\bullet}$.00	.00	.00	
		· · · · · · · · · · · · · · · · · · ·		
Support paid to: Last Name	First Na	me MI	Social Secur	ity Number
r. Allowable adjustments from Federal Form 10		1	I	I
r1. Business expenses for Reservists r1.	.00	.00	.00	
r2. Alimony paidr2.	00	.00	.00	
r3. Self-employed health	00	.00	.00	
insurance deduction	00	00	00	
r4. Health Savings Account deduction r4.	.00	00	.00	
r5. Tuition and Fees as reported on federal Form 8917	.00	.00	.00	
s. ADD Lines p, q, and total of Lines r1 through r5 for each columns.	<u>3718</u> .00	00	00	
t. SUBTRACT Line s from Line o of each	55377	00	00	
column. If a negative amount, enter -0t.	00	.00	.00	
u. ADD all three amounts from Line t. If a negat	tive amount, enter -0-			u. 55377 .00
v. Complete if born Jan. 1, 1957 and after. Enter interest and dividend income from Lines e and f				
w. ADD all three amounts from Line v			,	w00
x. Asset Adjustment of Interest and Dividend Inco	me (Lines e and f). Pe	r 32 V.S.A. § 6061E		x. <u>10,000.00</u>
y. SUBTRACT Line x from Line w. If Line x is a	more than Line w, ente	r -0		
z. HOUSEHOLD INCOME. ADD Line u and L	ine y			z00

HOMEOWNERS Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year.

Homeowners with Household Income up to 136,900 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. This schedule must be filed with Form HS-122.

Form HS-122 The due date to file is April 15, 2022. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 17, 2022, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

SOCIAL SECURITY EXEMPTION WORKSHEET

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS WORKSHEET.

Instructions: It is important that you answer the questions in Section I to determine if you qualify for a full or partial exemption. If you qualify for a partial exemption, you may move on to Section II to calculate the amount of the exemption.

a full or partial exemption. If you quality for a partial exemption, you may move calculate the amount of the exemption.	on to been	
SECTION I: Do you qualify for the Vermont Social Security full or partial exemption?		
1. Did you report an amount on federal Form 1040, U.S. Individual Income Tax Return, Lin Security benefits that were taxable in the current tax year?	ne 6b, earnii	ng Social
No, STOP. You do not qualify for this exemption.		
X Yes. Proceed to question 2.		
2. If you are:		
 Married filing jointly, is your Adjusted Gross Income (AGI) on Form IN-111, Vermon less than \$70,000? 	t Income Ta	ax Return, Line 1
• Single, head of household, qualifying widow(er), or married filing separately, is your a less than \$55,000?	AGI on Forr	m IN-111, Line 1
No, STOP. You do not qualify for this exemption.		
X Yes. You qualify for Vermont's Social Security exemption. Proceed to ques	stion 3.	
3. If you are:		
 Married filing jointly, is your AGI less than \$60,000? 		
 Single, head of household, qualifying widow(er), or married filing separately, is your No. Please proceed to Section II of this worksheet. Yes. You qualify for a full exemption. Please enter the full amount from feet 		
Schedule IN-112, Part I, Line 12.		
SECTION II: Calculating your Social Security Partial Exemption This section is for married joint filers with an Adjusted Gross Income (AGI) between \$60, single, head of household, qualifying widow(er), or married separate filers with an AGI between		
4. If you are:		
• Married filing jointly, enter \$70,000.		
• All other filing statuses, enter \$55,000	4.	70000
5. Enter your AGI from Form IN-111, Line 1.		59095
6. Subtract Line 5 from Line 4. If Line 5 is greater than Line 4, enter -0		
7. Divide Line 6 by \$10,000. This value will be a decimal. Please round to the second		
decimal place (<i>Example</i> : .481 would round to .48)	7.	1.09
8. Enter the lesser of Line 7 or the value 1 (This line should not be greater than 1)		_
Enter this amount on Schedule IN-112, Part I, Line 12	10.	10500
 8. Enter the lesser of Line / or the value 1 (This line should not be greater than 1). 9. Enter the amount from federal Form 1040, Line 6b. 10. Amount of partial exemption. Multiply Line 9 by Line 8. Enter this amount on Schedule IN-112, Part I, Line 12. Note about civil unions: If you are in a civil union and filing jointly, you should file for married filing jointly. If you are a civil union and filing separately, you should file as marr 	9. 10. or this exem	10500 10500 nption as

Test 5:

Required Vermont Forms/Schedules: IN-111, IN-117

Taxpayer(s) Information:

Primary SSN: 400-00-9037
Name: Michael Lane
Residency Status: Resident

Mailing Address: 17 Ferndell Ln. City: Colchester

State: VT Zip Code: 05446

Date of Birth: January 15, 1982

Filing Status: Single School District Code: 048

911 Address: 17 Ferndell Ln. Healthcare Coverage: Taxpayer

Return Information:

 Federal AGI:
 115,000.00

 Wages:
 115,000.00

 NY Wages:
 57,500.00

 VT Income Tax Withheld from Wages:
 5,000.00

 NY Taxes Paid:
 5,000.00

 Use Tax Due:
 115.00

 Estimated payments made
 2,750.00

2021 Form IN-111

Vermont Income Tax Return



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 LANE	First Nam	ne M		curity Number	Check if
Spouse's/CU Partner's Last Name	MICHAEL First Nam	ne M	40000903	curity Number	Deceased
Spouse s/CO Faither's Last Name	THSCNAIT	IC IVI	11 Social Sec	curity Number	Check if
Mailing Address (Numb	er and Street/Road or PO Box)		911/Physical S	treet Address on 12/3	Deceased 1/2021
17 FERNDELL LN	,	17			-
City	State ZIP Code or Fo	reign Postal Code		oreign Country	
COLCHESTER	VT 05446				
Vermont School District Code Enter Healthca	re Coverage Code C	heck all AMENI	nen 🗆	ECOMPUTED	× EXTENDED
048 1 Little Health Canal (See instruction	ns for code options) th	nat apply Return		eturn	Return
	rried/CU Filing Jointly 2,700)	Married/CU Filing Separately (\$6,350)	Head of House (\$9,500)	ehold Qualify (\$12,70	ying Widow(er) 00)
4.51.141.416.4.46.4.46.4.46	T 1040 I 11		4	1	.0000
1. Federal Adjusted Gross Income (federal	Form 1040, Line 11)				0
2. Net Modifications to Federal AGI (Sched	dule IN-112, Part I, Line 17)	2		.0
3. Federal AGI with Modifications (ADD I	ines 1 and 2)		3	1	.0
4. 2021 Vermont Standard Deduction from	filing status section above.				6350
Please see instructions if you or you deduction boxes on federal Form 10 5. Personal Exemptions:	040, page 1.		5 .	1	
5a. Enter "1" for yourself if no one c	•		5a		
5b. Enter "1" for your jointly filed sp claim them as a dependent or if y	ou are a qualifying widow(e	er)	5b		
5c. Enter number of other dependents This includes any dependents oth			5c		
5d. ADD Lines 5a through 5c				5d.	1
5e. MULTIPLY Line 5d by \$4,350 (2021 F	Personal Exemption)		5e		4350.0
6. ADD Lines 4 and 5e			6		10700.0
7. Vermont Taxable Income (SUBTRACT	Line 6 from Line 3. If les	s than zero, enter -0-)) 7.	1	
8. Vermont Income Tax from tax table or ta	ıx rate schedule		8		0
(If Line 1 is greater than \$150,000, see in 9. Net Adjustment to Vermont Tax (Schedu			9.		
10. Vermont Income Tax with Adjustment (A					5604 .0
Tax-Deductible Charitable Contribution	12. Multiply Line 11 by 5% (0.0				
(See instructions) $\bf{00}$.0	Doduction /E	Enter the lesser \$1,000) 13		.0.
4. Vermont Income Tax (Line 10 MINUS)	Line 13. If less than zero, e	_			5604
5. Income Adjustment (Schedule IN-113, L				100	0000
6. Adjusted Vermont Income Tax (MULT)					5604.0
				— Form II	N-111
5454	Amount Due (from Line 31)		.00	Page Rev.	

Taxpayer's Last Name	Social Security Number	
ANE	400009037	
om	_	

LANE	400009037] 			
Amount from Line 16 .0	0		2 1	 _	_

	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 + 1800 =	19	2802 .0 0
20.	Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-)		
21.	Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart)		58 .00
22.	Total Vermont Taxes (ADD Lines 20 and 21)	22	2860 .00
Vern	nont Veterans Fund Green Up Vermont Nongame Wildlife Fund Children's Trust	Fund	Total Contributions
23a.	00 + 23b00 + 23c00 + 23d	00	= 23e00
24.	Total of Vermont Taxes and Voluntary Contributions (ADD Lines 22 and 23e)	24.	2860 .0 0
	2021 Vermont Tax Withheld from W-2, 1099		
	2021 Estimated Tax payments, amount carried forward from 2020, and/or payment made with 2021 extension		
25c.	Refundable Credits (Schedule IN-112, Part II, Line 11)		
25d.	2021 Vermont Real Estate Withholding from Form RW-171 25d.	.00	
25e.	2021 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	7750 .00
26.	Overpayment. If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f	26	4890.00
27a.	Refund to be credited to 2022 Estimated Tax Payment	.00	
27b.	Refund to be credited to 2022 Property Tax Bill	.00	
28.	REFUND AMOUNT (SUBTRACT Lines 27a and 27b from Line 26)	28	4890.00
29.	If Line 24 is more than Line 25f, subtract Line 25f from Line 24. See instructions on tax due		
30.	Interest and Penalty on Underpayment of Estimated Tax 3000 (Worksheet IN-152 or IN-152A) 31. AMOUNT DUE (ADD Lines 29 and 30))) 31	.00
	or Amended eturns Only: Original refund received Refund due now Original payment	.00	Amount due now
	er penalties of perjury, I declare that I have examined this return and accompanying schedules and stat		

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	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.

Form IN-111 Page 2 of 2 Rev. 10/21

2021 Schedule IN-117

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
	LANE	MICHAEL		400 00 9037
1.	Name of state or Canadian province. Use sta	andard two-letter abbreviation		1NY
2.	Enter Adjusted Gross Income taxed in anoth subject to Vermont income tax. This entry cathe entry on Form IN-111, Line 1. (If less the	annot be more than	57	7500_ .00
3.	2021 Bonus Depreciation addback taxed in a Canadian province AND taxed in Vermont.	another state or		
4.	Non-Vermont state/local obligations taxed in or Canadian province AND taxed in Vermon	n another state		
	ADD Lines 2 through 4.			557500 .00
6.	Bonus Depreciation subtracted from income or Canadian province in tax year 2021	in another state		00
7.	U.S. Government interest income subtracted another state or Canadian province in tax ye	l from income in ar 2021		.00
8.	ADD Lines 6 and 7			
9.	Modified Adjusted Gross Income for income taxed in Vermont (SUBTRACT Line 8 from	e taxed in another state or Canadian provi m Line 5)	nce Al	ND 57500 .00
10.	Adjusted Gross Income from Form IN-111, (If less than zero, enter -0-)	Line 1	115	.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			13115000.00
	U.S. Government interest income from Schedule IN-112, Part I, Line 7			
15.	Bonus Depreciation from Schedule IN-112,	Part I, Line 9 15.		.00
16.	ADD Lines 14 and 15			
17.	SUBTRACT Line 16 from Line 13			17115000 .00
18.	Vermont income tax from Form IN-111, Lin	ne 14	5	.00
19.		ine 17. MULTIPLY the result by Line 5604.00	18 .) Re	esult cannot be more than 100% of Vermont tax.
	Line 17 115000.00 x Line 18_			192802.00
20.	Income tax paid to another state or Canadian Income from Line 9 above	n province based on modified Adjusted G	ross	2000
21.	VERMONT CREDIT for income tax paid Enter the lesser of Line 19 or Line 20. Also			21 . 2802 .00
	Enter the lesser of Line 19 of Line 20. Also	enter on Porth In-111, Line 1/		Form IN-117

USE TAX WORKSHEET Did you buy taxable items without paying Vermont Sales Tax? This includes orders over the internet, by mail, or by phone on which you did not pay Vermont Sales Tax. This also includes out-of-state purchases on which you paid tax at a rate less than 6%, including purchases of liquor to be consumed in Vermont. Yes, but I did not keep accurate records. Go to Part 1. Yes, and I kept accurate records. Go to Part 2. No. Skip to Part 4.					
Parts 1 through 3 relate only to the types of purchases described above, where you were not charged at least 6% Sales Tax.					
Part 1 If you did not keep accurate records					
1a. Enter the amount of use tax from the Estimated Use Tax Table below that corresponds to your Adjusted Gross Income from Form IN-111 Line 1					
your ragusted cross meome from 1 orm 1 or 111, 2mo 1					
1b. Did you make purchase(s) of \$1,000 or more per item? Yes. Go to Part 3.					
No. Enter Line 1a amount onto Form IN-111, Line 21 and skip the remainder of this worksheet.					
Estimated Use Tax Table					
Adjusted Gross Income Use Tax is: Adjusted Gross Income Use Tax is: Adjusted Gross Income Use Tax is:					
Up to \$20,000					
Part 2 If you did keep accurate records					
2a. Enter the total amount of all purchases of items under \$1,000 each					
2b. Multiply Line 2a by 6% (0.06). Enter the amount here					
Part 3 Total Use Tax due					
3a. Enter the total amount of all purchases of items \$1,000 or more per item					
3b. Multiply Line 3a by 6% (0.06). Enter the amount here					
3c. Add Line 3b to either Line 1a or Line 2b (the line with a value entered)					
3d. Enter the amount of sales tax paid to another state for the purchases on Lines 2a and 3a, if any. 3d.					
3e. Line 3c minus Line 3d. Enter here and on Form IN-111, Line 21					
Part 4 Certification of No Use Tax Due					
You do not owe use tax if: 1) you did not make any taxable purchases by internet, mail-order, over the phone, or out of state, or					
2) you made purchases using any of these methods but paid at least 6% sales tax at the time of purchase on all of them. If one of the situations above is true, check the box next to Line 21 and enter -0- on that line. The failure to pay use tax may					

If one of the situations above is true, check the box next to Line 21 and enter -0- on that line. The failure to pay use tax may result in the assessment of penalties of up to 100% of the unreported tax and interest.

Test 6:

Required Vermont Forms/Schedules: IN-111, IN-112, IN-119, IN-153

Taxpayer(s) Information:

Primary SSN: 400-00-9038

Name: John Siloway

Residency Status: Resident

Mailing Address: 1413 Boudro Road

City: Randolph State: VT

Zip Code: 05060

Date of Birth:

Filing Status:

Married Filing Joint
Spouse SSN:

400-00-9039 Mary

Spouse Name: Siloway
School District Code: 159

911 Address: 1413 Boudro Road

Healthcare Coverage: Spouse Primary Occupation: Teacher

Dependent Name: Michael Siloway
Dependent SSN: 400-00-9004

Return Information:

Federal AGI: 56,604.00 Taxable Social Security: 1,256.00

Interest & Dividend Income from State &

Local Obligations Exempt from Federal Taxes: 266,000.00

VT Interest & Dividend Income from State &

Local Obligations Exempt from Federal Taxes:255,570.00Income Tax Withheld from Wages:1,200.00Estimated Payments Made:1,000.00Interest Income from US Obligations:7,279.00Bond/Note Interest Income:500.00

Bond/Note Interest Income received from: Build America

Federal Child & Dependent Care: 600.00

Vermont Higher Education Investment: 500.00

VT Housing Rehabilitation Credit Earned: 90.00

Housing Community Inc.

