# **Vermont Income ATS Test Package for Tax Year 2023**





#### Adjustments to 2023 PIT ATS Testing Package

#### Test 1 (Changes to IN-111,112,113)

- Residency check box was switched to Part Year Resident from nonresident.
- IN-113 Adjustments:
  - Line 1A Federal wages, salaries, tips, etc. should be \$99,300.
  - Line 1B Vermont wages, salaries, tips, etc. should be \$28,068.
  - Line 6A and 6B should both be \$300.
  - Line 14A Total Income should be \$129,445.
  - Line 14B Total Income should be \$29,568.
  - Line 27 AGI should be \$127,845.
  - o Line 8 should be \$29,368.
  - Line 29 should be \$29,368.
  - o Line 30 should be \$127,845.
  - Line 31 should be \$98,477.
  - o Line 33 should be \$98,477.
  - o Line 34 should be \$29,368.
  - Line 35 should be 22.9715%
- Line 15 on IN-111 Should be 22.9715%
- Certified No Use Tax Due is Checked.
- Dependent SSN number changed to 400-55-8033 on IN-112.

#### Test 2 (Changes to IN-111,112)

- Certified No Use Tax Due is Checked.
- Dependent SSN on IN-112 should be 400-55-9036 and 400-55-9037.

#### Test 3 (Changes to IN-113)

- IN-112 Adjustments:
  - o Part I, line 6 should be \$700.
  - o Part I, line 14 should be \$500.
  - o Part I, line 17 should be \$500.
  - Dependent SSN changed to 400-55-8040.

### Test 5 (Changes to IN-112,153)

- Dependent SSN, on IN-112 should be 400-55-9044.
- Dependent name added.
- IN-153 Part I line 1 should be \$50,000.
- IN-153 Part I line 4 should be \$48,000.
- IN-153 Part I line 8 should be \$48,000.
- IN-153 Part II- Removed
- IN-153 Part III line 19 should be \$5,000.
- IN-153 Part III line 20 should be \$59,000\*40%= \$23,600.
- IN-153 Part III line 21 should be \$5,000.

## Test 6 (Changes to IN-111,112)

- Income tax on IN-111 line 8, 10, 14, 16, 20, 22, and 24 should be \$494.
- Overpayment on IN-111 line 26 should be \$1956.
- Refund Amount should be \$1456.
- Dependent SSN on IN-112 should be 400-55-8047.

### Test 8 (Changes to IN-113)

- Taxable refunds of state and local income taxes on IN-113 should be \$0.
- Federal Business income or loss on IN-113 should be \$92500.
- Vermont Business income or loss on IN-113 should be \$74500.

## Test 9 (Changes to IN-111)

• Spouse deceased box should not be checked.

#### **Test 1: Cannabis with Recomputed Federal Return**

Required Vermont Forms/Schedules: IN-111, IN-112, IN-113

#### **Taxpayer(s) Information:**

Primary SSN: 400-00-8031 Name: Joe B James

Residency Status: Part-Year Resident
Mailing Address: 57 Shoreline Dr
City: West Brookfield

State: MA Zip Code: 01585

Filing Status: Married Filing Jointly

Spouse SSN: 400-00-8032
Spouse Name: Jill James
School District Code: 999

911 Address: 57 Shoreline Dr Date of Birth: July 15, 1979

#### **Return Information:**

VT Child and Dependent Care Credit:

Recomputed Federal AGI: 127,845.00
Additions to Federal AGI: -2,500.00

Dependents: 1

Tax-Deductible Charitable Contributions: 1,000.00 **Total Vermont Taxes:** 889.00 Green Up Vermont: 100.00 478.00 **Refundable Credits:** Refund to be credit to 2024 estimated Payment: 41.00 Refund Total: 47.00 Nontaxable Total interest and dividend: 1250.00 Interest and dividend from VT: 250.00 Bonus Depreciation: 500.00 Interest from US Obligation: 100.00 Taxable Refunds of State and Local: 300.00 Medical Deduction: 3500.00 Bond- VSAC: 100.00

Qualifying Children: 1

Qualifying child #1: Si B James 400-55-8033 04/15/2021

1,152.00

 Child Tax Credit:
 940.00

 Amount from IN-113, Line 14B:
 29,568

 Amount from IN-113, Line 14A:
 129,445

Dates lived in VT: 01/01/2023-03/15/2023

Other State lived in:MAWages:99,300.00VT Wages:28,068.00Taxable Interest:1845.00Ordinary Dividends:50.00Federal Taxable Social Security:17,500.00

Federal Rental income: 9,800.00

VT Rental Income:	1,200.00
Federal Other:	650.00
Federal Health Savings:	1500.00
VT Health Savings:	200.00
Federal Deductions not on 1040:	100.00

