

Schedule FIT-K-1VT-F



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Vermont Beneficiary Information for Fiduciaries

Include with Form FIT-161

Table with 3 columns: Name of Estate or Trust, FEIN, Tax Year End Date (MM/DD/YYYY)

HEADER INFORMATION - REQUIRED ITEMS

Form with multiple sections for Entity Name, Individual Last Name, First Name, Initial, Address, City, State, ZIP Code, Foreign Country, FEIN, Social Security Number, Recipient Type, Residency Status, and Percentage of income.

VERMONT RESIDENT BENEFICIARY

- 1. Beneficiary's share of distributed net income allocated to Vermont 1. .00
2. Interest / dividends from obligations of other states 2. .00
3. Interest / dividends from U.S. obligations. 3. .00

VERMONT NONRESIDENT BENEFICIARY

- 4a. Vermont Business Income. 4a. .00
4b. Capital gain or loss allocated to Vermont 4b. .00
4c. Partnership, S Corporation, LLC. 4c. .00
4d. Rent, royalties, estates, trusts. 4d. .00
4e. Farm income 4e. .00
4f. Other income 4f. .00
4g. Total nonresident income 4g. .00

PAYMENT INFORMATION

- 5. Total annual nonresident estimated payments allocated to this beneficiary 5. .00
6. Total annual real estate withholding payments allocated to this beneficiary 6. .00
7. Other payments allocated to this beneficiary (1099 withholding, estimates paid) 7. .00
8. Share of total federal bonus depreciation difference. Enter on Schedule IN-112, Line 4 or Line 9. 8. .00
9. Share of total state and local taxes deducted on federal filing 9. .00