Entity Credit from: FEIN 40-0008045

Charitable Contributions Made: 500.00

2021 Form IN-111

Vermont Income Tax Return



Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name		Name	MI	Social Security N	lumber Chec	ck if
SILOWAY	JOHN			400009038	☐ Dece	eased
Spouse's/CU Partner's Last Name		Name	MI	Social Security N	lumber Chec	ck if
SILOWAY	MARY	.A	-	400009039		eased
Mailing Address (Number a 1413 BOUDRO RD	na street/Road of PO Box	K)	141	911/Physical Street A 3 BOUDRO RD		
City	State ZIP Code of	or Foreign Postal Cod			Country	
RANDOLPH	VT 05060	•		Toroigin	Country	
Vermont School District Code						
159 2 Enter Healthcare C (See instructions for	overage Code or code options)	Check all that apply	AMENDEI Return	RECOMI Return	PUTED EXTEN	
Filing Status and Single Married	/CLI Filing Jointly					
Standard Deduction Single Standard Deduction (\$6,350)	/CU Filing Jointly 0)	Married/CU Fili Separately (\$6,		Head of Household (\$9,500)	Qualifying Widow(e (\$12,700)	-(1)
	,		•			
					56604	
1. Federal Adjusted Gross Income (federal For	m 1040, Line 11)					00
		.=\		_	-3605	5 00
2. Net Modifications to Federal AGI (Schedule	e IN-112, Part I, Line	: 17)				00
3. Federal AGI with Modifications (ADD Line	og 1 and 2)			2	52999	.00
5. Federal AGI with Modifications (ADD Line	es 1 and 2)					_
4. 2021 Vermont Standard Deduction from fili	ng status section abo	ve		4.	13750	.00.
Please see instructions if you or your s	pouse checked any st	tandard				_ •••
deduction boxes on federal Form 1040 5. Personal Exemptions:	, page 1.			-		
5a. Enter "1" for yourself if no one can o	claim you as a depen	dent		5a		
5b. Enter "1" for your jointly filed spous	e or CU partner if no	one can		1		
claim them as a dependent or if you	are a qualifying wido	ow(er)		5b		
5c. Enter number of other dependents cla				1		
This includes any dependents other t	han yourself and/or y	our spouse		5c .		
51 ADD 1: 5 4 15					. 3	}
5d. ADD Lines 5a through 5c					5d	_
5e. MULTIPLY Line 5d by \$4,350 (2021 Pers	onal Evenntion)			50	13050	.00
3c. Will H L1 Line 3d by \$4,530 (2021 Fels	onai Exemption)					_
6. ADD Lines 4 and 5e				6.	26800	.00.
7. Vermont Taxable Income (SUBTRACT Lin	ne 6 from Line 3. If	less than zero, er	nter -0-)		26199	00
					878	₹
8. Vermont Income Tax from tax table or tax r				8		.00
(If Line 1 is greater than \$150,000, see instru					-7C) 00
9. Net Adjustment to Vermont Tax (Schedule l	IN-119, Part I, Line 1	6)				00
			0.3	4.0	808	3 00
10. Vermont Income Tax with Adjustment (AD)	D Lines 8 and 9. If	less than zero, ent	ter -0-)	10.		.00
11. Tax-Deductible Charitable Contribution	12. Multiply Line 11 by 5%	6 (0.05) 13. Cha	ritable Cont	ribution		
(See instructions)50000		I 5		a Hara Tarana	25	.00
		of Li	ne 12 or \$1,0	r the lesser 100) 13		
14. Vermont Income Tax (Line 10 MINUS Lin	e 13. If less than zer	o, enter -0-)		14.	783	.00
		, ,			100 000	_
15. Income Adjustment (Schedule IN-113, Line	36, or 100.0000%).				15 000	0 %
					783	2
16. Adjusted Vermont Income Tax (MULTIPL	Y Line 14 by Line 1	15)		16.		00
					Form IN-111	
	Amount Due				Page 1 of 2	

Rev. 10/21

Taxpayer's Last Name	Social Security Number
SILOWAY	400008038

Amount from .00 Line 16

0	ther State Cred	dit (Sched	ule IN-117, Line	21)	Ve	ermont Tax Cre	edits (Schedi	ıle IN-119, Part I	,		Vermont Credits (Ad		,
17			00	+	18		140	.00	= 19)		140	.00
20.	Vermont Income I	ome Tax greater t	after credits than Line 16,	(SUBTRA enter -0-).	CT Lin	ne 19 from L	ine 16.						.00
21. i	Use Tax for t ncluding onl	axable i	tems on which chases. (See in	h no sales to estructions,	ax was o worksh	charged, eet, and char	t) 🗙	Check to certify no Use Tax is do	ue. OR 21				.00
22.	Γotal Vermo	nt Taxes	s (ADD Lines	20 and 21)					2			.00
Vermo	nt Veterans Fur	nd	Green U	p Vermont		Nongame W	ildlife Fund	Chil	dren's Trust Fund	t	Total (Contribution	IS
23a.)	00	+ 23b	00	+	23c	00	+ 23d.		00	= 23e		.00
24. T	otal of Verm	ont Tax	es and Volunt	ary Contrib	outions (ADD Lines	22 and 23	e)	24	l		643	.00
			Vithheld from										
25h /	0021 Estimat	od Tow	payments, am	aunt agreia	d formula	d from 2020	1						
			Schedule IN-										
			Estate Withho										
25e. 2	2021 Nonresi	ident Es	timated Tax p ding) allocate	ayments									
												2200	.00
26.	Overpaymen	t. If Lin	e 24 is less th	an Line 25	sf, SUBT	ΓRACT Lin	e 24 from	Line 25f	20	ó		1557	.00
			d to 2022 Esti										
27b.]	Refund to be	credited	d to 2022 Prop	erty Tax B	ill		27b.		.00)			
28.]	REFUND AI	MOUNT	(SUBTRAC	CT Lines 27	a and 2	27b from Li	ne 26)		28	3		1557	.00
29.]	If Line 24 is	more tl	nan Line 25f.	subtract L	ine 25f	from Line 2	24.						.00
1	Interest and Underpayme Worksheet I	ent of E	stimated Tax	x 30		00		AMOUNT I (ADD Lines		l•			.00
	Amended urns Only:	Original	refund received	.00	Refund o	due now	.00	Original payn	nent	.00	Amount due now		.00

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
		1 1	
Paid Preparer's Signature		Date	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.

Form IN-111 Page 2 of 2 Rev. 10/21

2021 Schedule IN-112

Vermont Tax Adjustments and Credits



INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
SILOWAY	JOHN		400008038

Please PRINT in BLUE or BLACK INK

PA	RTI			
AD	DITIONS 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)	266000.00		
2.	Interest and dividend income from Vermont state and local obligations included in Line 1	255570 .00		
3.	Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1)	3.	10430	.00
4.	Bonus Depreciation Allowed under Federal Law for 2021	.00		
5.	Other (reserved)	ESERVED .00		
6.	Total Additions (ADD Line 3 and Line 4)	6.	10430	.00
SU	BTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME	<u>.</u> :		
7.	Interest Income from U.S. Obligations	.00		
8.	Capital Gains Exclusion (Schedule IN-153, Line 21)	5000		
9.	Adjustment for Prior Years' Bonus Depreciation9.	.00		
10.	Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040)	.00		
11.	Medical Expense Deduction (see the worksheet in the instructions)	.00		
12.	Social Security Benefits Exempt from Taxation (see the worksheet in the instructions)	1256.00		
13.	Railroad Retirement income	.00		
14.	Bond/note interest income from (see below)	.00		
	VSAC Supply America Vermont Telecom Supply A	Public Power uthority		
15.	Other (reserved)	ESERVED .00		
16.	Total Subtractions (ADD Lines 7 through 14)	16.	14035	.00
NE	T MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOM	 IE		
17	SUBTRACT Line 16 from Line 6 . Enter on Form IN-111, Line 2	17.	-3605	.00
±/•	This can be a negative number.			

Taxpayer's Last Name	Social Security Number
SILOWAY	400009038



PART II

r Ai	XI II			
REI	FUNDABLE CREDITS		Line 1 is for FULL-YE	AR residents
1.	Low Income Child & Dependent Care Credit If your federal Adjusted Gross Income is \$30,000 (or \$40,000 for Married Filing Jointly child care services are provided by a Vermont accredited daycare provider, enter 505 Form 2441, Line 11. If you are not a Vermont resident or your daycare provider is not Schedule IN-119, Part I, Line 8. See instructions if your providers are both accredited	y) or less, ar % of federal accredited,	use	00
VEF	RMONT EARNED INCOME TAX CREDIT	For FU	LL-YEAR residents and PART-YE	AR residents
ELIC	BIBILITY QUESTIONS MUST BE ANSWERED			
A.	Enter number of qualifying children		A	
В.	Enter number of qualifying children under the age of 18		В	
C.	Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at If you answered "No" and do not have any qualifying children, you do not qual	the end of 2 lify for Ear	021?	es No
FUL	L-YEAR RESIDENTS Answer eligibility questions above and complete Lines 2 and 3	-		
2.	Earned income tax credit (Reported on federal Form 1040)	.2	.00	
3.	Vermont Earned Income Tax Credit. MULTIPLY Line 2 by 36% (0.36)		3.	.00
	T YEAR RESIDENTS Answer eligibility questions above and complete Lines 4 through 10 A. Federal Amount \$ Enter figures in Column A from your fed EITC worksheet and Schedule IN-113	deral	B. Vermont Portion For Vermont Portion, enter ind while a Vermont resident as s Schedule IN-113, Column B, 10, and 11	come earned hown on
4.	Wages, salaries, tips, etc. (Schedule IN-113, Line 1)	00	4B	.00
5.	Other earned income (Schedule IN-113, Lines 8, 10, and 11)	00	5B	00
6.	Total earned income (Add Lines 4 and 5)	00	6В	.00
7.	Earned income tax credit adjustment (DIVIDE Line 6B by Line 6A, MULTIPLY and enter here. Do not enter more than 100%.)	the result b	oy 100, 7.	%
8.	Earned income tax credit (Reported on federal Form 1040)	00		
9.	Multiply Line 8 by 36% and enter the result here		9.	.00
10.	Vermont Earned Income Tax Credit (MULTIPLY Line 9 by Line 7)		10.	.00
11.	TOTAL REFUNDABLE CREDITS (ADD Line 1 to Line 3 or Line 10. Enter this amount on Form IN-111, Line 25c)		11.	.00

2021 Schedule IN-119

Vermont Tax Adjustments and Nonrefundable Credits



INCLUDE WITH FORM IN-111 Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name	MI Taxpayer's Social Security Number	
SILOWAY	JOHN		400 00 9038

DITION	IAI UOIIIV	1 1 400 00 3038	
PART I	ADJUSTMENTS TO VERMONT INCOME TAX		
ADDITION	S TO VERMONT TAX		
1. Tax on (on federa	Qualified Plans including IRA, HSA, and MSA (reported al Form 1040, U.S. Individual Income Tax Return)	.00	
2. Recaptur (reported	re of Federal Investment Tax Credit d on Form 1040)	.00	
3. Tax from	n federal Form 4972, Tax on Lump-Sum Distributions3.	.00	
4. ADD Li	nes 1 through 3	.00	
5. MULTI	PLY Line 4 by 24% (0.24)	.00	
6. Recaptur	re of Vermont Credits (See instructions)6.	.00	
7. ADD Li	nes 5 and 6	7.	.00
SUBTRAC	TIONS FROM VERMONT TAX		
8. Credit for (reported	or Child & Dependent Care Expenses d on Form 1040)	291 .00	
9. Credit fo	or the Elderly or the Disabled (federal Schedule R)	.00	
10. Investme	ent Tax Credit - Vermont-based only tructions)		
11. Vermont (from we	t Farm Income Averaging Credit orksheet in instructions)	.00	
12. ADD Li	nes 8 through 11	291 .00	
13. MULTI	PLY Line 12 by 24% (0.24)	70.00	
14. Vermon	t-based Solar Energy Credit carryforward14.	.00	
15. ADD Li	nes 13 and 14	15.	70.00
NET ADJU	STMENTS TO VERMONT TAX		
	ACT Line 15 from Line 7. Enter on Form IN-111, Vermont Income Tax F. This can be a negative number		<u>-70.00</u>

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

Taxpayer's Last Name	Social S	Security	/ Number
SILOWAY	400	00	9038



INCLUDE WITH FORM IN-111

PART II VERMONT INCOME TAX CREDITS

1. Vermont Higher Education Investment (32 V.S.A § 5825a) See instructions..... 2021 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 or the entity			
Name of Entity	FEIN		
HOUSING COMMUNITY INC	40 0009045		

I HOODING COMMONITY INC				10 0002	015
If credits from more than one business entity, fill	out a separate IN-119	for each entity.	•		
	Column A Earned in 2021	PLUS (+)	<u>Column B</u> Carryforward	EQUALS (=)	Column C
2. Charitable Housing (32 V.S.A. § 5830c) 2A.	00		.00		.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 I	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.	90.00	6B.	.00	6C	90.00
7. Facade Improvement (32 V.S.A. § 5930cc(b))	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 n	no credit claimed on Li	ne 10, enter this	amount on Form IN-11	1, Line 18 9. _	140.00
Tax Credit Calculation Worksheet					
10. Vermont Entrepreneur's Seed Capital Fun	d (32 V.S.A. § 5830b)				.00
11. Enter adjusted Vermont income tax amou	nt from Form IN-111,	Line 16		11	.00
12. Enter credit for income tax paid to another	r state or Canadian pro	vince from Form	IN-111, Line 17		.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 th	nan 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. E	nter the lesser of Line	13 or Line 18.			
Enter this amount on Form IN-111, Line 1	8				.00

2021 Schedule IN-153

Vermont Capital Gain Exclusion Calculation



INCLUDE WITH FORM IN-111 Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
SILOWAY	JOHN		400 00 9038

PART I. FLAT EXCLUSION	
1. Enter smaller of Line 15 or 16 from federal Form 1040, Schedule D	28000.00
2. Enter amount from: 2a. Federal Form 1040, Schedule D, Line 18	
2b. Federal Form 1040, Schedule D, Line 19 2b.00	
3. Add Lines 2a and 2b	.00
4. Subtract Line 3 from Line 1	28000.00
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	
5c. Multiply Line 5a by Line 5b and enter result here	.00
5d. Federal Form 4952, Line 4b	
5e. Federal Form 4952, Line 4e 5e..00	
6. Add Lines 5d and 5e; enter result here	.00
7. Divide Line 5c by Line 6; enter result here	.00
8. Subtract Line 7 from Line 4. Entry cannot be less than zero	28000.00
9. Enter the smaller of Line 8 or \$5,000	5000.00

Taxpayer's Last Name	Social	Securi	ty Number
SILOWAY	400	00	9038



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.)