# 2023 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 Name	MI Social Security Nur	nber Check if
JAMES	JOE	B 400-00-803	1 Deceased
Spouse's/CU Partner's Last Name	First Name	MI Social Security Nur	II I Check if
JAMES  Mailing Address (Number a	JILL	4 0 0 - 0 0 - 8 0 3 911/Physical Street Add	
57 SHORELINE DR	ind Street/Noad of FO Box)	57 SHORELINE DE	
City	State ZIP Code or Foreign Postal Code	Foreign C	
WEST BROOKFIELD	MA 01585	·	•
Vermont School District Code	Check all AMENDED	CANNABIS	MDUTED PEVTENDED
999 Enter Healthcare C (See instructions for	or code options) that apply Return	Federal Return Return	
Standard Deduction Single (\$7,000) Married/		Head of Household (\$10,550)	Qualifying Widow(er) (\$14,050)
Vermont Residency Status as of 12/31/2023 (check one)	RESIDENT PART-YEAR RESIDENT	NONRESIDENT	
1. Federal Adjusted Gross Income (federal For	rm 1040, Line 11)	1	127845.00
2. Net Modifications to Federal AGI (Schedule	e IN-112, Part I, Line 18)	2.	<u>-2500</u> . <b>00</b>
3. Federal AGI with Modifications (ADD Line	es 1 and 2)		125345.00
<ul> <li>4. 2023 Vermont Standard Deduction from filing Please see instructions if you or your standard beduction boxes on federal Form 1040.</li> <li>5. Personal Exemptions:</li> </ul>	pouse checked any standard	4	14050.00
5a. Enter "1" for yourself if no one spous	se or CU partner if no one can depe	er number of OTHER ndents claimed on Jeral Form 1040	<b>5d. Total Exemptions</b> (ADD Lines 5a through 5c)
5a. <u>1</u> + 5	5b. <u>1</u> + 5	5c. <u>1</u> =	5d. 3
<b>5e. MULTIPLY Line 5d by \$4,850</b> (2023 Pers	sonal Exemption)	5e	14550.00
6. ADD Lines 4 and 5e		6	28600.00
7. Vermont Taxable Income (SUBTRACT Lin	ne 6 from Line 3. If less than zero, enter-	0-)7.	96745.00
<b>8.</b> Vermont Income Tax from tax table or tax ra (If Line 1 is greater than \$150,000, see instru	ate schedule	8	3920.00
9. Net Adjustment to Vermont Tax (Schedule I	'	9	00.
10. Vermont Income Tax with Adjustment (ADI	D Lines 8 and 9. If less than zero, enter -0	)-) 10.	3920.00
		e Contribution	
(See instructions) 1000 .00	50 <b>.00</b> Deduction of Line 12	<b>n</b> (Enter the lesser or \$1,000)	50.00
14. Vermont Income Tax (Line 10 MINUS Line	e 13. If less than zero, enter -0-)	14	<u> 3870</u> .00
15. Income Adjustment (Schedule IN-113, Line	35, or 100.0000%)	15	. <u>22,9715</u> %
16. Adjusted Vermont Income Tax (MULTIPL	Y Line 14 by Line 15)	16.	889.00
5454	Amount Due	00	Form IN-111 Page 1 of 2

				·	
	Taxpayer's Last Name         Social Secur           JAMES         4 0 0 - 0 0				
-		1-8031			
	Amount from Line 16 889 .00		* 2	3 1 1 1	1 2 0 0 *
		ax Credits (Schedule IN			mont Credits (Add Lines 17 and 18)
		.0	0 =	19	00.
20.	Vermont Income Tax after credits ( <b>SUBTRACT Line 19 fr</b> If Line 19 is greater than Line 16, enter -0-)	om Line 16.		20.	889.00
21.	Use Tax for taxable items on which no sales tax was charged including online purchases. (See instructions, worksheet, and	l, I chart) 🔽 Che	ck to certify Jse Tax is due. O	OR 21	.00
22.	Total Vermont Taxes (ADD Lines 20 and 21)			22.	889.00
N	Vormont Children's	rmont Veterans Fund			Total Contributions
23a.	00 + 23b00 + 23c.	00	+ 23d	10000	= 23e100.00
24.	Total of Vermont Taxes and Voluntary Contributions (ADD L	Lines 22 and 23e).		24.	989.00
	2023 Vermont Tax Withheld from W-2, 1099				
	2023 Estimated Tax payments, amount carried forward from and/or payment made with 2023 extension	2022.			
25c.	Refundable Credits (Schedule IN-112, Part II:				
	Full-Year Residents-Line 8; Part-Year Residents-Line 12)	)25c	4	<u>/8.00</u>	
	2023 Vermont Real Estate Withholding from Form RW-171	25d		00	
25e.	2023 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Lin	ne 5 <b>.25e.</b>		00	
25f.	Total Payments and Credits (ADD Lines 25a through 25e).			25f.	1077.00
26.	Overpayment. If Line 24 is less than Line 25f, SUBTRACT	Γ Line 24 from Lir	ne 25f	26.	88.00
27a.	Refund to be credited to 2024 Estimated Tax Payment	27a.		41.00	
27b.	Refund to be credited to 2024 Property Tax Bill	27b		00	
28.	REFUND AMOUNT (SUBTRACT Lines 27a and 27b from	m Line 26)		28.	47.00
29.	If Line 24 is more than Line 25f, subtract Line 25f from I See instructions on tax due			29.	.00
30.	Interest and Penalty on Underpayment of Estimated Tax 30.  (Worksheet IN-152 or IN-152A)	31. AN	IOUNT DUE		.00
	or Amended Original refund received Refund due now		Original payment	<b>I</b>	mount due now
	eturns Only: .00	.00		.00	.00
	er penalties of perjury, I declare that I have examined this return f, they are true, correct and complete. Preparers cannot use retu				
Sig	nature	Date (MM/DD/YYYY	′	(MM/DD/YYYY) 5 / 1979	Daytime Telephone Number
Sig	nature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY		(MM/DD/YYYY)	Daytime Telephone Number

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

Paid Preparer's Signature

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

Keep a copy for your records.

