Vermont Department of Taxes

For the year Jan. 1 - Dec. 31, 2022 2022 Form RCC-146

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|---|---|---|---|---|---|---|---|---|---|---|

Vermont Renter Credit Claim

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|----------------------|---|----------------------------------|--|----------------------------|---------------------------|--|-----------------------------|-------------------|--|
| Claimant's Last Name | | | First Name | | | Claimant's Social Security Number | | | |
| \vdash | Spouse's/CU Partner's Last Name | First Name | | | | Spouse's or CU Partner's Social Security Number | | | |
| Г | | | | | MI | | | | |
| F | Mailing Address (Number | and Street/F | Road or PO Box) | | | Claimant's Date of B | irth (MM/DD/YY | YY) | |
| L | Other | Chata | 710.0-1 | | Country of Double Units | | | | |
| \vdash | City | State | ZIP Code | | County of Rental Unit | | | | |
| - | Vermont School District Code Physical Addre | s of Rental Unit on 12/31/2022 U | | | Unit | City/Town of Rental Unit on 12/31/2022 and State | | | |
| | | | | | | | | | |
| | Federal Single Marrie | | | | | Will you be using Renter Credit to pay Income Tax liability? | | | |
| | SPAN. To find your SPAN, please see instructed termine eligibility, answer questions 2 thr | | | | 1 | ı | - | | |
| | Were you domiciled in Vermont all of calen | _ | 0022? | Yes, Go to | Question | 3. No, ST | OP. You are not | eligible. | |
| 3. | Were you claimed as a dependent by another taxpayer in 2022?3. Yes, STOP. You are not eligible. No, Go to Question 4. | | | | | | | | |
| 4. | Did you rent in Vermont for six months or n | ore in 20 | 22?4. | Yes, Go to | Question | 5. No, STO | OP. You are not | eligible. | |
| | ou are eligible for a Renter Credit, complete | | | | | | | | |
| 5. | Did you share your rental unit with another | dult who | was not your jointly fil | ed spous | e? | | Yes | No | |
| 6. | Was your rent subsidized? | | | | | | Yes | No | |
| | 6a. If "Yes", how many months | was your | rent subsidized in 2022 | ? | | 6a. | | | |
| 7. | Number of months rented in 2022 | | | | | | | | |
| 8. | Number of Personal Exemptions claimed (fr (See the instructions if you did not file Form | | | | | | | | |
| 9. | Did you file a federal income tax return? (S | ee the ins | tructions if you answere | | 9. | Yes | No | | |
| 10. | Total Income (from federal Form 1040, Line | 9) | | | | | | .00 | |
| | 75% of nontaxable Social Security benefits | , | | | | | | | |
| | (from federal Form 1040, Line 6a minus Lir | e 6b. Mu | ltiply result by 0.75) | | | 11. | | 00 | |
| 12. | Tax-exempt interest (from federal Form 104 | 0, Line 2 | n) | | | | | .00 | |
| 13. | Add back any negative amounts from federa (See instructions) | | , | | | | | .00 | |
| 14. | Total (ADD Lines 10 through 13) | | | | | 14. | | .00 | |
| Un | der penalties of perjury, I declare that I have examine rrect, and complete. Preparers cannot use return info | d this retui | rn and accompanying scheo purposes other than prepa | dules and s ring return | statemen ns. | its, and to the best of my know | vledge and beli | ef, they are true | |
| (| Signature | | | | Date (I | MM/DD/YYYY) | Paytime Telepho | ne Number | |
| - | Signature (If a joint return, BOTH must sign.) | D | | | | MM/DD/YYYY) | Daytime Telephone Number | | |
| | Paid Preparer's Signature | | | | Date (I | MM/DD/YYYY) F | Preparer's Telephone Number | | |
| | Firm's Name (or yours if self-employed) and address | | | | Prepar | rer's SSN or PTIN F | EIN | | |
| _ | | | | | | | | | |