28000 .00 11. Enter amount of adjusted net capital gain from the sale of Assets held for more than three years. Subtract Line 11 from 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 **13b.** Depreciable personal property (except for farm property or standing timber) 13b. **13c.** Stocks or bonds publicly traded or traded on an **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 .00 of net adjusted capital gain eligible for exclusion15. 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 gain exclusion. **16.** Enter amount from Part I, Line 7 or recomputed .00 PART III. CAPITAL GAIN EXCLUSION 5000.00

21. Enter the *smaller of* Line 19 or Line 20. This is your capital gain exclusion.

20. Multiply

12362.00

5000.00

SOCIAL SECURITY EXEMPTION WORKSHEET

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS WORKSHEET.

Instructions: It is important that you answer the questions in Section I to determine if you qualify for

a full or partial exemption. If you qualify for a partial exemption, you may move calculate the amount of the exemption.	on to Section II to
SECTION I: Do you qualify for the Vermont Social Security full or partial exemption?	
 Did you report an amount on federal Form 1040, U.S. Individual Income Tax Return, Line Security benefits that were taxable in the current tax year? No, STOP. You do not qualify for this exemption. 	e 6b, earning Social
Yes. Proceed to question 2.	
2. If you are:	
 Married filing jointly, is your Adjusted Gross Income (AGI) on Form IN-111, Vermont less than \$70,000? 	Income Tax Return, Line 1
• Single, head of household, qualifying widow(er), or married filing separately, is your A less than \$55,000?	GI on Form IN-111, Line 1
No, STOP. You do not qualify for this exemption.	. 2
Yes. You qualify for Vermont's Social Security exemption. Proceed to quest	10n 3.
3. If you are:	
• Married filing jointly, is your AGI less than \$60,000?	. GY1 1 045 0000
 Single, head of household, qualifying widow(er), or married filing separately, is your A No. Please proceed to Section II of this worksheet. 	AGI less than \$45,000?
Yes. You qualify for a full exemption . Please enter the full amount from fed Schedule IN-112, Part I, Line 12.	eral Form 1040, Line 6b, or
SECTION II: Calculating your Social Security Partial Exemption	
This section is for married joint filers with an Adjusted Gross Income (AGI) between \$60,0 single, head of household, qualifying widow(er), or married separate filers with an AGI between	
4. If you are:	
• Married filing jointly, enter \$70,000.	
All other filing statuses, enter \$55,000	4. 70000
5. Enter your AGI from Form IN-111, Line 1	
6. Subtract Line 5 from Line 4. If Line 5 is greater than Line 4, enter -0	613396
7. Divide Line 6 by \$10,000. This value will be a decimal. Please round to the second	
decimal place (Example: .481 would round to .48)	71.34
8. Enter the lesser of Line 7 or the value 1 (This line should not be greater than 1)	
9. Enter the amount from federal Form 1040, Line 6b	91256
10. Amount of partial exemption. Multiply Line 9 by Line 8. Enter this amount on Schedule IN-112, Part I, Line 12	101256
Note about civil unions: If you are in a civil union and filing jointly you should file for	

Note about civil unions: If you are in a civil union and filing jointly, you should file for this exemption as married filing jointly. If you are a civil union and filing separately, you should file as married filing separately.

Test 7:

Required Vermont Forms/Schedules: IN-111, HS-122, HI-144

Taxpayer(s) Information:

Primary SSN: 400-00-9040
Name: Michael Jones
Residency Status: Resident

Mailing Address: 109 Jones Street
City: Waterbury

State: VT Zip Code: 05676

Date of Birth: June 24, 1977

Filing Status: Married Filing Separately

Spouse SSN: 400-00-9041
Spouse Name: Alice Jones

School District Code: 221

911 Address: 306 Edgewood Dr.

Healthcare Coverage: None

Return Information:

 Federal AGI:
 28,000.00

 Wages:
 27,500.00

 Taxable Interest:
 500.00

 Charitable Contributions:
 3,460.00

 Use Tax Due:
 85.00

 Green Up Vermont:
 250.00

 Alimony Received:
 2,000.00

Social Security & Medicare Tax

Withheld: 2,104.00

Income Tax Withheld from

Wages: 657.00 Spouse Social Security Income: 15,000.00 SPAN: 696-221-00001

Business Use of Dwelling: 0.00% 0.00% Rental Use of Dwelling: None Improvements: **Special Situations:** None Housesite Value: 120,000 Housesite Education Tax: 2,100.00 Housesite Municipal Tax: 1,000.00 100.00% Ownership Interest: Mobile Home Lot Rent: None **Contiguous Property:** No

2021 Form IN-111

Vermont Income Tax Return



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	First N	lame	MI	Social Secu	rity Number	Chook if
JONES	MICHAEL			400009040)	Check if Deceased
Spouse's/CU Partner's Last Name	First N	lame	MI		ırity Number	Check if
JONES	ALICE			400009041		Deceased
Mailing Address (Number a	nd Street/Road or PO Box)		100		reet Address on 12/3	31/2021
109 JONES ST	State ZIP Code or	Foreign Postal Cod	109		reign Country	
WATERBURY	VT 05676	Toreign Fostar Coc		10	reight Country	
Verment School District Code		Check all				
221 4 Enter Healthcare C (See instructions for	or code options)	that apply	AMENDEI Return		COMPUTED turn	EXTENDED Return
Filing Status and Single Married. (\$6,350) (\$12,70	/CU Filing Jointly 0)	Married/CU Fill Separately (\$6		Head of Househ (\$9,500)		fying Widow(er)
1. Federal Adjusted Gross Income (federal For	m 1040, Line 11)			1		00
2. Net Modifications to Federal AGI (Schedule	e IN-112. Part I. Line	17)		2.		.00
3. Federal AGI with Modifications (ADD Line						28000 .00
4. 2021 Vermont Standard Deduction from fili	ng status section abov	re		4.		6350 .00
Please see instructions if you or your sydeduction boxes on federal Form 1040 5. Personal Exemptions:	pouse checked any sta , page 1.	andard				
5a. Enter "1" for yourself if no one can o				5a	<u> </u>	
5b. Enter "1" for your jointly filed spous claim them as a dependent or if you a				5b		
5c. Enter number of other dependents clarifies includes any dependents other the				5c		
5d. ADD Lines 5a through 5c					5d.	
5e. MULTIPLY Line 5d by \$4,350 (2021 Pers	onal Exemption)			5e		4350.00
6. ADD Lines 4 and 5e				6		10700.00
7. Vermont Taxable Income (SUBTRACT Lin	ne 6 from Line 3. If l	less than zero, er	nter -0-)	7		17300.00
8. Vermont Income Tax from tax table or tax r				8		580 .00
(If Line 1 is greater than \$150,000, see instru						00
9. Net Adjustment to Vermont Tax (Schedule I	IN-119, Part I, Line 16	5)		9 .		.00
10. Vermont Income Tax with Adjustment (AD)	D Lines 8 and 9. If le	ess than zero, en	ter -0-)	10		580 .00
11. Tax-Deductible Charitable Contribution (See instructions) 3460 .00	12. Multiply Line 11 by 5% 173	I 5	ritable Cont luction (Ente			¹⁷³ .00
00		of Li	ne iz or \$1,0	JUU) 1		4.07
14. Vermont Income Tax (Line 10 MINUS Lin	e 13. If less than zero	o, enter -0-)		14		
15. Income Adjustment (Schedule IN-113, Line	36, or 100.0000%)				15	%
16. Adjusted Vermont Income Tax (MULTIPL	Y Line 14 by Line 15	5)		16		407.00
<u></u>					— Form I	
5454	Amount Due (from Line 31)			.00	•	1 of 2 10/21

Social Security Number
400009040

Amount from Line 16 .00

ermont Credits (Add Lines 17 and 18)		e IN-119, Part II)	,		•		,	
.00.	19	.00 =			+ (CIIDTD A			
407.00	20		Line 16.	·····	(SUBTRA enter -0-)	than Line 16, 6	Vermont Income Ta If Line 19 is greater	20.
85.00	OR _{21.}	Check to certify no Use Tax is due.	charged, eet, and chart)	tax was worksh	h no sales ta structions,	items on which rchases. (See in	Use Tax for taxable including online pur	21.
492.00	22.			l)	20 and 21	es (ADD Lines	Total Vermont Taxe	22.
Total Contributions	's Trust Fund	Children'	Nongame Wildlife Fund		p Vermont	Green U	nont Veterans Fund	Verm
= 23e. 250 .00	.00	+ 23d	23c00	+	250.00	+ 23b	00	23a.
742.00	24.)	(ADD Lines 22 and 23	butions	tary Contrib	xes and Volunt	Total of Vermont Tax	24.
	.00		25a.					
	.00		rd from 2020, 25b.	a torwa	xtension	de with 2021 ex	2021 Estimated Tax and/or payment mad	25D.
	00.		1) 25c.	, Line 1	112, Part II,	(Schedule IN-1	Refundable Credits	25c.
	.00		W-171 25d.	Form R	lding from	Estate Withhol	2021 Vermont Real	25d.
			VT, Line 5 . 25e.		ayments	stimated Tax p	2021 Nonresident Es	
657.00	25f		h 25e)	throug	Lines 25a	Credits (ADD	Total Payments and	25f.
.00	26	Line 25f	ΓRACT Line 24 from	5f, SUB	an Line 25	ne 24 is less th	Overpayment. If Lin	26.
	.00		t 27a.	Paymen	mated Tax	ed to 2022 Estin	Refund to be credite	27a.
	.00		27b.	Bill	erty Tax B	ed to 2022 Prop	Refund to be credite	27b.
.00	28		27b from Line 26)	7a and 2	T Lines 27	T (SUBTRAC	REFUND AMOUN	28.
				Line 25f	subtract I	than Line 25f	If Line 24 is more t	
		MOUNT DUE	31.			ty on Estimated Tax	Interest and Penalt Underpayment of H (Worksheet IN-152	30.
Amount due now		Original payment		Refund	00	Il refund received	0. 7	
to the best of my knowledge and	.00		.00		.00			eturns Only:

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	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. $5\,4\,5\,4$

Keep a copy for your records.

Form IN-111 Page 2 of 2 Rev. 10/21

2022 Form HS-122

Vermont Homestead Declaration AND Property Tax Credit Claim



DUE DATE: April 15, 2022. You may file up to Oct. 17, 2022, but the town may assess a penalty. For details on late filing, see the 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

SECTION A.

This form must be filed each year by every Vermont resident whose property meets the definition of a homestead. 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, 2022. If your homestead is leased to a tenant on April 1, 2022, you may still claim it as a homestead if it is not leased for more than 182 days in the 2021 calendar year.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name	First Name		MI	Claimant's	Social Security N	lumber
JONES	MICHA	EL		400009040		
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Pa	artner's Social Se	curity Number
JONES .	ALICE			400009041		
Mailing Address (Number a	nd Street/Ro	oad or PO Box)		Claimant's Da	nte of Birth (MM/D	D/YYYY)
109 JONES ST				06 /27	/1977	
City	State	ZIP Code				
WATERBURY	VT	05676				
Location of Homestead (Use a number, street/	road name.	Do not use a PO Box or "same.")		City/Town of Legal Resi	dence on April 1,	2022 and State
109 JONES ST				WATERBURY		VT
Federal Single		Married/CU Filing Jointly	×	Married/CU Filing Separately		Head of Household
A1. SPAN - REQUIRED (from the 2021/2022 p A2. Business Use of Dwelling	or Other l	Buildings er buildings located on your pa mation). Check the following i A7. Homes (File a	rcel use f it app tead pro declarat	ed for business or ren	. A3atted? A4. undaries	%

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

Form HS-122 Page 1 of 2 Rev. 10/21

Claimant's Last Name	Social Security Number
JONES	400009040

DUE DATE: April 15, 2022. Claims accepted up to Oct. 17, 2022.

S	ECTION B.	PROPERTY TAX For Household Income up to \$136,900.		ule HI-144.
		eet the requirements for filing a homestead declars must be answered.	aration in addition to the following	g requirements.
B1.	Were you domicile	ed in Vermont all of calendar year 2021?	X Yes, Go to Line B2.	No, STOP.
	Do you anticipate	l as a dependent in 2021 by another taxpayer? selling this Vermont housesite on or 22?		No, Go to Line B3. No, Continue
Amo		B6 are found on the 2021/2022 property tax bill.		Ш
B4.	Housesite Value .			.B400
В5.	Housesite Education	on Tax		.B500
В6.	Housesite Municip	pal Tax		.B600
В7.	Ownership Interes	st		B710000_0/o
B8.		e (Schedule HI-144, Line z). n Schedule HI-144		
Com	plete the following	ONLY if applicable. See instructions for details.		
B9.	Lot Rent (Allocab	le Rent from Form LRC-147)		.B900
Allo	cated Property Tax	x from Land Trust, Cooperative, or Nonprofit Mo	obile Home Park	
B10.	Allocated Education	on Tax		B1000
B11.	Allocated Municip	pal Tax		B1100
OR I	Property Tax from	contiguous property if housesite has less than 2 ad	cres (See instructions.)	
B12.	Contiguous proper	rty Education Tax		B12
B13.	Contiguous proper	rty Municipal Tax		B13
		MAXIMUM CREDIT A	AMOUNT IS \$8,000.	
		ry, I declare that I have examined this return and according to the complete. Preparers cannot use return inforr		
	nature		Date (MMDDYYYY)	Daytime Telephone Number
Sigr	nature (If a joint return, B	BOTH must sign.)	Date (MMDDYYYY)	Daytime Telephone Number
Paid	d Preparer's Signature		Date (MMDDYYYY)	Preparer's Telephone Number

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

FEIN

Preparer's SSN or PTIN

Firm's Name (or yours if self-employed) and address

2021 Schedule HI-144

Household Income



Other Person #1 Social Security Number

Please PRINT in BLUE or BLACK INK

For the year Jan 1 - Dec 31, 2021

Other Person #1 Last Name

This schedule must be included with the 2022 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name	First Name		Claimant's Social Security Number
JONES	MICHAEL		400009040
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY)
JONES	ALICE		400009041

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2021. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