Preparer's SSN or PTIN

Date (MM/DD/YYYY)

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FEIN

Preparer's Telephone Number



Taxpayer's Last Name

# 2023 Schedule IN-112



# **Vermont Tax Adjustments and Credits**

Please PRINT in BLUE or BLACK INK

MI

First Name

INCLUDE WITH FORM IN-111

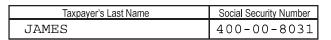
Taxpayer's Social Security Number

	JAMES	JOE	В	400-00-80	)31
PA	RTI				
AD	DITIONS TO FEDERAL ADJUSTED	GROSS INCOME			
1.	Total interest and dividend income from all sobligations exempt from federal tax (reported on federal Form 1040)		12	250 .00	
2.	Interest and dividend income from Vermont obligations included in Line 1	state and local	2	25000	
3.	Income from Non-Vermont State and Local	Obligations (SUBTRAC	$\Gamma$ Line 2 from Line 1).	3.	1000.00
4.	Bonus Depreciation Allowed under Federal	Law for 2023 <b>4.</b> _	5	.00	
5.	Other (reserved)	5	RESERVED	00.	
6.	Total Additions (ADD Line 3 and Line 4) .		<u></u>	6.	1500.00
SU	BTRACTIONS FROM FEDERAL AD	JUSTED GROSS IN	COME		
7.	Interest Income from U.S. Obligations		1	.00	
8.	Capital Gains Exclusion (Schedule IN-153, I	Line 21)		00	
9.	Adjustment for Prior Years' Bonus Deprecia	tion		00	
	Taxable Refunds of State and Local Income (Reported on federal Form 1040)	Taxes			
11.	Medical Expense Deduction (see the worksheet in the instructions)			.00	
12.	Retirement Benefits Exempt from Taxation (see the worksheet in the instructions)			.00	
13.	Railroad Retirement income			.00	
14.	Bond/note interest income from (see below)	14	1	.0000	
	VSAC Build America Ver	mont Telecom hority	Vermont Public Power Supply Authority		
15a	<b>. For residents only -</b> Enter the total student l paid in 2023 on qualified student loans	oan interest you15a		00	
15b	<b>. For residents only -</b> Enter any student loan deducted on federal Form 1040, Schedule 1,			00	
15c	Subtract Line 15b from Line 15a. If filing jogreater than \$200,000, enter -0 All other figreater than \$120,000, enter -0	lers, if AGI is		00.	
16.	Other (reserved)	16	RESERVED	00	
17.	Total Subtractions (ADD Lines 7 through 1	4 and Line 15c)	<u></u>	17.	4000.00
NE	T MODIFICATIONS TO FEDERAL A	DJUSTED GROSS I	NCOME		
18.	<b>SUBTRACT Line 17 from Line 6</b> . Enter of This can be a negative number.	n Form IN-111, Line 2		18	-2500 <b>.00</b>
	This can be a negative number.				Scriedule IN-112

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5454





## **PART II**

UNDABLE CREDITS							
l and Dependent Care Credit - Resider	nt and Part-Year Resident						
Child and Dependent Care Credit (fede		<u> 1600</u> . <b>00</b>					
Vermont Child and Dependent Care Co	redit (MULTIPLY Line 1 by 72% (0.	72))		1152.00			
I Tax Credit - Resident and Part-Year F	Resident						
Number of qualifying children List only children who qualify for Child T	ax Credit (born 2018 through 2023) bel		3	1			
Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth			
JAMES	SI	В	400-55-8033	2021			
Qualifying Child #2 - Last Name	First Name	M	Social Security Number	Year of Birth			
Qualifying Child #3 - Last Name	First Name	MI	Social Security Number	Year of Birth			
your Adjusted Gross Income from Formed Income Tax Credit - Resident and F	m IN-111, Line 1 is over \$125,000 Part-Year Resident						
Vermont Earned Income Tax Credit: N	MULTIPLY Line 6 by 38% (0.38)			.00.			
ndable Tax Credit - Resident and Part-	Year Resident						
ndable Tax Credit Adjusted for Part-Ye	ear Residents						
Enter amount from Schedule IN-113, I	ine 14B, Vermont Portion of Total Inc	come		29568 <b>.00</b>			
<b>10.</b> Enter amount from Schedule IN-113, Line 14A, Total Income							
1. Refundable Tax Credit Adjustment Percentage. (DIVIDE Line 9 by Line 10, then							
Total Vermont Refundable Credit Adju Enter this amount on Form IN-111, Lin	2. Total Vermont Refundable Credit Adjusted for Part-Year Residents. (MULTIPLY Line 8 by Line 11.)						
	Child and Dependent Care Credit - Resider Child and Dependent Care Credit (feder Vermont Child and Dependent Care Credit Tax Credit - Resident and Part-Year Formula Credit - Resident and Part-Year Formula Child Tax Credit - Resident Mame  JAMES Qualifying Child #1 - Last Name  Qualifying Child #2 - Last Name  Child Tax Credit (MULTIPLY Line 3 your Adjusted Gross Income from Formula Credit - Resident and Formula Credit - Resident and Formula Earned Income Tax Credit - Resident and Part-Year Resident and Part-Total Vermont Earned Income Tax Credit - Resident and Part-Total Vermont Refundable Tax Credit Full-Year Residents: Enter this a Part-Year Residents: Complete Indable Tax Credit Adjusted for Part-Year Residents: Complete Indable Tax Credit Adjusted For Part-Year Resident Full-Year Resident IN-113, It Enter amount from Schedule IN-113, It Refundable Tax Credit Adjustment Per MULTIPLY the result by 100)  Total Vermont Refundable Credit Adjustment Per MULTIPLY the result by 100)	A land Dependent Care Credit - Resident and Part-Year Resident Child and Dependent Care Credit (federal Form 2441, Line 11)	A and Dependent Care Credit - Resident and Part-Year Resident  Child and Dependent Care Credit (federal Form 2441, Line 11)  Vermont Child and Dependent Care Credit (federal Form 2441, Line 11)  Vermont Child and Dependent Care Credit (federal Form 2441, Line 11)  Vermont Child and Dependent Care Credit (federal Form 2441, Line 1 by 72% (0.72))  I Tax Credit - Resident and Part-Year Resident  Number of qualifying children  List only children who qualify for Child Tax Credit (born 2018 through 2023) below  Qualifying Child #1 - Last Name  First Name  MI  JAMES  SI  B  Qualifying Child #2 - Last Name  First Name  MI  Child Tax Credit (MULTIPLY Line 3 by \$1,000). See instructions for credit amount if your Adjusted Gross Income from Form IN-111, Line 1 is over \$125,000.  ed Income Tax Credit - Resident and Part-Year Resident  Number of qualifying children from federal Schedule EIC.  Federal Earned Income Tax Credit. Enter amount from federal Form 1040.  Vermont Earned Income Tax Credit: MULTIPLY Line 6 by 38% (0.38).  Indable Tax Credit - Resident and Part-Year Resident  Total Vermont Refundable Tax Credit (ADD Lines 2, 4, and 7)  Full-Year Residents: Enter this amount on Form IN-111, Line 25c.  Part-Year Residents: Complete Lines 9 through 12.  Indable Tax Credit Adjusted for Part-Year Residents  Enter amount from Schedule IN-113, Line 14B, Vermont Portion of Total Income .  Enter amount from Schedule IN-113, Line 14B, Vermont Portion of Total Income .  Refundable Tax Credit Adjustment Percentage. (DIVIDE Line 9 by Line 10, then MULTIPLY the result by 100).  Total Vermont Refundable Credit Adjusted for Part-Year Residents. (MULTIPLY Line 8	and Dependent Care Credit - Resident and Part-Year Resident Child and Dependent Care Credit (federal Form 2441, Line 11)			

