

Vermont Department of Taxes

2022 Form IN-111

Vermont Income Tax Return

DEPT
USE
ONLY

* 2 2 1 1 1 1 0 0 *

FILE YOUR RETURN
ELECTRONICALLY FOR A
FASTER REFUND. GO TO
TAX.VERMONT.GOV FOR
MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name		First Name		MI	Social Security Number	☒ Check if Deceased
1234567890123(17)		1234567890123(17)		1	123456789	
Spouse's/CU Partner's Last Name		First Name		MI	Social Security Number	☒ Check if Deceased
1234567890123(17)		1234567890123(17)		1	123456789	
Mailing Address (Number and Street/Road or PO Box)					911/Physical Street Address on 12/31/2022	
1234567890123456789012345678					12345678901234567890123(27)	
City		State	ZIP Code or Foreign Postal Code		Foreign Country	
123456748901234567(21)		12	1234567890		123456789012345678(22)	
Vermont School District Code		Enter Healthcare Coverage Code (See instructions for code options)		Check all that apply		
123		1		☒ AMENDED Return ☒ CANNABIS With Recomputed Federal Return ☒ RECOMPUTED Return ☒ EXTENDED Return		
Filing Status and Standard Deduction		☒ Single (\$6,500) ☒ Married/CU Filing Jointly (\$13,050)		☒ Married/CU Filing Separately (\$6,500) ☒ Head of Household (\$9,800)		☒ Qualifying Widow(er) (\$13,050)

1. Federal Adjusted Gross Income (federal Form 1040, Line 11) 1. 123456789012345.00
2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 18) 2. 123456789012345.00
3. Federal AGI with Modifications (ADD Lines 1 and 2) 3. 123456789012345.00
4. 2022 Vermont Standard Deduction from filing status section above. 4. 123456789012345.00
Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.
5. Personal Exemptions:
- 5a. Enter "1" for yourself if no one can claim you as a dependent 5a. 1
- 5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er) 5b. 1
- 5c. Enter number of other dependents claimed on federal Form 1040. This includes any dependents other than yourself and/or your spouse. 5c. 12
- 5d. ADD Lines 5a through 5c 5d. 12
- 5e. MULTIPLY Line 5d by \$4,500 (2022 Personal Exemption) 5e. 123456789012345.00
6. ADD Lines 4 and 5e 6. 123456789012345.00
7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3. If less than zero, enter -0-) 7. 123456789012345.00
8. Vermont Income Tax from tax table or tax rate schedule 8. 123456789012345.00
(If Line 1 is greater than \$150,000, see instructions)
9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 15) 9. 123456789012345.00
10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9. If less than zero, enter -0-) 10. 123456789012345.00
- | | | |
|--|--|--|
| 11. Tax-Deductible Charitable Contribution (See instructions) <u>12345678.00</u> | 12. Multiply Line 11 by 5% (0.05) <u>12345678.00</u> | 13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 13. <u>123456789012345.00</u> |
|--|--|--|
14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 14. 123456789012345.00
15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%) 15. 100.0000 %
16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15) 16. 123456789012345.00

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Amount Due (from Line 31) 123456789012345.00Form IN-111
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Taxpayer's Last Name	Social Security Number
1234567890123(17)	123456789



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Amount from Line 16 **123456789012.00**

Other State Credit (Schedule IN-117, Line 21) **17. 123456789012.00** + Vermont Tax Credits (Schedule IN-119, Part II) **18. 123456789012.00** = Total Vermont Credits (Add Lines 17 and 18) **19. 123456789012345.00**

Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-). **20. 123456789012345.00**

Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). . . ☒ Check to certify no Use Tax is due. OR **21. 1234567890.00**

Total Vermont Taxes (ADD Lines 20 and 21) **22. 123456789012345.00**

Green Up Vermont	Nongame Wildlife Fund	Vermont Children's Trust Foundation	Vermont Veterans Fund	Total Contributions
23a. 12345.00	23b. 12345.00	23c. 12345.00	23d. 12345.00	23e. 12345.00

Total of Vermont Taxes and Voluntary Contributions (ADD Lines 22 and 23e) **24. 123456789012345.00**

2022 Vermont Tax Withheld from W-2, 1099 **25a. 12345678901.00**

2022 Estimated Tax payments, amount carried forward from 2021, and/or payment made with 2022 extension. **25b. 12345678901.00**

Refundable Credits (Schedule IN-112, Part II, Line 17) **25c. 12345678901.00**

2022 Vermont Real Estate Withholding from Form RW-171 **25d. 12345678901.00**

2022 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 **25e. 12345678901.00**

Total Payments and Credits (ADD Lines 25a through 25e) **25f. 123456789012345.00**

Overpayment. If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f **26. 123456789012345.00**

Refund to be credited to 2023 Estimated Tax Payment **27a. 12345678901.00**

Refund to be credited to 2023 Property Tax Bill **27b. 12345678901.00**

REFUND AMOUNT (SUBTRACT Lines 27a and 27b from Line 26) **28. 123456789012345.00**

If Line 24 is more than Line 25f, subtract Line 25f from Line 24. See instructions on tax due **29. 123456789012345.00**

Interest and Penalty on Underpayment of Estimated Tax. . **30. 123456789.00** 31. AMOUNT DUE (ADD Lines 29 and 30) **31. 123456789012345.00**
(Worksheet IN-152 or IN-152A)

For Amended Returns Only:	Original refund received 123456789012.00	Refund due now 123456789012.00	Original payment 123456789012.00	Amount due now 123456789012.00
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MM/DD/YYYY) MM DD YYYY	Date of Birth (MM/DD/YYYY) MM / DD / YYYY	Daytime Telephone Number 123-123-1234
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY) MM DD YYYY	Date of Birth (MM/DD/YYYY) MM / DD / YYYY	Daytime Telephone Number 123-123-1234
Paid Preparer's Signature	Date MM / DD / YYYY		Preparer's Telephone Number 123-123-1234
Firm's Name (or yours if self-employed) and address 123456789012345678901234567890123456		Preparer's SSN or PTIN 123456789	FEIN 123456789

☒ Check if the Department of Taxes may discuss this return with the preparer shown.
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Keep a copy for your records.