First Name

Other Person #2 Last Name	First Name	MI	Other Person #2 Soc	ial Security Number
Yearly totals of ALL members of the household	1. Claimant /Cla and jointly filed S		2. Filing separately Spouse or CU Partner	3. Other Persons
a. Cash public assistance and relief (See instruct	tions for exclusions) a	00	00.	
b. Social Security, SSI, disability, railroad retire veteran's benefits, taxable and nontaxable	ment.		15000 .00	.00
c. Unemployment compensation/worker's comp	pensationc.	00	00	
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)			00	
e. Interest and dividends	e500	00.	.00	
f. Interest on U.S., state, and municipal obligation taxable and nontaxable	ons.		.00	
g. Alimony and support money		_	.00	.00
h. Child support and cash gifts	0	_		
Please specify	h.	.00	.00	.00
i. Business income. If the amount is a loss, ente See instructions for offsetting a loss	er -0		00	
j. Capital gains, taxable and nontaxable. If the a enter -0 See instructions for offsetting a loss			00	
k. Taxable pensions, annuities, IRA and other redistributions. See instructions	etirement fund and k	00	00	
l. Rental and royalty income. If the amount is a See instructions for offsetting a loss	loss, enter -0		00	
m. Farm/partnerships/S corporations/LLC/Estate If the amount is a loss, enter -0 See Line m i exception to offset a loss	or Trust income.		00	.00
n. Other income (See instructions for examples	of other income)			
Please specify		00	00	.00
o. Total Income: ADD Lines a through n		0.00	00	00

Schedule HI-144 Page 1 of 2

Rev. 10/21

Claimant's Last Name	Social Security Number
JONES	400009040



30000 15000 .00 .00Carried forward from Line o 1. Claimant /Claimant 2. Filing separately **p.** See instructions. Enter Social Security and 3. Other Persons Spouse or CU Partner and jointly filed Spouse 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 2104 .00 .00if not included with income tax filing **p**. q. Child support paid. You must include proof of payment. See instructions \mathbf{q} . .00.00First Name Support paid to: Last Name MI Social Security Number r. Allowable adjustments from Federal Form 1040 .00 00..00 **r1.** Business expenses for Reservists **r1.** .00 .00 **r2.** Alimony paid**r2.** ______.**00 r3.** Self-employed health .00 insurance deduction.......r3. _____.00 .00.00 .00 **r4.** Health Savings Account deduction . . . **r4.** ______ **.00 r5.** Tuition and Fees as reported on .00 .00 2104 .00 s. ADD Lines p, q, and total of Lines r1 through r5 for each column....s. t. SUBTRACT Line s from Line o of each 15000 .00 **column.** If a negative amount, enter -0-....t. 42896 u. ADD all three amounts from Line t. If a negative amount, enter -0v. Complete if born Jan. 1, 1957 and after. Enter interest and dividend income from ⁵⁰⁰ **.00** .00. y. SUBTRACT Line x from Line w. If Line x is more than Line w, enter -0-

HOMEOWNERS Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year.

Homeowners with Household Income up to 136,900 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. This schedule must be filed with Form HS-122.

Form HS-122 The due date to file is April 15, 2022. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 17, 2022, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

Test 8:

Required Vermont Forms/Schedules: HS-122, HI-144

Taxpayer(s) Information:

Primary SSN: 400-00-9042
Name: Jim Jones
Mailing Address: PO Box 349
City: Montpelier

State: VT Zip Code: 05602

Date of Birth: June 18, 1947

Filing Status: Married Filing Separately

Spouse SSN: 400-00-8043 Spouse Name: Patty Jones

School District Code: 121

911 Address: 349 Jones St.

Will you be filing a Property Tax

Credit Claim at a later date? Yes

Return Information:

Contiguous Property:

 Wages:
 124,000.00

 Interest & Dividends:
 1,000.00

 Spouse Wages:
 25,000.00

 SPAN:
 390-121-00001

Business Use of Dwelling: 0.00% Rental Use of Dwelling: 0.00% Improvements: None **Special Situations:** None Housesite Value: 150,000.00 Housesite Education Tax: 3,000.00 Housesite Municipal Tax: 1,500.00 100.00% Ownership Interest: Mobile Home Lot Rent: None

No

2022 Form HS-122

Vermont Homestead Declaration AND Property Tax Credit Claim



DUE DATE: April 15, 2022. You may file up to Oct. 17, 2022, but the town may assess a penalty. For details on late filing, see the 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

SECTION A.

This form must be filed each year by every Vermont resident whose property meets the definition of a homestead. 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, 2022. If your homestead is leased to a tenant on April 1, 2022, you may still claim it as a homestead if it is not leased for more than 182 days in the 2021 calendar year.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name		First Name	MI	Claimant's S	Social Security N	umber
JONES	JIM			400009042		
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Pa	rtner's Social Sec	curity Number
JONES	PATTY	•		400009043		
Mailing Address (Number	and Street/Ro	oad or PO Box)	•	Claimant's Dat	te of Birth (MM/D	D/YYYY)
PO BOX 349				06 /18	/1947	
City	State	ZIP Code				
MONTPELIER	VT	05602				
Location of Homestead (Use a number, stree	t/road name.	Do not use a PO Box or "same.")		City/Town of Legal Resid	dence on April 1,	2022 and State
349 JONES ST				MONTPELIER		VT
Federal Single	×	Married/CU Filing Jointly		Married/CU Filing Separately		Head of Household
A1. SPAN - REQUIRED (from the 2021/2022 A2. Business Use of Dwelling	or Other	Buildings er buildings located on your	parcel use	d for business or ren	A3	%
A5-A8 Special Situations (See instructions for A5. Grantor and sole beneficiary of a revocable trust owning the property A6. Life estate holder of the property	more infor	A7. Hon (File	nestead pro e a declarat siding in a d	lies: perty crosses town bou ion for each town.) welling on the homeste y 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

Form HS-122 Page 1 of 2 Rev. 10/21

Claimant's Last Name	Social Security Number
JONES	400009042

DUE DATE: April 15, 2022. Claims accepted up to Oct. 17, 2022.

SECTION B. For Household Income up to \$136,900. Complete and attach Schedule HI-144.

PROPERTY TAX CREDIT CLAIM

	ualify, you must meet the requirements for filing a homestead declaration in ad eligibility questions must be answered.	dition to the following req	uirements.
B1.	Were you domiciled in Vermont all of calendar year 2021? Yes, Go	to Line B2.	No, STOP.
B2.	Were you claimed as a dependent in 2021 by another taxpayer?	OP.	No, Go to Line B3.
В3.	Do you anticipate selling this Vermont housesite on or before April 1, 2022? Yes, STO	DP.	No, Continue
Amo	unts for Lines B4-B6 are found on the 2021/2022 property tax bill. Round am	ounts to the nearest dollar	- : .
B4.	Housesite Value	B4.	15000000
B5.	Housesite Education Tax.	B5.	00
B6.	Housesite Municipal Tax	В6.	
B7.	Ownership Interest		B71000
B8.	Household Income (Schedule HI-144, Line z). You MUST attach Schedule HI-144	61064.00	Check here if amended Schedule HI-144, Household Income, is included.
Com	plete the following ONLY if applicable. See instructions for details.		
В9.	Lot Rent (Allocable Rent from Form LRC-147)	B9.	00.
Allo	cated Property Tax from Land Trust, Cooperative, or Nonprofit Mobile Home	Park	
B10.	Allocated Education Tax	B10.	00.
B11.	Allocated Municipal Tax.		00
OR I	Property Tax from contiguous property if housesite has less than 2 acres (See ins		
B12.	Contiguous property Education Tax	B12.	00
B13.	Contiguous property Municipal Tax	B13.	00
	MAXIMUM CREDIT AMOUNT IS	\$8,000.	
	r penalties of perjury, I declare that I have examined this return and accompanying s f, they are true, correct, and complete. Preparers cannot use return information for pu		
Sigr	ature	Date (MMDDYYYY)	Daytime Telephone Number
Sigr	nature (If a joint return, BOTH must sign.)	Date (MMDDYYYY)	Daytime Telephone Number
Paid	l 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
Щ_			Form UC 122

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

Form HS-122 Page 2 of 2 Rev. 10/21

2021 Schedule HI-144

Household Income



Other Person #1 Social Security Number

Please PRINT in BLUE or BLACK INK

For the year Jan 1 - Dec 31, 2021

Other Person #1 Last Name

This schedule must be included with the 2022 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name	First Name		Claimant's Social Security Number
JONES	JIM		400009042
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY)
JONES PATTY			400009043

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2021. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

First Name

Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number		
Yearly totals of ALL members of the household		mant /Claimant tly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons	
a. Cash public assistance and relief (See instructi	ons for exclusions) a	.00	00		
b. Social Security, SSI, disability, railroad retirer veteran's benefits, taxable and nontaxable	ment,		00	.00	
c. Unemployment compensation/worker's compe	ensation	.00	.00	.00	
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)	d	.00	00		
e. Interest and dividends		1000	.00	.00	
f. Interest on U.S., state, and municipal obligatio taxable and nontaxable	ons, 	.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 See instructions for offsetting a loss	-0		.00	.00	
j. Capital gains, taxable and nontaxable. If the are enter -0 See instructions for offsetting a loss	nount is a loss.		.00	.00	
k. Taxable pensions, annuities, IRA and other ret distributions. See instructions	irement fund and		.00	.00	
l. Rental and royalty income. If the amount is a l See instructions for offsetting a loss		.00	.00	.00	
m. Farm/partnerships/S corporations/LLC/Estate If the amount is a loss, enter -0 See Line m in exception to offset a loss	or Trust income.		00	.00	
n. Other income (See instructions for examples o					
Please specify		.00	00	.00	
		66000 00		0.0	

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.00

.00

o. Total Income: ADD Lines a through n o. _

Claimant's Last Name	Social Security Number
JONES	400009042



Carried forward from Line o	.00	00	.00	
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.	Claimant /Claimant d jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons	
Include W-2 and/or Federal Schedule SE if not included with income tax filing p	4936.00	00	.00	
q. Child support paid. You must include proof of payment. See instructions q	.00	00	.00	
Support paid to: Last Name	First N	ame MI	Social Secur	ity Number
r. Allowable adjustments from Federal Form 10	40		_	
r1. Business expenses for Reservistsr1.	.00	.00	.00	
r2. Alimony paidr2.	.00	.00	.00	
r3. Self-employed health insurance deduction	.00	00	.00	
r4. Health Savings Account deduction r4	.00	.00	.00	
r5. Tuition and Fees as reported on federal Form 8917	.00	.00	.00	
s. ADD Lines p, q, and total of Lines r1 through r5 for each columns.	4936.00	.00	.00	
t. SUBTRACT Line s from Line o of each column. If a negative amount, enter -0 t.		.00	00	
u. ADD all three amounts from Line t. If a negati				u00
v. Complete if born Jan. 1, 1957 and after. Enter interest and dividend income from Lines e and fv.				
	•00		· · · · · · · · · · · · · · · · · · ·	I
w. ADD all three amounts from Line v				w00
x. Asset Adjustment of Interest and Dividend Incor	me (Lines e and f). P	er 32 V.S.A. § 6061E		x. <u>10,000.00</u>
y. SUBTRACT Line x from Line w. If Line x is n	nore than Line w, en	ter -0		y00

HOMEOWNERS Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year.

Homeowners with Household Income up to 136,900 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. This schedule must be filed with Form HS-122.

Form HS-122 The due date to file is April 15, 2022. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 17, 2022, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

Test 9: Amended Return

Required Vermont Forms/Schedules: IN-111, IN-113

Taxpayer(s) Information:

Primary SSN: 400-00-9030
Name: Tom Taylor
Residency Status: Non-Resident

Mailing Address: 334 Washington Street

City: San Francisco

State: CA
Zip Code: 94105
Filing Status: Single
School District Code: 999

911 Address: 334 Washington Street

Healthcare Coverage: Taxpayer

Date of Birth: January 15, 1969

Return Information:

 Federal AGI:
 76,444.00

 Wages:
 75,000.00

 Taxable Interest:
 10.00

Rents, royalties, partnerships, SCorps,

trusts etc: 2,934.00

VT rents, royalties, partnerships,

SCorps, trusts etc: 2,934.00 Educator Expenses: 1,500.00

2021 Form IN-111

Vermont Income Tax Return



Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name	<u> </u>	MI	Social Security Nu	mber
TAYLOR	TOM		Т	400009030	Check if Deceased
Spouse's/CU Partner's Last Name	First Name		MI	Social Security Nu	mber Check if
Mailing Address (Number a	nd Street/Road or PO Box)			911/Physical Street Ad	dress on 12/31/2021
334 WASHINGTON ST	na otrockriticad or i o Bonj		334	,	
City	State ZIP Code or Foreign P	ostal Code		Foreign C	
SAN FRANCISCO	CA 94105				
999 Inter Healthcare Code (See instructions for	coverage Code Check all that apply	IVI AIVI	ENDEI urn	RECOMP Return	UTED EXTENDED Return
Filing Status and Standard Deduction Single (\$6,350) Married (\$12,70		ed/CU Filing rately (\$6,350)		Head of Household (\$9,500)	Qualifying Widow(er) (\$12,700)
1. Federal Adjusted Gross Income (federal For	m 1040, Line 11)			1	77694 .00
2. Net Modifications to Federal AGI (Schedule	e IN-112, Part I, Line 17)			2.	
3. Federal AGI with Modifications (ADD Line	es 1 and 2)				77694.00
 4. 2021 Vermont Standard Deduction from fili Please see instructions if you or your s deduction boxes on federal Form 1040 5. Personal Exemptions: 	pouse checked any standard			4	6350 .00
5a. Enter "1" for yourself if no one can o	claim you as a dependent			5a	
5b. Enter "1" for your jointly filed spous claim them as a dependent or if you				5b .	
5c. Enter number of other dependents cl This includes any dependents other t		se		5c .	
5d. ADD Lines 5a through 5c					5d1
5e. MULTIPLY Line 5d by \$4,350 (2021 Pers	onal Exemption)			5e	4350.00
6. ADD Lines 4 and 5e				6	10700.00
7. Vermont Taxable Income (SUBTRACT Lin	ne 6 from Line 3. If less than	zero, enter -	0-)		.00
8. Vermont Income Tax from tax table or tax r	ate schedule			8.	3090.00
(If Line 1 is greater than \$150,000, see instr	<i>'</i>				0.0
9. Net Adjustment to Vermont Tax (Schedule	N-119, Part I, Line 16)			9 .	.00
10. Vermont Income Tax with Adjustment (AD	D Lines 8 and 9. If less than a	zero, enter -0)-)	10	3091.00
11. Tax-Deductible Charitable Contribution (See instructions)	12. Multiply Line 11 by 5% (0.05)	13. Charitable Deduction of Line 12	a /Ento	ribution r the lesser 100) 13	.00
14. Vermont Income Tax (Line 10 MINUS Lin	e 13. If less than zero, enter -(3091
15. Income Adjustment (Schedule IN-113, Line		,			3 4546
16. Adjusted Vermont Income Tax (MULTIPL					107
	Amount Due			.00	Form IN-111 Page 1 of 2 Rev. 10/21

(from Line 31)