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## **2023 Schedule IN-113**

# \* 2 3 1 1 3 1 1 0 0 \*

## **Vermont Income Adjustment Calculations**

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

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

Taxpayer's Last Name	First Name		Taxpayer's Social Security Number
JAMES	JOE	В	400-00-8031

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 2023				Name of State(s), Canadian province, or		
From (MMDDYYYY):	01/01/2023	To (MMDDYYYY):	03 / 15 / 202	:3	country during non-Vermont residency (use standard 2-character abbreviation)	MA

	Fe	A. ederal Amount \$	Vern	B. nont Portion \$
1.	Wages, salaries, tips, etc	99300.00	1B	28068.00
2.	Taxable interest	1845.00	2В	.00
3.	Ordinary dividends	50.00	3B	.00
4.	Taxable IRAs, pensions, and annuities4A.	.00	4B	.00
5.	Taxable Social Security	17500.00	5B	.00
6.	Taxable refunds of state and local income taxes <b>6A.</b>	300.00	6B	300.00
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	9800.00	10B	1200.00
11.	Farm income or loss	.00	11B	00
12.	Unemployment compensation12A.	.00	12B	00
13.	Other: Specify	650.00	13B	.00
	TOTAL INCOME (ADD Lines 1 through 13)		14B	29568.00

Taxpayer's Last Name	Social Security Number
JAMES	400-00-8031



Column A. Column B. Federal Amount \$ **Vermont Portion \$ 15.** IRA, Keogh/SEP/SIMPLE .00 (Reported on federal Form 1040)..... 15A. .00 15B. \_\_\_\_\_ Spouse **16.** Student Loan Interest 16B. .00 **17.** Employee Deductions: Reservists, Performing Artists, Fee-basis Gov't 17B. \_\_\_\_\_\_.00 **18.** Self-Employment Deductions: Tax and 18B. \_\_\_\_\_\_.**.**00 Health Insurance (Reported on Form 1040). 18A. \_\_\_\_\_\_.00 19B. \_\_\_\_\_200**.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 23B. .00 **24.** Educator Expenses and Tuition & Fees 24B. \_\_\_\_\_\_.00 **25.** Deductions not listed above but reported 25B. \_\_\_\_\_\_.00 26. TOTAL ADJUSTMENTS 26B. \_\_\_\_\_ 200.00 29. Non-Vermont Income (SUBTRACT Line 28 from Line 27) PART II. Adjustment for Vermont Exempt Income and Military Exempt Income **30.** Adjusted Gross Income. If Part I completed, enter Line 27 amount. **31.** Non-Vermont Income (Line 29 above) . . . . . **31.** \_\_\_\_\_\_ **98477.00 32.** Military pay. Number of months on active duty \_\_\_\_\_ (See instructions) . . . . . 32. \_\_\_\_\_ .00 98477.00 29368.00 35. INCOME ADJUSTMENT % (DIVIDE Line 34 by Line 30, MULTIPLY the result by 100 and carry the result out to the fourth decimal place.) Also enter on Form IN-111, Line 15 (See instructions).....35. \_\_\_\_22, 9715 %

#### Test 2:

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

#### **Taxpayer(s) Information:**

Primary SSN: 400-00-8034
Name: Amber P. Taxing

Residency Status: Resident

Mailing Address: 97 Seminary St Ext

City: Middlebury

State: VT Zip Code: 05753

Date of Birth: May 28, 1985

Filing Status: Single School District Code: 120

911 Address: 97 Seminary St Ext

#### **Return Information:**

Federal AGI: 8,179.00 Wages: 6,079.00 Pensions: 2,000.00 Taxable State Refund: 100.00 Dependents: 2 3 **Personal Exemptions:** Vermont Taxable Income: 0.00 Green Up VT: 10.00 Nongame Wildlife: 10.00 VT Children's Trust Foundation: 10.00 VT Veteran's Fund: 10.00 Tax Withheld from W-2: 119.00 **Refundable Credits:** 6,610.00 Refund credited to 2023 Property Tax: 3,000.00 Taxable Refunds of State and Local Income Taxes: 100.00 Retirement Benefits Exempt: 1,000.00 Railroad Retirement: 1,000.00 Total Student Loan Interest Paid: 150.00 Student Loan Interest Already Deducted on 1040: 50.00 Child and Dependent Care Credit: 2,520.00 Child Tax Credit 2,000.00

Number of Qualifying Children: 2

 Qualifying Child 2:
 Lilly R Taxing 400-55-8036 03/19/2021

 Qualifying Child 3:
 Kelly S Taxing 400-55-8037 12/04/2020

Qualifying Children from federal EIC: 2

Federal Earned Income Tax Credit: 5500

SPAN: 387-120-65432

Business Use of Dwelling: 0.00%
Rental Use of Dwelling: 0.00%
Improvements: None
Special Situations: None

Housesite Value: 600,200.00
Housesite Education Tax: 9,817.00
Housesite Municipal Tax: 2,476.00
Ownership Interest: 100.00%
Mobile Home Lot Rent: None
Contiguous Property: No

# 2023 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 Name	MI Social Security	II I Check if
TAXING Spouse's/CU Partner's Last Name	AMBER	P 400-00-8  M Social Security	
Spouse 5/00 Partitler's Last Name	First Name	MI Social Security	Check if
Mailing Address (Number a	ind Street/Road or PO Box)	911/Physical Street	Address on 12/31/2023
97 SEMINARY ST EXT	THE CHOOLINGE OF THE BOX	97 SEMINARY S	
City	State ZIP Code or Foreign Postal Code		n Country
MIDDLEBURY	VT 05753		
Vermont School District Code	Coverage Code Check all AMENDED	CANNABIS	COMPUTED DEVIENDED
120 Enter Healthcare C (See instructions for	overage code       AMILIADED		eturn EXTENDED Return
Filing Status and Standard Deduction Standard Deduction Single (\$7,000) Married.	/CU Filing Jointly Married/CU Filing 0) Married/CU Filing Separately (\$7,000	Head of Household (\$10,550)	Qualifying Widow(er) (\$14,050)
Vermont Residency Status as of 12/31/2023 (check one)	RESIDENT PART-YEAF RESIDENT		NT.
1 Padamil Adinated Corne Insuran (federal Par	1040 I : 11)		8179 <b>.00</b>
1. Federal Adjusted Gross Income (federal For			
2. Net Modifications to Federal AGI (Schedule	e IN-112, Part I, Line 18)		
3. Federal AGI with Modifications (ADD Line	es 1 and 2)	3	<u> </u>
<ul> <li>4. 2023 Vermont Standard Deduction from filin         Please see instructions if you or your sideduction boxes on federal Form 1040</li> <li>5. Personal Exemptions:</li> </ul>	nouse checked any standard	<b>4.</b>	7000.00
5a. Enter "1" for yourself if no one spous	e or CU partner if no one can dep	nter number of OTHER vendents claimed on ederal Form 1040	<b>5d. Total Exemptions</b> (ADD Lines 5a through 5c)
5a. <u>1</u> + 5	5b +	5c. <u>2</u> =	5d. 3
<b>5e. MULTIPLY Line 5d by \$4,850</b> (2023 Pers	sonal Exemption)	5e	14550.00
6. ADD Lines 4 and 5e		6	21550.00
7. Vermont Taxable Income (SUBTRACT Lin	ne 6 from Line 3. If less than zero, enter	-0-)	.00
<b>8.</b> Vermont Income Tax from tax table or tax ra (If Line 1 is greater than \$150,000, see instru		8	.00
9. Net Adjustment to Vermont Tax (Schedule I		9	.00.
10. Vermont Income Tax with Adjustment (AD)	<b>D Lines 8 and 9.</b> If less than zero, enter	-0-) 10.	.00
11. Tax-Deductible Charitable Contribution (See instructions)	Deducti	ole Contribution on (Enter the lesser 2 or \$1,000) 13.	.00.
14. Vermont Income Tax (Line 10 MINUS Lin	e 13. If less than zero, enter -0-)	14	.00.
15. Income Adjustment (Schedule IN-113, Line	35, or 100.0000%)		.15
16. Adjusted Vermont Income Tax (MULTIPL	Y Line 14 by Line 15)	16.	.00
			– Form IN-111
5.4.5.4	Amount Due	00	Page 1 of 2