Taxpayer's Last Name	Social Security Number
TAYLOR	400009030

4	0	7	1	-1	-	-1	0	\circ	\circ	4

Amount from Line 16 .00

		,	ule IN-117, Line 2	1)	Ve	rmont Tax	Credits (Sc	hedule	IN-119, Part I	I)		Vermont Credits (Add		,
17.			00	+	18				00	=	19			.00
20.	Vermont Inc If Line 19 is	ome Tax greater t	after credits han Line 16, e	(SUBTRA nter -0-)	CT Lin	e 19 fron	n Line 16	•			20		107	.00
21.			tems on which hases. (See ins											.00
22.	Total Vermo	nt Taxes	(ADD Lines	20 and 21)						22		107	.00
	nont Veterans Fu								Chile				ontributions	
23a.		00	·			Ü						= 23e		.00
24.	Total of Verm	nont Taxe	es and Volunta	ry Contrib	outions (ADD Lin	es 22 and	d 23e)			24		107	.00
25a.	2021 Vermo	nt Tax W	ithheld from	W-2, 1099			25	ā.			.00			
	2021 Estima	ted Tax r	payments, amo	ount carrie	l forwar	d from 20)20.							
	and/or paym	ent made	with 2021 ex	tension			25	b			.00			
25c.	Refundable (Credits (S	Schedule IN-1	12. Part II.	Line 11)	25	5c.			.00			
			Estate Withhol		Form R	W-171	25	d			.00			
25e.	2021 Nonres (nonresident	ident Est withhold	timated Tax pa ling) allocated	yments on Sched	ule K-1V	/T, Line 5	5 .25	5e			.00			
25f.	Total Payme	nts and C	Credits (ADD	Lines 25a	through	n 25e)					. 25f			.00
26.	Overpaymen	t. If Lin e	e 24 is less tha	n Line 25	f, SUBT	TRACT I	Line 24 fr	om L	ine 25f		26			.00
27a.	Refund to be	credited	to 2022 Estin	nated Tax	Payment	t	27	'a			.00			
27b.	Refund to be	credited	to 2022 Prope	erty Tax B	ill		27	ъ			.00			
28.	REFUND A	MOUNT	(SUBTRAC	Γ Lines 27	a and 2	7b from 1	Line 26)				28.			.00
29.			an Line 25f, s											
	See instruction	ons on ta	x due								29		107	.00
30.	Interest and Underpaym (Worksheet 1	ent of E	stimated Tax	. 30		•	.00	31. Al (A	MOUNT D ADD Lines 1	OUE 29 and 3	0) 31		107	.00
Fo	or Amended	Original r	refund received		Refund d	ue now		T	Original paym	nent		Amount due now		
	eturns Only:			.00				.00			.00			.00
			declare that I I and complete.									d to the best of my	knowledg	e and

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 / /	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. $5\,4\,5\,4$

Keep a copy for your records.

Form IN-111 Page 2 of 2 Rev. 10/21



2021 Schedule IN-113

Vermont Income Adjustment Calculations



Please PRINT in BLUE or BLACK INK INCLUDE WITH FORM IN-111

Nonresidents and Part-Year Residents Must Complete Parts I and II Full-Year Residents with Adjustments Complete only Part II

Taxpayer's Last Name	First Name		Taxpayer's Social Security Number
TAYLOR	TOM	Т	400009030

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 o	Name of State(s), Canadian province, or CD	
From / /	To / /	country during non-Vermont residency (use standard 2-character abbreviation)

		A. Federal Amount \$	B. Vermont Portion \$		
1.	Wages, salaries, tips, etc	75000.00	1B	.00	
2.	Taxable interest	00	2В	.00	
3.	Ordinary dividends	.00	3В	.00.	
4.	Taxable IRAs, pensions, and annuities4A	.00	4B	.00	
5.	Taxable Social Security	.00	5B	.00	
6.	Taxable refunds of state and local income taxes 6A.	.00	6B	.00	
7.	Alimony received	.00	7B	.00	
8.	Business income or loss	.00	8B	.00	
9.	Capital gain or loss9A	.00	9B	.00.	
10.	Rents, royalties, partnerships, S corporations, trusts, etc	.00	10B	2934.00	
11.	Farm income or loss	.00	11B	.00	
12.	Unemployment compensation12A	.00	12B	.00	
13.	Other: Specify	.00	13B	.00	
14.	TOTAL INCOME (ADD Lines 1 through 13)	77944.00	14B	2 93 4.00	

Taxpayer's Last Name	Social Security Number
TAYLOR	400009030



15	IRA, Keogh/SEP/SIMPLE	Column A. Federal Amount \$		Ver	Column B. mont Portion \$
13.	(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)				.00
19.	Health Savings Account (Reported on Form 1040)				.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	.0 0
25.	Deductions not listed above but reported on Form 1040	25A	.00		.00.
26.	TOTAL ADJUSTMENTS (ADD Lines 15 through 25)			26B	.0 0
27.	Adjusted Gross Income (SUBTRACT Line 2	6A from Line 14A)			77694.00
	Vermont Portion of AGI (SUBTRACT Line				0.004
29.	Non-Vermont Income (SUBTRACT Line 28 Also enter on Part II, Line 31 below	from Line 27)			75010
	T II. Adjustment for Vermont Exem	•	-	e	
30.	Adjusted Gross Income. If Part I completed, e Otherwise, enter amount from Form IN-111, I	enter Line 27 amount. Line 1		30.	77694 .00
1a.	Municipal Bond Interest	. 31a.	00.		
	ADD Lines 30 and 31a			31b	77694.00
32.	Non-Vermont Income (Line 29 above)	32	¹⁰ .00		
	Military pay. Number of months on active duty (See instructions)				
34.	Total (ADD Lines 32 and 33)			34	75010
35.	Vermont Income (SUBTRACT Line 34 from	n Line 31b)			268400
	INCOME ADJUSTMENT % (DIVIDE Lin	ne 35 by Line 31b, MULTIPL	Y the result by 10	00 and	3 4546
	carry the result out to the fourth decimal pl	lace.) Also enter on Form IN-	111, Line 15 (See i		·

Test 10:

Required Vermont Forms/Schedules: IN-111, IN-112, RCC-146

Taxpayer(s) Information:

Primary SSN: 400-00-9051
Primary Name: May Smith
Residency Status: Resident

Mailing Address: 1239 Main Street Apt. 1

City: Middlesex

State: VT Zip Code: 05655

Date of Birth: March 24, 1977
Filing Status: Head of Household

School District Code: 121

911 Address: 1239 Main Street Apt. 1

Healthcare Coverage: Taxpayer
Town of Legal Residence: Middlesex
Dependent 1 Name: Jayden Smith
Dependent 1 SSN: 400-00-9057

Return Information:

Federal AGI: 21,091.00
VT Wages: 21,091.00
Federal Earned Income Credit: 3,369.00
Standard or Itemized Deductions: Itemized
Total Medical & Dental Expenses: 18,500.00

Number of months rented: 12

County of Rental Location: Washington SPAN for Rental Location: 390-121-00002

2021 Form IN-111

Vermont Income Tax Return



Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name		MI	Social Security Nu	umber	
SMITH	MAY			400009051		Check if Deceased
Spouse's/CU Partner's Last Name	First Name		MI	Social Security Nu	umber	Check if
						Deceased
Mailing Address (Number a	nd Street/Road or PO Box)			911/Physical Street Ac		2021
1239 MAIN ST APT 1	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		123			
City	State ZIP Code or Foreign	n Postal Code		Foreign	Country	
WIDDLESEX Vermont School District Code	VT 05655					
121 Enter Healthcare C (See instructions for	coverage Code Check or code options) Check that ap	I I AIV	ENDEI urn	RECOMF Return	OBTU	EXTENDED Return
Filing Status and Single Married. (\$6,350) (\$12,70		rried/CU Filing parately (\$6,350)		Head of Household (\$9,500)	Qualifying (\$12,700)	g Widow(er))
1. Federal Adjusted Gross Income (federal For	m 1040, Line 11)				2	.00
2. Net Modifications to Federal AGI (Schedule	e IN-112, Part I, Line 17)			2		-300 .00
3. Federal AGI with Modifications (ADD Line	es 1 and 2)			3	2	.00
4. 2021 Vermont Standard Deduction from fili	ng status section above			4.		9500 .00
Please see instructions if you or your sideduction boxes on federal Form 1040 5. Personal Exemptions:	pouse checked any standard					
5a. Enter "1" for yourself if no one can o	•			5a1		
5b. Enter "1" for your jointly filed spous claim them as a dependent or if you a	are a qualifying widow(er).			5b		
5c. Enter number of other dependents clarifies includes any dependents other the	aimed on federal Form 1040 han yourself and/or your spo	ouse		5c1		
5d. ADD Lines 5a through 5c					5d.	2
5e. MULTIPLY Line 5d by \$4,350 (2021 Pers	onal Exemption)			5e .		8700.00
6. ADD Lines 4 and 5e				6 .	1	.00
7. Vermont Taxable Income (SUBTRACT Lin	ne 6 from Line 3. If less that	an zero, enter -	0-)	7.		²⁵⁹¹ .00
8. Vermont Income Tax from tax table or tax ra						87 .00
(If Line 1 is greater than \$150,000, see instru 9. Net Adjustment to Vermont Tax (Schedule I	uctions)					.00
7. Net Adjustment to Vermont Tax (Schedule I	in-119, 1 art 1, Line 10)					
10. Vermont Income Tax with Adjustment (AD)	D Lines 8 and 9. If less tha	n zero, enter -0)-)	10.		<u>87</u> .00
11. Tax-Deductible Charitable Contribution (See instructions) 5 0 0 .00	12. Multiply Line 11 by 5% (0.05) 25.00	13. Charitabl Deduction of Line 12	a (Ento	ribution r the lesser 100) 13		²⁵ .00
14. Vermont Income Tax (Line 10 MINUS Lin	e 13. If less than zero, enter					62 .00
15. Income Adjustment (Schedule IN-113, Line	,	,			100	0000%
16. Adjusted Vermont Income Tax (MULTIPL						62 .00
					Form IN-	
5454	Amount Due			.00	Page 1 Rev. 10	of 2

(from Line 31)

Taxpayer's Last Name	Social Security Number
SMITH	400009051

*	2	1	1	1	1	1	2	0	0	*

Amount from	00
Line 16	.00

	Other State Cree	dit (Schedu	ıle IN-117, Line 2	1)	Ve	rmont Tax	Credits (Sc	chedule	IN-119, Part I	l)	Total '	Vermont Credits (Ad	d Lines 17 ar	nd 18)
17.			00	+	18)	00	=	19			.00
20.	Vermont Inc If Line 19 is	ome Tax greater tl	after credits (nan Line 16, ex	(SUBTRA nter -0-)	CT Lin	e 19 fron	n Line 16				20		65	.00
21.			ems on which hases. (See ins											
22.	Total Vermo	ont Taxes	(ADD Lines 2	20 and 21))						22		65	.00
	nont Veterans Fu		Green Up										Contribution	
23a.		00	+ 23b.	.00	+	23c.	.(00	+ 23d.		.00	= 23e		.00
	Total of Verif	ioni rum	ob una Voluma	ary contain	auons (105 22 time	1 2 00)						•••
25a.	2021 Vermo	nt Tax W	ithheld from V	W-2, 1099			25	5a			.00			
25b.	2021 Estima and/or paym	ted Tax p ent made	oayments, amo with 2021 ext	ount carried tension	d forwar	d from 20)20, 25	б ь.			.00			
25c.	Refundable (Credits (S	Schedule IN-1	12, Part II,	Line 11	a)	25	5c		1213	.00			
25d.	2021 Vermo	nt Real E	state Withhole	ding from	Form R	W-171	25	5d			.00			
25e.	2021 Nonres (nonresident	sident Est withhold	imated Tax pa ling) allocated	yments on Schedu	ule K-1V	VT, Line 5	5 25	5e			.00			
25f.	Total Payme	ents and C	Credits (ADD l	Lines 25a	through	n 25e)					. 25f		1213	.00
26.	Overpaymen	nt. If Line	e 24 is less tha	ın Line 25	f, SUBT	TRACT L	Line 24 fr	om Li	ine 25f		26		1148	.00
27a.	Refund to be	e credited	to 2022 Estim	nated Tax	Payment	t	27	⁄a			.00			
27b.	Refund to be	credited	to 2022 Prope	erty Tax B	ill		27	ъ			.00			
28.	REFUND A	MOUNT	(SUBTRACT	Γ Lines 27	a and 2	7b from 1	Line 26)				28		1148	.00
29.	If Line 24 is See instruction	more the	an Line 25f, s	subtract L	ine 25f	from Lin	ne 24.				29			.00
30.	Interest and	l Penalty ent of Es	on stimated Tax.				-	31. Al	MOUNT D	UE				.00
	or Amended eturns Only:	Original r	efund received	.00	Refund d	ue now		.00	Original paym	nent	.00	Amount due now		.00
	er penalties of f, they are true											d to the best of my eturns.	y knowledg	je and

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	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. 5 4 5 4

Keep a copy for your records.

Form IN-111 Page 2 of 2 Rev. 10/21





INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name		Taxpayer's Social Security Number		
SMITH	MAY 400009051		1400009051		

BLUE or BLACK INK

PART I ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME 1. Total interest and dividend income from all state and local obligations exempt from federal tax .00 2. Interest and dividend income from Vermont state and local .00 3. Income from Non-Vermont State and Local Obligations .00 **4.** Bonus Depreciation Allowed under Federal Law for 2021 **4.** _____ .00 .00 SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME .00 .00 .00 9. Adjustment for Prior Years' Bonus Depreciation......9. 10. Taxable Refunds of State and Local Income Taxes .00 11. Medical Expense Deduction .00 **12.** Social Security Benefits Exempt from Taxation .00 .00.00 Vermont Public Power Vermont Telecom **VSAC** Supply Authority NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME -300 This can be a negative number.

Taxpayer's Last Name	Social Security Number
SMITH	400009051



PART II

. ,	X 1 11			
REI	FUNDABLE CREDITS		Line 1 is for Fl	JLL-YEAR residents
1.	Low Income Child & Dependent Care Credit If your federal Adjusted Gross Income is \$30,000 (or \$40,000 for Married Filing Jointly) child care services are provided by a Vermont accredited daycare provider, enter 50% Form 2441, Line 11. If you are not a Vermont resident or your daycare provider is not a Schedule IN-119, Part I, Line 8. See instructions if your providers are both accredited a	or less, and of federal accredited, use		.00
VEF	RMONT EARNED INCOME TAX CREDIT	For FULL-YE.	AR residents and PA	ART-YEAR residents
ELIC	GIBILITY QUESTIONS MUST BE ANSWERED			_
Α.	Enter number of qualifying children		A	·
B.	Enter number of qualifying children under the age of 18		I	31
C.	Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at the If you answered "No" and do not have any qualifying children, you do not qualify the contract of th	he end of 2021? . fy for Earned I n	(come Tax Credit	Yes No
	L-YEAR RESIDENTS Answer eligibility questions above and complete Lines 2 and 3			
2.	Earned income tax credit (Reported on federal Form 1040)	23	369 .00	
3.	Vermont Earned Income Tax Credit. MULTIPLY Line 2 by 36% (0.36)			1213.00
4.	Answer eligibility questions above and complete Lines 4 through 10 A. Federal Amount \$ Enter figures in Column A from your fede EITC worksheet and Schedule IN-113 Wages, salaries, tips, etc.	eral S	B. Vermont For Vermont Portion, on while a Vermont reside Schedule IN-113, Colu 10, and 11	enter income earned ent as shown on
→.	(Schedule IN-113, Line 1)	.00	4B	.00
5.	Other earned income (Schedule IN-113, Lines 8, 10, and 11)	.00	5B	.00
6.	Total earned income (Add Lines 4 and 5)6A.	.00	6B	.00
7.	Earned income tax credit adjustment (DIVIDE Line 6B by Line 6A, MULTIPLY that and enter here. Do not enter more than 100%.)	he result by 100,		
8.	Earned income tax credit (Reported on federal Form 1040)	.00		
9.	Multiply Line 8 by 36% and enter the result here		.9.	.00
10.	Vermont Earned Income Tax Credit (MULTIPLY Line 9 by Line 7)		10	.00
11.	TOTAL REFUNDABLE CREDITS (ADD Line 1 to Line 3 or Line 10. Enter this amount on Form IN-111, Line 25c).		11	1213 .00

MEDICAL DEDUCTION WORKSHEET		
1a.	Medical and Dental Expense from federal Form 1040, Schedule A, Line 4 1a.	18500
1b.	Non-allowable expenses included in Line 1a (See instructions below*)	
1c.	Total. Line 1a minus Line 1b	
2.	Amount from Vermont Form IN-111, Line 6	18200
3.	Subtract Line 2 from Line 1c. Enter here and on Schedule IN-112, Part I, Line 11	300
If you pay recurring monthly payments or entrance fees to a retirement community, these amounts are not deductible. Please senter the fees on Line 1b. Please see our website at tax vermont gov for more information		

2021 Form RCC-146

For the year Jan 1 - Dec 31, 2021

4	\circ	7	-1	4	-	-	\circ	$^{\circ}$	-1-	

Vermont Renter Credit Claim

Claimant's L	ast Name	First Name		ТМ	Claimar	nt's Social Security Nun	nber	—
SMITH		MAY		1	40000905		-	
Spouse's/CU Part	ner's Last Name	First Name		MI		T Partner's Social Secu	rity Number	
					0,0000000000000000000000000000000000000		,	
	Mailing Address (Number a	and Street/Road or PO Box)			Claimant's	Date of Birth (MM/DD/	YYYY)	
1239 MAIN ST		and on courtoda of 1 o boxy				24/1977	,	
Cit		State ZIP C	nde			unty of Rental Location		
MIDDLESEX	у	VT 05655	ouc		WASHINGTO			
Vermont School District Code	Dhysical Add	ress of Rental on 12/31/2021	Linit	Number		ntal Unit on 12/31/2021	and Sta	ıto.
121	1239 MAINS		1	Number	i -	·		ic
121	1239 MAINS	51			MIDDLESE		VT	
Federal Siling Status	Single Marrie Filing		Head of Househ		Will you be using Re to pay Income Tax lia		s No	ე
1 SPAN To find your	SPAN please see ins	tructions			1 390 -	121 -	000	02
To determine eligibility, a					.1.			
• •	•		Yes, Go to	Question	3.	No, STOP. You are	not eligible.	
3. Were you claimed as	a dependent by another	er taxpayer in 2021? 3.	Yes, STOP	P. You are	e not eligible.	No, Go to Question	4.	
4. Did vou rent in Verm	nont for six months or	more in 2021?	Yes, Go to	Question	5.	No, STOP. You are	not eligible.	
f you are eligible for a R			_		_			
		adult who was <i>not</i> your jointl	v filed spot	ıse?		5. Yes	S	No
			J			_	_	
6. Was your rent subsid	lized?					6. Yes		No
						7		12
		from Form IN-111, Line 5d) n IN-111)				8		2
If "Yes," complete L	ines 10 through 14. I	x return? f "No" because your income ature section, and submit th	was under					No
10. Total Income (from f	ederal Form 1040, Lir	ne 9)				10.	21091	.00
11. 75% of nontaxable S (from federal Form 1		ne 6b. Multiply result by 0.75	·)			11		.00
12. Tax-exempt interest	(from federal Form 10	40, Line 2a)				12.		.00
•		al Form 1040, Line 7 and Scho						
		torni 1040, Line / and Sen				13.		.00
							21001	.00
Jnder penalties of perjury, I de	eclare that I have examine	d this return and accompanying sc	hedules and	statemer				
correct, and complete. Prepare	ers cannot use return info	rmation for purposes other than pr	eparing retur	ns.				
Signature				Date (MM/DD/YYYY)	Daytime Telep	ohone Number	
Signature (If a joint return, BO	TH must sign.)			Date (MM/DD/YYYY)	Daytime Telep	hone Number	
Paid Preparer's Signature				Date (MM/DD/YYYY)	Preparer's Tel	ephone Numb	er
Firm's Name (or yours if self-e	employed) and address			Prepa	rer's SSN or PTIN	FEIN		
				F	orm RCC-146 (R	eplaces Form PR-	141)	

Test 11:

Required Vermont Forms/Schedules: IN-111, RCC-146

Taxpayer(s) Information:

Primary SSN: 400-00-9050
Name: James Smith
Residency Status: Resident

Mailing Address: 239 Smith Street

City: Middlesex

State: VT Zip Code: 05602

Date of Birth: March 24, 1977

Filing Status: Married Filing Separately

Spouse SSN: 400-00-8051 Spouse Name: May J. Smith

School District Code: 121

911 Address: 239 Smith Street

Healthcare Coverage: Taxpayer

Return Information:

Federal AGI: 47,820.00
Wages: 47,500.00
Dividend income: 320.00
Charitable contributions: 500.00
Income tax withheld from wages: 1,525.00
County of Rental Location: Washington
SPAN of Rental Location: 390-121-00003

Number of months rented: 12 Subsidized Rent: No

2021 Form IN-111

Vermont Income Tax Return



Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Nan	ne	MI	Social Security Number	er
SMITH	JAMES			400009050	Check if Deceased
Spouse's/CU Partner's Last Name	First Nan	ne	MI	Social Security Numb	er Check if
SMITH	MAY			400009051	Deceased
239 SMITH ST	ber and Street/Road or PO Box)		239	911/Physical Street Addres 9 SMITH ST	3S ON 12/31/2021
City	State ZIP Code or Fo	oreign Postal Code	233	Foreign Cou	ntry
MIDDLESEX	VT 05602				,
Vermont School District Code Enter Healthco		Check all	MENDE	D RECOMPUTE	ED DEXTENDED
121	ons for code options) t	hat apply $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	eturn	Return	Return
Filing Status and Single Standard Deduction (\$6,350)	rried/CU Filing Jointly	Married/CU Filing		Head of Household	Qualifying Widow(er)
Standard Deduction (\$6,350) (\$1	2,700)	Separately (\$6,350))	(\$9,500)	(\$12,700)
					47820
1. Federal Adjusted Gross Income (federal	Form 1040, Line 11)				.00.
2. Net Modifications to Federal AGI (Sche	J1. IN 112 D4 I I : 17	`		2	.00
2. Net Modifications to Federal AGI (Sche	dule IN-112, Part I, Line 17)		<u>2.</u>	
3. Federal AGI with Modifications (ADD l	Lines 1 and 2)			3	47820.00
					6350
4. 2021 Vermont Standard Deduction from Please see instructions if you or yo	filing status section above.			4 .	.00
deduction boxes on federal Form 1	040, page 1.	aura			
5. Personal Exemptions:5a. Enter "1" for yourself if no one of	an claim vou as a dependen	f		1 5a.	
5b. Enter "1" for your jointly filed sp	•				
claim them as a dependent or if y				5b	
5c. Enter number of other dependent	s claimed on federal Form	1040.		_	
This includes any dependents oth	ner than yourself and/or you	r spouse		5c	
5d. ADD Lines 5a through 5c					5d.
Ü					4350
5e. MULTIPLY Line 5d by \$4,350 (2021)	Personal Exemption)			5e	.00
6. ADD Lines 4 and 5e				6	10700 .00
0. ADD Lines 4 and Se					
7. Vermont Taxable Income (SUBTRACT	Line 6 from Line 3. If les	ss than zero, enter	-0-)	7	37120
					1339
8. Vermont Income Tax from tax table or t (If Line 1 is greater than \$150,000, see i				8	00
9. Net Adjustment to Vermont Tax (Sched				9.	.00
7. Tet rajustion to vermon ray (sened	are 11 (119, 1 are 1, 12me 10).				1220
10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9. If less	s than zero, enter -	0-)	10.	1339
11. Tax-Deductible Charitable Contribution	12. Multiply Line 11 by 5% (0.	05) 13. Charitab	le Cont	ribution	
(See instructions)500	1	Do alicosti	/F	u blace le coou	²⁵ .00
00		of Line 12	2 or \$1,0	13	
14. Vermont Income Tax (Line 10 MINUS	Line 13. If less than zero,	enter -0-)		14	131400
					100 0000
15. Income Adjustment (Schedule IN-113, I	Line 36, or 100.0000%)			15.	
16. Adjusted Vermont Income Tax (MULT)	IDI V I ino 14 by I ino 15)			16	00
				10.	Form IN-111
	Amazont Door				Page 1 of 2
5454	Amount Due (from Line 31)			.00	Rev. 10/21

(from Line 31)

Taxpayer's Last Name	Social Security Number
SMITH	400009050

+	2	1	1	1	1	1	2	\cap	\cap	+

Amount from .00 Line 16

	Other State Credit (Sch	edule IN-117, Line 21)		Vermont Tax Credi	ts (Schedule IN	N-119, Part II)	Total Ve	mont Credits (Add Lines 17 and	18)
17.		.00	+ 18.		.0	0 =	19	•	00
20.	Vermont Income T If Line 19 is greate	r than Line 16, en	ter -0-)				20.	1314	00
21.	Use Tax for taxable including online pu	e items on which rurchases. (See inst	no sales tax wa ructions, work	s charged, sheet, and chart).	X Che	ck to certify Jse Tax is due.	OR _{21.}	•	00
22.	Total Vermont Tax	tes (ADD Lines 20	0 and 21)				22	1314	00
Verr	mont Veterans Fund	Green Up V	/ermont	Nongame Wildl	life Fund	Children's	Trust Fund	Total Contributions	
23a.	00	+ 23b	00	+ 23c	00	+ 23d	00	= 23e•	00
24.	Total of Vermont Ta	axes and Voluntar	y Contribution	s (ADD Lines 22	2 and 23e).		24	1314	00
	2021 Vermont Tax								
	2021 Estimated Ta and/or payment ma	x payments, amou	nt carried forv	vard from 2020,					
25c.	Refundable Credits	s (Schedule IN-112	2, Part II, Line	11)	25c		00		
25d.	2021 Vermont Rea	l Estate Withholdi	ng from Form	RW-171	. 25d		00		
25e.	2021 Nonresident I (nonresident withh	Estimated Tax pay olding) allocated o	ments on Schedule K	-1VT, Line 5	25e		00		
25f.	Total Payments and	d Credits (ADD L	ines 25a throu	ıgh 25e)			25f	1525	00
26.	Overpayment. If L	ine 24 is less than	Line 25f, SU	BTRACT Line	24 from Lin	ne 25f	26	211	00
27a.	Refund to be credit	ted to 2022 Estima	ated Tax Paym	ent	. 27a		00		
27b.	Refund to be credit	ted to 2022 Proper	ty Tax Bill		. 27b		00.		
28.	REFUND AMOUN	NT (SUBTRACT	Lines 27a and	d 27b from Line	26)		28	211	00
29.	If Line 24 is more	than Line 25f, su	ıbtract Line 2	5f from Line 24.				•	00
30.	Interest and Pena Underpayment of (Worksheet IN-152	lty on Estimated Tax			31. AM	IOUNT DUE			
	or Amended Origin	al refund received	.00 Refur	nd due now	.00	Original payment	.00	Amount due now	.00
	,	, I declare that I ha		his return and acc		schedules and		o the best of my knowledge	

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	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.

Form IN-111 Page 2 of 2 Rev. 10/21

2021 Form RCC-146

For the year Jan 1 - Dec 31, 2021

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Vermont Renter Credit Claim

		EL AN		1					
Claimant's Last Name	T 7 7 7 T	First Name	-	MI		's Social Security Numb	oer		
SMITH	JAME			<u>,,,</u>	400009050				
Spouse's/CU Partner's Last Name	1	First Name	-	MI		Partner's Social Securi	ty Number		
SMITH	MAY				400009051				
Mailing Address (Number	and Street/F	Road or PO Box)		\dashv	,	Date of Birth (MM/DD/Y	YYY)		
239 SMITH ST						24/1977			
City	State	ZIP Code				County of Rental Location			
MIDDLESEX	VT	05602			WASHINGTO	N			
	dress of Ren	ital on 12/31/2021	Unit Num	nber	City/Town of Rent	tal Unit on 12/31/2021	and State		
121 239 SMITH	ST				MIDDLESEX	ζ	VT		
	ed/CU Jointly		ead of ousehold		Will you be using Rer to pay Income Tax lial		No		
 SPAN. To find your SPAN, please see in To determine eligibility, answer questions 2 t Were you domiciled in Vermont all of cal 	hrough 4.	Vac	Go to Que		_	121 -	00003 ot eligible.		
3. Were you claimed as a dependent by another	ner taxpay	er in 2021? 3. Yes,	STOP. Yo	ou are	not eligible.	No, Go to Question 4.			
4. Did you rent in Vermont for six months of you are eligible for a Renter Credit, complete.5. Did you share your rental unit with another than the properties.	te Lines 5	through 9.	Go to Que			No, STOP. You are n	ot eligible.		
6. Was your rent subsidized?						6. Yes	No		
7. Number of months rented in 2021						7.	12		
8. Number of Personal Exemptions claimed (See the instructions if you did not file Fo						8.	1		
9. Are you required to file a federal income of "Yes," complete Lines 10 through 14. skip Lines 10 through 14, sign in the sign.	If "No" be	ecause your income was u	nder the			_	No		
10. Total Income (from federal Form 1040, L.						10.	.7820		
 75% of nontaxable Social Security benefit (from federal Form 1040, Line 6a minus I 		fultiply result by 0.75)				11.	.00		
12. Tax-exempt interest (from federal Form 1	040, Line	2a)				12.	.00		
13. Add back any negative amounts from feder (See instructions)			*	, ,	*	13.	.00		
14. Total (ADD Lines 10 through 13)						14	.7820		
Under penalties of perjury, I declare that I have examin correct, and complete. Preparers cannot use return inf	ed this retu ormation fo	rn and accompanying schedules r purposes other than preparing	s and state returns.	emen	ts, and to the best of	my knowledge and be	elief, they are true,		
Signature			D	Date (N	/M/DD/YYYY)	Daytime Teleph	ione Number		
Signature (If a joint return, BOTH must sign.)			D	Date (N	MM/DD/YYYY)	Daytime Teleph	one Number		
Paid Preparer's Signature			D	Date (N	/IM/DD/YYYY)	Preparer's Tele	phone Number		
Firm's Name (or yours if self-employed) and address			P	repar	er's SSN or PTIN	FEIN			
				F	orm RCC-146 (Re	eplaces Form PR-1	41)		