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	• _	Taxpa	yer's Last Name	Social Secur	ritv Number				
	TA:	XING		400-00					
	Amount from Line 16		.00				* 2 3	1 1 1	1 2 0 0 *
			IN-117, Line 21)		ax Credits (Schedule				rmont Credits (Add Lines 17 and 18)
						00	= 1	9	.00
20.	If Line 19 is	greater tha		)			2	0	.00
21.	Use Tax for including on	taxable iter line purcha	ms on which no sales ases. (See instruction	s tax was charged is, worksheet, and	l, 1 chart) $\square$	heck to ce o Use Tax	ertify OR 2	1	.00
22.	Total Vermo	ont Taxes (A	ADD Lines 20 and 2	21)			2	2	.00
	ongame Wildlife F		Vermont Childrer Trust Foundatio	1'S \/\o\	rmont Veterans Fund				<b>Total Contributions</b>
23a.	10	.00 +	23b. 10	.00 + 23c.	1000	+	23d. 10	00	= 23e. <u>40</u> .00
24.	Total of Vern	nont Taxes	and Voluntary Cont	ributions (ADD I	Lines 22 and 23e)	)	2	4	.00.
25a.	2023 Vermo	nt Tax Wit	hheld from W-2, 109	99	25a		119.0	0	
	2023 Estima	ted Tax pa	yments, amount carr with 2023 extension.	ied forward from	2022.				
25c.	Refundable	Credits (Sc	hedule IN-112, Part ine 8; <b>Part-Year R</b> o	II:					
25d.	2023 Vermo	nt Real Est	ate Withholding from	m Form RW-171	25d		.0	0	
	2023 Nonres	sident Estin	nated Tax payments ng) allocated on Scho						
25f.	Total Payme	ents and Cre	edits (ADD Lines 25	5a through 25e).			25	6f	6729.00
26.	Overpaymer	nt. <b>If Line</b> 2	24 is less than Line	25f, SUBTRACT	Γ Line 24 from L	ine 25f	2	6	6689.00
27a.	Refund to be	e credited to	o 2024 Estimated Ta	x Payment	27a		100.0	0	
27b.	Refund to be	e credited to	o 2024 Property Tax	Bill	27b		3000.0	0	
28.	REFUND A	MOUNT (	SUBTRACT Lines	27a and 27b fro	m Line 26)		2	8	3589.00
29.			n Line 25f, subtract				2	9	.00.
30.	Interest and Underpaym (Worksheet	ent of Esti	imated Tax 30			MOUN ADD Lii		1	.00
	For Amended Returns Only:	Original ref	und received .00	Refund due now	.00	Original p	payment	.00	Amount due now .00
Unde	er penalties of			mined this return	and accompanying			ents, and t	to the best of my knowledge and
Sig	nature				Date (MM/DD/YY		Date of Birth (MM/DI		Daytime Telephone Number
Sig	nature (If a joint re	eturn, BOTH r	must sign.)		Date (MM/DD/YY)		Date of Birth (MM/DI		Daytime Telephone Number

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

Paid Preparer's Signature

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

Keep a copy for your records.

Preparer's SSN or PTIN

Date (MM/DD/YYYY)

Form IN-111 Page 2 of 2 Rev. 10/23

FEIN

Preparer's Telephone Number



Taxpayer's Last Name

# 2023 Schedule IN-112



# **Vermont Tax Adjustments and Credits**

Please PRINT in **BLUE or BLACK INK** 

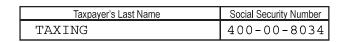
MI

First Name

**INCLUDE WITH FORM IN-111** 

Taxpayer's Social Security Number

	TAXING	AMBER		Р	400-00-	8034	
PA	RTI						_
AD	DITIONS TO FEDERAL ADJUSTED	GROSS INCOME					
1.	Total interest and dividend income from all obligations exempt from federal tax (reported on federal Form 1040)				00		
2.	Interest and dividend income from Vermont obligations included in Line 1				00		
3.	Income from Non-Vermont State and Local	Obligations (SUBTRAC	CT Line 2 from 1	Line 1)	3.	.0.	0
	Bonus Depreciation Allowed under Federal						
5.	Other (reserved)	5.	RESER	RVED	.00		
6.	Total Additions (ADD Line 3 and Line 4) .		<u> </u>		6	.0.	0
SU	BTRACTIONS FROM FEDERAL AD	JUSTED GROSS II	NCOME				
7.	Interest Income from U.S. Obligations				00		
	Capital Gains Exclusion (Schedule IN-153,						
9.	Adjustment for Prior Years' Bonus Deprecia	ation <b>9.</b>			00		
10.	Taxable Refunds of State and Local Income (Reported on federal Form 1040)	Taxes <b>10.</b>			10000		
11.	Medical Expense Deduction (see the worksheet in the instructions)	11.			.00		
12.	Retirement Benefits Exempt from Taxation (see the worksheet in the instructions)				00000		
13.	Railroad Retirement income	13.		1	00000		
14.	Bond/note interest income from (see below)	14.			.00		
	VSAC Build Ve America Ve	rmont Telecom thority	Vermont Public Pov Supply Authority	ver			
15a	<b>. For residents only -</b> Enter the total student paid in 2023 on qualified student loans				15000		
15b	. For residents only - Enter any student loan deducted on federal Form 1040, Schedule 1,				50 <b>.00</b>		
15c	Subtract Line 15b from Line 15a. If filing jog greater than \$200,000, enter -0 All other figreater than \$120,000, enter -0	lers, if AGI is			100 .00		
16.	Other (reserved)	16.	RESER	VED	.00		
17.	Total Subtractions (ADD Lines 7 through 1	4 and Line 15c)	<u></u>		17	2200.0	0
NE	T MODIFICATIONS TO FEDERAL A	DJUSTED GROSS	INCOME				
18.	SUBTRACT Line 17 from Line 6. Enter of	on Form IN-111, Line 2.			18	-2200.0	0
	This can be a negative number.					Schedule IN-112 Page 1 of 2	