Test 12:

Required Vermont Forms/Schedules: RCC-146

Taxpayer(s) Information:

Primary SSN: 400-00-9052
Primary Name: Larry Kent
Residency Status: Resident
Mailing Address: PO Box 15
City: Burlington

State: VT Zip Code: 05401

Date of Birth: March 24, 1976

Filing Status: Single School District Code: 035

911 Address: 15 Kent Street Unit 2

Town of Legal Residence: Burlington

Return Information:

Total Income: 20,000.00
County of Rental Property: Chittenden
SPAN of Rental Property: 114-035-12345

Number of months rented: 12
Exemptions Claimed: 1
Subsidized Rent: No

2021 Form RCC-146

For the year Jan 1 - Dec 31, 2021

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Vermont Renter Credit Claim

Claimant's Last Name		First Name		MI	Claimant	's Social Security Nu	umbor	
KENT	LARR			IVII	400009052		imbei	
Spouse's/CU Partner's Last Name	TAIL	First Name	-	MI		Z Partner's Social Sec	urity Number	
opouse 5/00 Faither's East Maille		i ii St i vullio		1411	Spouse 3 01 00	. a. i.i.c. 3 300iai 360	anty Humber	
Mailing Address (Num	ber and Street/F	Road or PO Box)			Claimant's	Date of Birth (MM/DI)/YYYY)	
PO BOX 15	201 4114 011 0001	ioda or i o bony				24/1976	,,,,,	
City	State	ZIP Code				nty of Rental Locatio	n	
BURLINGTON	VT	05401			CHITTENDE	DEN		
		tal on 12/31/2021	Unit Nu	umber		tal Unit on 12/31/202	and State	
035 15 KENT :			2		BURLINGTO)N	lvt	
Federal 🗖 🗔	arried/CU	☐ Married/CU ☐ H	ead of		Will you be using Rer			
	ling Jointly		ead of ousehold	l	to pay Income Tax lia		es No	
 SPAN. To find your SPAN, please see determine eligibility, answer questions Were you domiciled in Vermont all of a 	2 through 4.	1 /400	Go to Qu		_	035 - No, STOP. You are	12345 e not eligible.	
3. Were you claimed as a dependent by ar	•		STOP. \	You are	not eligible.	No, Go to Question	14.	
4. Did you rent in Vermont for six monthsIf you are eligible for a Renter Credit, com5. Did you share your rental unit with ano	olete Lines 5	through 9.	Go to Qu			No, STOP. You are		
6. Was your rent subsidized?							es No	
7. Number of months rented in 2021						7.	12	
8. Number of Personal Exemptions claims (See the instructions if you did not file						8	1	
9. Are you required to file a federal incom If "Yes," complete Lines 10 through 1 skip Lines 10 through 14, sign in the	4. If "No" be	cause your income was u	nder th			9.		
10. Total Income (from federal Form 1040)						10	00	
 75% of nontaxable Social Security bene (from federal Form 1040, Line 6a minu 		(ultiply 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 for (See instructions)						13.	.00	
14. Total (ADD Lines 10 through 13)						14	20000.00	
Under penalties of perjury, I declare that I have exa correct, and complete. Preparers cannot use return	mined this retur information for	n and accompanying schedule purposes other than preparing	s and sta returns	atemen	ts, and to the best of	my knowledge and	belief, they are true	
Signature				Date (I	MM/DD/YYYY)	Daytime Tele	ephone Number	
Signature (If a joint return, BOTH must sign.)				Date (MM/DD/YYYY)	Daytime Tele	ephone Number	
Paid Preparer's Signature			\neg	Date (I	MM/DD/YYYY)	Preparer's T	elephone Number	
Firm's Name (or yours if self-employed) and address				Prepar	er's SSN or PTIN	FEIN		
				F	orm RCC-146 (Re	places Form PF	2-141)	

Test 13:

Required Vermont Forms/Schedules: IN-111, IN-112, IN-119, IN-153

Taxpayer(s) Information:

Primary SSN: 400-00-9046
Name: Velma Dinkley
Residency Status: Resident

Mailing Address: 8540 Buck Lake Rd.

City: Woodbury

State: VT Zip Code: 05681

Date of Birth: Sept. 13, 1969

Filing Status: Single School District Code: 248

911 Address: 8540 Buck Lake Rd. Healthcare Coverage: Taxpayer Detective Primary Occupation: Madeline Dinkley Dependent 1 Name: 400-00-9005 Dependent 2 SSN: Maxwell Dinkley Dependent 2 Name: 4000-00-9006

Dependent 2 SSN:

Return Information:

Federal AGI: 4,661,663.00 Adjustment for Prior Years' Bonus Depreciation: 2,075.00 Amount from federal Form 1040 Sch. D Line 19: 4,392,624.00 Income Tax Withheld from Wages: 1,200.00 Estimated Payments Made: 1,000.00 Interest Income from US Obligations: 7,279.00 Vermont Higher Education Investment: 2,500.00 2,650.00 Charitable Housing Earned in 2021: R&D Credit Earned in 2021: 3.746.00

Mystery Inc.

Entity Credit from: FEIN 85-2258852

Charitable Contributions Made: 5,000.00

Tax Withheld from 2021 Wages: 21,502.00

Estimated Payments made in 2021: 250,000.00

Real Estate Withholding Payment made in 2021: 92,270.00

2021 Form IN-111

Vermont Income Tax Return



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	First Nan	ne	MI	Socia	al Security Number		Chook if
DINKLEY	VELMA			400009	046		Check if Deceased
Spouse's/CU Partner's Last Name	First Nan	ne	MI	Socia	al Security Number		Check if
							Deceased
	and Street/Road or PO Box)		105		ical Street Address o	n 12/31/20)21
8540 BUCK LAKE RD City	State ZIP Code or Fo	oreign Postal Code	854	10 BUCK	LAKE RD Foreign Country		
WOODBURY	VT 05681	oreign r ostar code			T Oreigit Country		
Verment School District Code I		Check all					
248 1 Enter Healthcare (See instructions		A	MENDE eturn	D	RECOMPUTED Return		EXTENDED Return
	d/CU Filing Jointly	Married/CU Filing			Household		Widow(er)
Standard Deduction (\$6,350) (\$12,7	UU)	Separately (\$6,350	')	(\$9,500)		(\$12,700)	
Federal Adjusted Gross Income (federal Fo	rm 1040, Line 11)			1.		466	1663 .00
2. Net Modifications to Federal AGI (Schedul	e IN-112, Part I, Line 17)		2.		-35	2075 .00
3. Federal AGI with Modifications (ADD Lin						430	9588 .00
4. 2021 Vermont Standard Deduction from fil	ing status section above						6350 .00
Please see instructions if you or your deduction boxes on federal Form 104	spouse checked any stand 0, page 1.	dard					
5. Personal Exemptions:5a. Enter "1" for yourself if no one can	•			5a.	1		
5b. Enter "1" for your jointly filed spou claim them as a dependent or if you	are a qualifying widow(er)		5b.	·		
5c. Enter number of other dependents c This includes any dependents other	laimed on federal Form 1 than yourself and/or you	1040. r spouse		5c.	2		
5d. ADD Lines 5a through 5c						. 5d	3
5e. MULTIPLY Line 5d by \$4,350 (2021 Per	sonal Exemption)			5e.	·	1	3050.00
6. ADD Lines 4 and 5e				6.	·	1	9400.00
7. Vermont Taxable Income (SUBTRACT Li	ine 6 from Line 3. If les	s than zero, enter	-0-)	7.		429	0188.00
8. Vermont Income Tax from tax table or tax	rate schedule			8.	·	37	.00
(If Line 1 is greater than \$150,000, see inst							0.0
9. Net Adjustment to Vermont Tax (Schedule	IN-119, Part I, Line 16).			9 .	·		.00
10. Vermont Income Tax with Adjustment (AI	DD Lines 8 and 9. If less	s than zero, enter	-0-)	10.		37	.00
11. Tax-Deductible Charitable Contribution (See instructions) 5000 .00	12. Multiply Line 11 by 5% (0.	D. d	/F	a Alex Terrer			²⁵⁰ .00
						37	0418 .00
14. Vermont Income Tax (Line 10 MINUS Lin					1	100	00
15. Income Adjustment (Schedule IN-113, Line						·•	10110
16. Adjusted Vermont Income Tax (MULTIPI	LY Line 14 by Line 15).	• • • • • • • • • • • • • • • • • • • •		16.			00
 I	Amount Due					orm IN-1 Page 1 o	
5454	(from Line 31)			.00		Rev. 10/	21

Taxpayer's Last Name	Social Security Number
DINKLEY	400009046

Amount from .00 Line 16

ermont Credits (Add Lines 17 and 18)		IN-119, Part II))0 =	•			+		Other State Credit (Sche	
			e 16.	e 19 from Lin	CT Li	(SUBTRA	ax after credits	Vermont Income Ta If Line 19 is greater	
.00	R _{21.}	eck to certify Use Tax is due. OR	×	charged, eet, and chart).	ax was works	n no sales ta structions,	e items on which rchases. (See in	Use Tax for taxable including online pu	21.
363772.0	22					20 and 21)	es (ADD Lines	Total Vermont Tax	22.
Total Contributions				Nongame Wildli				mont Veterans Fund	Vern
= 23e0	00	+ 23d	00	23c	+	00	+ 23b	00	23a.
363772.0	24		and 23e	ADD Lines 22	outions	ary Contrib	xes and Volunta	Total of Vermont Ta	24.
								. 2021 Vermont Tax	
				d from 2020	d form	ount corried	z novimonta omi	2021 Estimated Tax	
	00	250000	. 25b			tension	de with 2021 ex	and/or payment ma	
	00		25c	l)	, Line	12, Part II,	(Schedule IN-1	Refundable Credits	25c.
	.00	92270	. 25d	W-171	Form l	ding from l	Estate Withhol	. 2021 Vermont Real	25d.
						ayments	Estimated Tax pa	2021 Nonresident E (nonresident withho	
363772.0	25f			h 25e)	throug	Lines 25a	Credits (ADD	Total Payments and	25f.
.00	26	ne 25f	4 from 1	ΓRACT Line 2	5f, SUE	an Line 25	ne 24 is less tha	Overpayment. If Li	26.
								Refund to be credite	
	00		. 27b		ill	erty Tax Bi	ed to 2022 Prop	. Refund to be credit	27b.
.00	28		26)	7b from Line	7a and	T Lines 27	T (SUBTRAC	REFUND AMOUN	28.
.00	29			from Line 24.	Line 25	subtract L	than Line 25f,	If Line 24 is more	29.
.00		MOUNT DUE	31. /				ty on Estimated Tax	Interest and Penal Underpayment of	30.
							or IN-152A)	(Worksheet IN-152	
Amount due now .0	.00	Original payment	.00	lue now	Refund	.00	al refund received	For Amended Origina Returns Only:	

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 / /	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.

Form IN-111 Page 2 of 2 Rev. 10/21





INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
DINKLEY	VELMA		400009046

PART I ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME 1. Total interest and dividend income from all state and local obligations exempt from federal tax .00 2. Interest and dividend income from Vermont state and local .00 3. Income from Non-Vermont State and Local Obligations .00 **4.** Bonus Depreciation Allowed under Federal Law for 2021 **4.** _____ .00 .00 SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME .00 350000 .00 9. Adjustment for Prior Years' Bonus Depreciation......9. 10. Taxable Refunds of State and Local Income Taxes .00 11. Medical Expense Deduction .00 **12.** Social Security Benefits Exempt from Taxation .00 .00 .00 Vermont Public Power Vermont Telecom **VSAC** Supply Authority 352075 NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME This can be a negative number.

Taxpayer's Last Name	Social Security Number



PART II

LVI	XI II			
REF	FUNDABLE CREDITS		Line 1 is for FULL-YE	AR residents
1.	Low Income Child & Dependent Care Credit	ly) or less, ar % of federal t accredited,	nd use	00
VEF	RMONT EARNED INCOME TAX CREDIT	For FU	LL-YEAR residents and PART-YE	AR residents
ELIC	GIBILITY QUESTIONS MUST BE ANSWERED			
A.	Enter number of qualifying children		A	
B.	Enter number of qualifying children under the age of 18		В	
C.	Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at If you answered "No" and do not have any qualifying children, you do not qua	the end of 2	021? C Y	⁄es No
	L-YEAR RESIDENTS Answer eligibility questions above and complete Lines 2 and 3	-		
2.	Earned income tax credit (Reported on federal Form 1040)	2.	.00	
3.	Vermont Earned Income Tax Credit. MULTIPLY Line 2 by 36% (0.36)		3.	.00
	T YEAR RESIDENTS Answer eligibility questions above and complete Lines 4 through 10 A. Federal Amount \$ Enter figures in Column A from your fe EITC worksheet and Schedule IN-113		B. Vermont Porti For Vermont Portion, enter in while a Vermont resident as Schedule IN-113, Column B, 10, and 11	come earned shown on
4.	Wages, salaries, tips, etc. (Schedule IN-113, Line 1)	00	4B	.00
5.	Other earned income (Schedule IN-113, Lines 8, 10, and 11)	00	5B	.00
6.	Total earned income (Add Lines 4 and 5)	00	6В	.00
7.	Earned income tax credit adjustment (DIVIDE Line 6B by Line 6A, MULTIPLY and enter here. Do not enter more than 100%.)	the result b	oy 100, 7.	%
8.	Earned income tax credit (Reported on federal Form 1040)	00		
9.	Multiply Line 8 by 36% and enter the result here		9.	.00
10.	Vermont Earned Income Tax Credit (MULTIPLY Line 9 by Line 7)		10.	.00
11.	TOTAL REFUNDABLE CREDITS (ADD Line 1 to Line 3 or Line 10. Enter this amount on Form IN-111, Line 25c)		11.	.00

2021 Schedule IN-119

Vermont Tax Adjustments and Nonrefundable Credits



INCLUDE WITH FORM IN-111
Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
DINKLEY	VELMA		400 00 9046