## **PART II**

REF	FUNDABLE CREDITS							
Chile	d and Dependent Care Credit - Reside	nt and Part-Year Resident						
1.	Child and Dependent Care Credit (fed	eral Form 2441, Line 11)		1	<u>3500</u> .00			
2.	Vermont Child and Dependent Care C	redit (MULTIPLY Line 1 by 72% (0.	72))	2.	2520.00			
Chile	d Tax Credit - Resident and Part-Year I	Resident						
3.	Number of qualifying children List only children who qualify for Child				2			
	Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth			
-	TAXING	LILLY	R	400-55-8036	2021			
	Qualifying Child #2 - Last Name	First Name	MI	Social Security Number	Year of Birth			
	<u> </u>	KELLY	S	400-55-8037	2020			
	Qualifying Child #3 - Last Name	First Name	MI	Social Security Number	Year of Birth			
4.	your Adjusted Gross Income from For	<b>3 by \$1,000</b> ). See instructions for credi m IN-111, Line 1 is over \$125,000		4	2000.00			
Earn	ed Income Tax Credit - Resident and I							
5.	Number of qualifying children from fe	ederal Schedule EIC			2			
6.	Federal Earned Income Tax Credit. E	nter amount from federal Form 1040		6	5500.00			
7.	Vermont Earned Income Tax Credit: N	MULTIPLY Line 6 by 38% (0.38)			2090.00			
Refu	ndable Tax Credit - Resident and Part	-Year Resident						
8.		(ADD Lines 2, 4, and 7)			6610.00			
Refu	ndable Tax Credit Adjusted for Part-Yo	ear Residents						
9.	Enter amount from Schedule IN-113,	Line 14B, Vermont Portion of Total Inc	ome	<b></b>	.00			
10.								
11.	Refundable Tax Credit Adjustment Pe <b>MULTIPLY the result by 100)</b>	rcentage. (DIVIDE Line 9 by Line 10,	then 	11				
			IPLY Line 8					

## 2024 Form HS-122

# Vermont Homestead Declaration AND Property Tax Credit Claim



**DUE DATE:** April 15, 2024. You may file up to Oct. 15, 2024, but the town may assess a penalty. For details on late filing, see 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, 2024. If your homestead is leased to a tenant on April 1, 2024, you may still claim it as a homestead if it is not leased for more than 182 days in the 2024 calendar year.

#### Please PRINT in BLUE or BLACK INK

Claimant's Last Name		First Name	MI	Claimant's Social Secu	rity Number				
TAXING	AMBEF	₹	P	400008034					
Spouse's/CU Partner's Last Name	First Name			Spouse's or CU Partner's Social Security Number					
Mailing Address (Number a	nd Street/Ro	oad or PO Box)		Claimant's Date of Birth (I					
97 SEMINARY ST EXT				05 / 28 / 198	35				
City	State	ZIP Code							
MIDDLEBURY	VT	05753							
Location of Homestead (Use a number, street	road name.	Do not use a PO Box or "same.")		City/Town of Legal Residence on Ap	pril 1, 2024 and State				
97 SEMINARY ST EXT				MIDDLEBURY	VT				
Federal Filing Status  Married/CU Filing Jointly  Married/CU Filing Separately  Head of Household									
A1. SPAN - REQUIRED (from the 2023/2024  A2. Business Use of Dwelling	or Other	Buildings  er buildings located on your p  rmation). Check the following  A7. Home (File a	arcel usonification if it appressed properties and coloring in a colorin	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

**2024 Form HS-122** Page 1 of 2

Rev. 10/23

5454

Claimant's Last Name	Social Security Number
TAXING	400008034

DUE DATE: April 15, 2024. Generally, claims cannot be accepted after Oct. 15, 2024.

## PROPERTY TAX CREDIT CLAIM SECTION B. For Household Income up to \$128,000. 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 2023? . . . . . . Yes, Go to Line B2. No, STOP. Were you claimed as a dependent in 2023 by another taxpayer? . . . Yes, STOP. No, Go to Line B3. B3. Do you anticipate selling this Vermont housesite on or before April 1, 2024? . . . . . . . . . . . . . . . . Yes, STOP. No, Continue Amounts for Lines B4 through B6 are found on the 2023/2024 property tax bill. Round amounts to the nearest dollar. 600200.00 9817.00 **B5**. 2476.00 B7. Household Income (Schedule HI-144, Line z). 8079.00 Check here if amended Schedule HI-144, Household Income, is included. You MUST attach Schedule HI-144...... B8. Complete the following **ONLY** if applicable from Form LRC-147, Part B. .00Not-For-Profit Mobile Home Park, Cooperative, and Land Trust .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
Signature (If a joint return, BOTH must sign.)	Date (MMDDYYYY)	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	FEIN



## 2023 Schedule HI-144

## **Household Income**

For the year Jan. 1 - Dec. 31, 2023



#### Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2024 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			
TAXING	AMBER	Р	400008034			
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY)			
			05 28 1985			

List the names and Social Security Numbers of all other people (in addition to a Spouse or CU Partner) who had income and lived with you during 2023. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other People" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Check this box if you temporarily hosted a refugee, asylee, or asylum seeker in your home during 2023. Do not include their income on this form.