DINKLET	V E DIMA	400 00 9040	
PARTI ADJUSTMENT	S TO VERMONT INCOME TAX		
ADDITIONS TO VERMONT T	AX		
1. Tax on Qualified Plans including on federal Form 1040, U.S. Indi-	g IRA, HSA, and MSA (reported vidual Income Tax Return) 1.	.00	
2. Recapture of Federal Investment (reported on Form 1040)	t Tax Credit2.	.00	
3. Tax from federal Form 4972, Ta	x on Lump-Sum Distributions3.	.00	
4. ADD Lines 1 through 3	4	.00	
5. MULTIPLY Line 4 by 24% (0	.24)	.00	
6. Recapture of Vermont Credits (S	See instructions)	.00	
7. ADD Lines 5 and 6		7.	.00
SUBTRACTIONS FROM VER	MONT TAX		
8. Credit for Child & Dependent C (reported on Form 1040)	are Expenses	.00	
9. Credit for the Elderly or the Diss	abled (federal Schedule R) 9.	.00	
0. Investment Tax Credit - Vermon			
11. Vermont Farm Income Averagir (from worksheet in instructions)	ng Credit11	.00	
2. ADD Lines 8 through 11	12.	.00	
3. MULTIPLY Line 12 by 24% (0.24)	.00	
4. Vermont-based Solar Energy Cr	edit carryforward14.	.00	
5. ADD Lines 13 and 14		15.	.00
NET ADJUSTMENTS TO VER	RMONT TAX		
	te 7. Enter on Form IN-111, Vermont Income Tax number		.00

Taxpayer's Last Name	Social S	Security	/ Number
DINKLEY	400	00	9046



INCLUDE WITH FORM IN-111

PART II VERMONT INCOME TAX CREDITS

1. Vermont Higher Education Investment (32 V.S.A § 5825a) See instructions..... 2021 Contribution eligible for credit

2500 **.00**

TIMES (X) .10 =

Credit

<u>250</u>.00

For credits earned through an S-Corporation, LLC, or Partnership, enter name and FEIN of the entity

Name of Entity

MYSTERY INC

85 2258852

If c	redits from more than one business entity, fil	l out a separate IN	l-119 f	or each entity.				
		Column A Earned in 2021		PLUS (+)	<u>Column B</u> Carryforward	EG	QUALS (=)	Column C
2.	Charitable Housing (32 V.S.A. § 5830c) 2A.	2650	.00	2B		.00	2C	<u>2650</u> .00
3.	Qualified Sale of Mobile Home Park (32 V.S.A. § 5828)		.00	3B		.00	3C	.00
4.	Research & Development (32 V.S.A. § 5930ii)	3746	.00	4B		.00	4C	<u>3746</u> .00
Prio	or approval required from Vermont Housing			ne 5				
5.	Affordable Housing (32 V.S.A § 5930u)		.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.			8B		.00	8C	.00
9.	ADD Column C, Lines 1 through 8. If a	no credit claimed	on Lin	e 10, enter this a	mount on Form IN	V-111, Li	ne 18 9. _	664600
T	or One did Octobrish Western Western							
	x Credit Calculation Worksheet Vermont Entrepreneur's Seed Capital Fur	nd (32 V.S.A. § 58	30b)					.00
11.	Enter adjusted Vermont income tax amou	nt from Form IN-	111, L	ine 16			11	.00
12.	Enter credit for income tax paid to anothe	r state or Canadia	n prov	ince from Form	IN-111, Line 17			.00
13.	SUBTRACT Line 12 from Line 11							.00
14.	Enter the lesser of Line 9 or Line 13							.00
15.	SUBTRACT Line 14 from Line 13. The	result cannot be l	ess tha	nn zero				.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						.00
19.	Total Income Tax Credits Available. E Enter this amount on Form IN-111, Line	nter the lesser of I	Line 13	3 or Line 18.				664600

2021 Schedule IN-153

Vermont Capital Gain Exclusion Calculation



INCLUDE WITH FORM IN-111 Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
DINKLEY	VELMA		400 00 9046

PART I. FLAT EXCLUSION		
1. Enter smaller of Line 15 or 16 from federal Form 1040, Schedule D		4392624.00
2. Enter amount from:2a. Federal Form 1040, Schedule D, Line 182a.	.00	
2b. Federal Form 1040, Schedule D, Line 19 2b.	.00	
3. Add Lines 2a and 2b.	3.	.00.
4. Subtract Line 3 from Line 1		4392624.00
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	.00	
5c. Multiply Line 5a by Line 5b and enter result here	5c	.00
5d. Federal Form 4952, Line 4b	.00	
5e. Federal Form 4952, Line 4e	.00	
6. Add Lines 5d and 5e; enter result here	6.	.00.
7. Divide Line 5c by Line 6; enter result here		.00
8. Subtract Line 7 from Line 4. Entry cannot be less than zero	8	4392624.00
9. Enter the smaller of Line 8 or \$5,000	9	5000 .00

Taxpayer's Last Name	Social	Secur	ity Number
DINKLEY	400	00	9046



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.)

4392624 .00 11. Enter amount of adjusted net capital gain from the sale of Assets held for more than three years. Subtract Line 11 from 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 **13b.** Depreciable personal property **13c.** Stocks or bonds publicly traded or traded on an **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 4392624 .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 gain exclusion.

PART III. CAPITAL GAIN EXCLUSION

Test 14:

Required Vermont Forms/Schedules: IN-151

Taxpayer(s) Information:

Primary SSN: 400-00-9031

Name: Bradley Edgewood

Residency Status: Resident
Mailing Address: PO Box 306
City: Hyde Park

State: VT Zip Code: 05655

Filing Status: Married Filing Joint

Spouse SSN: 400-00-8032

Spouse Name: Marjorie Edgewood

Return Information:

Estimated Tax Liability: 8,879.00
Previous Payments Made: 1,279.00
Extension Payment: 4,200.00

2021 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 15, 2022 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 16 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 15 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		MI	Taxpayer's Social Security Number
EDGEWOOD :	BRADLEY			400009031
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Partner's Social Security Number
EDGEWOOD	MARJORIE 4			400009032
Mailing Address (Number ar	ad or PO Box)		For Department Use Only	
PO BOX 306]	
City	State	ZIP Code		
HYDE PARK	VT	05655		
Foreign Country (if not United States)		Email Address		
MBEDGEWOOD@GMAIL.C			OM	

TAX CALCULATION WORKSHEET

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

1.	Estimated individual income tax liability1.	.00	
2.	Previous payments	.00	
3.	Amount of tax paid with extension	3.	4200 .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 checks payable to Vermont Department of Taxes and mail with this form to the address above.

Test 15:

Required Vermont Forms/Schedules: IN-151

Taxpayer(s) Information:

Primary SSN: 400-00-9053
Name: Heather Lee
Mailing Address: 239 Smith St.
City: Middlesex

State: VT
Zip Code: 05602
Filing Status: Single

Return Information:

Estimated Tax Liability: 2,975.00 Previous Payments Made: 0.00

2021 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 15, 2022 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 16 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 15 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		MI	Taxpayer's Social Security Number
LEE	HEATHER J 4		J	400009053
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Partner's Social Security Number
Mailing Address (Number an	nber and Street/Road or PO Box)		For Department Use Only	
239 SMITH ST]
City	State	ZIP Code		
MIDDLESEX	VT	05602		
Foreign Country (if not United States)		Email Address		
		HJLEE1982@YAHO	o.co	M

TAX CALCULATION WORKSHEET

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

1.	Estimated individual income tax liability1.	
2.	Previous payments	
3.	Amount of tax paid with extension	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 checks payable to Vermont Department of Taxes and mail with this form to the address above.

Test 16:

Required Vermont Forms/Schedules: IN-151

Taxpayer(s) Information:

Primary SSN: 400-00-9054
Name: Tim Jones
Mailing Address: 239 Smith St.
City: Middlesex

State: VT
Zip Code: 05602
Filing Status: Single

Return Information:

Estimated Tax Liability: 100
Previous Payments Made: 500.00

2021 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 15, 2022 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 16 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 15 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		MI	Taxpayer's Social Security Number
JONES 7	TIM T 4		Т	400009054
Spouse's/CU Partner's Last Name	First Name MI		MI	Spouse's or CU Partner's Social Security Number
Mailing Address (Number and	Mailing Address (Number and Street/Road or PO Box)			For Department Use Only
714 SECOND ST]
City	State	ZIP Code		
NEWPORT	VT	05855		
Foreign Country (if not United States)		Email Address		
		JONESTIMJONES0	OL.COM	

TAX CALCULATION WORKSHEET

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

1.	Estimated individual income tax liability	.00	
2.	Previous payments	500.00	
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 checks payable to Vermont Department of Taxes and mail with this form to the address above.

Test 17:

Required Vermont Forms/Schedules: IN-114

Taxpayer(s) Information:

Primary SSN: 400-00-9031

Name: Bradley Edgewood

Residency Status: Resident
Mailing Address: PO Box 306
City: Hyde Park

State: VT Zip Code: 05655

Filing Status: Married Filing Joint

Spouse SSN: 400-00-9032

Spouse Name: Marjorie Edgewood

Return Information:

Estimated Payment Requirement: 2,500.00

April 15, 2020 Payment 250.00

June 15, 2020 Payment 500.00

September 15, 2020 Payment: 750.00

January 15, 2021 Payment 1,000.000

2022 Form IN-114





Vermont Individual Income Estimated Tax Payment Voucher

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	Taxpayer's Last Name First Name MI			Taxpayer's Social Security Number
EDGEWOOD	BRADLEY			400009031
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Partner's Social Security Number
EDGEWOOD	MARJORIE			400009032
Mailing Address (Number and Street/Road or PO Box)				Tax Year
PO BOX 306				2022
City	State	ZIP Code or Postal Code		
HYDE PARK	VT 05655		Amount of	
Foreign Country (if not United States)			this payment	

- 4 - 4	FOITH IIV-11
5454	Rev.10/2
	100.10/2

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 2021 Tax Liability divided by 4 \$ OR	
	90% of 2022 Tax Liability (calculated below)	
Line 1	Estimated 2022 Vermont Taxable Income	\$
Line 2	Estimated 2022 Vermont Tax: Use 2021 preliminary tax schedules (See instructions)	\$
Line 3	Estimated 2022 Vermont Tax with Adjustments. See instructions for Form IN-111, Line 10	\$
Line 4	Estimated Income Adjustment. See instructions for Form IN-111, Line 154.	%
Line 5	Adjusted Vermont Tax (Multiply Line 3 by Line 4)	\$
Line 5a	Expected 2022 Vermont Tax Withholding	\$
Line 6	2022 Estimated Tax Liability (Line 5 minus Line 5a)6.	\$
Line 7	Quarterly payments due (Divide Line 6 by 4)	\$

2022 Form IN-114





Vermont Individual Income Estimated Tax Payment Voucher

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name		First Name	MI	Taxpayer's Social Security Number
EDGEWOOD	BRADLEY			400009031
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Partner's Social Security Number
EDGEWOOD	MARJORIE			400009032
Mailing Address (Number and Street/Road or PO Box)			Tax Year	
PO BOX 306				2022
City	State	ZIP Code or Postal Code		
HYDE PARK VT 05655			Amount of 500	
Foreign Country (if not United States)				this payment

5454	Form IN-114 Rev.10/21
	NOV. 10/2 1

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 2021 Tax Liability divided by 4 \$ OR	
	90% of 2022 Tax Liability (calculated below)	
Line 1	Estimated 2022 Vermont Taxable Income	\$
Line 2	Estimated 2022 Vermont Tax: Use 2021 preliminary tax schedules (See instructions)	\$
Line 3	Estimated 2022 Vermont Tax with Adjustments. See instructions for Form IN-111, Line 10	\$
Line 4	Estimated Income Adjustment. See instructions for Form IN-111, Line 154.	%
Line 5	Adjusted Vermont Tax (Multiply Line 3 by Line 4)5.	\$
Line 5a	Expected 2022 Vermont Tax Withholding	\$
Line 6	2022 Estimated Tax Liability (Line 5 minus Line 5a)	\$
Line 7	Quarterly payments due (Divide Line 6 by 4)	\$

2022 Form IN-114





Vermont Individual Income Estimated Tax Payment Voucher

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name		MI	Taxpayer's Social Security Number	
EDGEWOOD	BRADLEY			400009031	
Spouse's/CU Partner's Last Name	First Name		MI	Spouse's or CU Partner's Social Security Number	
EDGEWOOD	MARJORIE			400009032	
Mailing Address (Number	oad or PO Box)		Tax Year		
PO BOX 306				2022	
City	State	ZIP Code or Postal Code			
HYDE PARK	VT	05655		Amount of 750	
Foreign Country (Amount of 750 this payment				

Form IN-114
Rev.10/21

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 2021 Tax Liability divided by 4 \$ OR	
	90% of 2022 Tax Liability (calculated below)	
Line 1	Estimated 2022 Vermont Taxable Income	\$
Line 2	Estimated 2022 Vermont Tax: Use 2021 preliminary tax schedules (See instructions)	\$
Line 3	Estimated 2022 Vermont Tax with Adjustments. See instructions for Form IN-111, Line 10	\$
Line 4	Estimated Income Adjustment. See instructions for Form IN-111, Line 154.	%
Line 5	Adjusted Vermont Tax (Multiply Line 3 by Line 4)	\$
Line 5a	Expected 2022 Vermont Tax Withholding	\$
Line 6	2022 Estimated Tax Liability (Line 5 minus Line 5a)6.	\$
Line 7	Quarterly payments due (Divide Line 6 by 4)	\$

2022 Form IN-114





Vermont Individual Income Estimated Tax Payment Voucher

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name		MI	Taxpayer's Social Security Number	
EDGEWOOD	BRADLEY			400009031	
Spouse's/CU Partner's Last Name	First Name		MI	Spouse's or CU Partner's Social Security Number	
EDGEWOOD	MARJORIE			400009032	
Mailing Address (Number a	and Street/Road or PO Box)			Tax Year	
PO BOX 306				2022	
City	State	ZIP Code or Postal Code			
HYDE PARK	VT	05655		Amount of 1000	
Foreign Country (i	Amount or 1000 this payment				

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5454	Rev.10/2
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Taxpayer's Worksheet - Keep for your records

	100% of 2021 Tax Liability divided by 4 \$
	90% of 2022 Tax Liability (calculated below)
Line 1	Estimated 2022 Vermont Taxable Income
Line 2	Estimated 2022 Vermont Tax: Use 2021 preliminary tax schedules (See instructions)
Line 3	Estimated 2022 Vermont Tax with Adjustments. See instructions for Form IN-111, Line 10
Line 4	Estimated Income Adjustment. See instructions for Form IN-111, Line 15
Line 5	Adjusted Vermont Tax (Multiply Line 3 by Line 4)
Line 5a	Expected 2022 Vermont Tax Withholding
Line 6	2022 Estimated Tax Liability (Line 5 minus Line 5a)
Line 7	Quarterly payments due (Divide Line 6 by 4)

Test 18

3 IN-116s

Taxpayer1: Simon John 400009073 PO Box 14 Waterbury VT 05676 Payment amount: \$1300.00

Taxpayer2: Caswell Sam 400-00-9078 Caswell Mary 400-00-9079 PO Box 143 Morrisville VT 05661 Payment amount: \$1348.00

Taxpayer3: Long Jane 400-00-9076 Long John 400-00-9077 13 Main Street Lower Waterford VT 05848 Payment amount: \$56.00