Other Person #1 Last Name	First Name	MI	Other Person #1 Social Security Number
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household		imant /Claimant ntly filed Spouse	<b>2.</b> Filing separately Spouse or CU Partner	3. Other People
<b>a.</b> Cash public assistance and relief (See instructions for exclusions) .	a	00	.00	00
<b>b.</b> Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable			00	00
c. Unemployment compensation/worker's compensation	c	00	00	
<b>d.</b> Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)			00	00
e. Interest and dividends	e	00	00	00
<b>f.</b> Interest on U.S., state, and municipal obligations, taxable and nontaxable			00	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 -0 See instructions for offsetting a loss	<b>i</b>	00		00.
<b>j.</b> Capital gains, taxable and nontaxable. If the amount is a loss, enter -0 See instructions for offsetting a loss				.00
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions				.00
<b>l.</b> Rental and royalty income. If the amount is a loss, enter -0 See instructions for offsetting a loss				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			00	.00
<b>n.</b> Other income (See instructions for examples of other income)				
Please specify	n		.00	.00
o. Total Income: ADD Lines a through n		1	.00	.00

2023 Schedule HI-144 Page 1 of 2

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Claimant's Last Name	Social Security Number
TAXING	400008034



Line d. Self-Employed: Enter self-employmer 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		2. Filing separately Spouse or CU Partner	3. Other People	
if not included with income tax filing <b>p. q.</b> Child support paid. You must include	00	.00	.00	
proof of payment. See instructions q.		.00	.00	
Support paid to: Last Name	First Na	me MI	Social Secur	ty Number
r. Allowable adjustments from federal Form 1	040	<u> </u>		
r1. Business expenses for Reservistsr1.		.00	.00	
r2. Alimony paidr2.		.00	.00	
r3. Self-employed health				
insurance deduction	00	.00	00	
r4. Health Savings Account deduction r4.	.00	.00	.00	
s. ADD Lines p, q, and total of Lines r1 through r4 for each columns.	.00	.00	.00	
t. SUBTRACT Line s from Line o of each column. If a negative amount, enter -0t.		00	00	
u. ADD all three amounts from Line t. If a neg	ative amount, enter -0-			u. <u>8079</u> <b>.00</b>
v. Complete if born Jan. 1, 1959 and after. Enter interest and dividend income from Lines e and f	00	.00	.00	
w. ADD all three amounts from Line v				v00
x. Asset Adjustment of Interest and Dividend Inc	come (Lines e and f). Pe	er 32 V.S.A. § 6061E		x. <u>10,000.00</u>
y. SUBTRACT Line x from Line w. If Line x is	s more than Line w, ente	er -0		y00
z. HOUSEHOLD INCOME. ADD Line u and	Line y			z. <u>8079</u> <b>.00</b>

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

Homeowners with Household Income up to \$128,000 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. Schedule HI-144 must be filed with Form HS-122.

The due date to file Form HS-122 is April 15, 2024. Homeowners filing a property tax credit, Form HS-122, Section B, and Schedule HI-144, between April 16 and Oct. 15, 2024, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit. Generally, claims cannot be accepted after Oct. 15, 2024.

#### Test 3:

Required Vermont Forms/Schedules: IN-111, IN-112, IN-113, IN-119

### **Taxpayer(s) Information:**

Primary SSN: 400-00-8038
Primary Name: Buff A Low

Residency Status: Part Year Resident
Mailing Address: 25 Plymouth Rd

City: Carmel State: ME Zip Code: 04419

Date of Birth: November 30, 1980 Filing Status: Head of Household

School District Code: 999

911 Address: 25 Plymouth Rd

VT Residency: 01/01/2023-09/01/2023

#### **Return Information:**

 Federal AGI:
 36,250.00

 Federal Wages:
 32,800.00

 VT Wages:
 24,200.00

VT Taxable Income:

Use Tax: 60.00 Refundable Credits: 2310 Part Year Refundable Credits: 1762 Nontaxable Interest and Dividend: 1,000.00 Nontaxable VT Interest and Dividend: 500.00 Bonus Depreciation: 200.00 Bond from Build America: 500.00 Child and Dependent Care Credit: 500.00 Qualifying Children VT CTC: 1

Qualifying child #1: Marsh M Low 400-55-9040 2019

Qualifying children from federal EIC: 2

Federal EITC: 2500.00
Federal Unemployment: 3,450.00
VT Unemployment: 3,450.00
VT Higher Education Investment: 500.00

# 2023 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

Taywayada It NI	□:1 k1	1 111 1	Cooled Cooperate Misses -	
Taxpayer's Last Name LOW	First Name BUFF	MI A	Social Security Number	Check if
Spouse's/CU Partner's Last Name	First Name	MI	Social Security Number	Deceased
				Check if Deceased
Mailing Address (Number at	nd Street/Road or PO Box)	0 F DI	911/Physical Street Address on 1	12/31/2023
25 PLYMOUTH RD City	State   ZIP Code or Foreign		LYMOUTH RD  Foreign Country	
CARMEL	ME 04419	1 Ostal Gode	r oreign obunity	
Vermont School District Code	overage Code Check all	MENDED CANNAE		D DEVTENDED
999 1 Enter Healthcare C (See instructions fo	overage code     A	MENDED With Red leturn Federal F	computed RECOMPUTED Return	D EXTENDED Return
Filing Status and Single Married/ Standard Deduction (\$7,000) (\$14,050	CU Filing Jointly Mar Sep	ried/CU Filing arately (\$7,000)		ualifying Widow(er) 14,050)
Vermont Residency Status as of 12/31/2023 (check one)	RESIDENT	PART-YEAR RESIDENT	NONRESIDENT	
Federal Adjusted Gross Income (federal Form	m 1040, Line 11)		1.	36250 <b>.00</b>
2. Net Modifications to Federal AGI (Schedule	IN-112, Part I, Line 18)		2.	200.00
3. Federal AGI with Modifications (ADD Line	s 1 and 2)		3.	36450.00
4 2000 1				10550 <b>.00</b>
<ul> <li>4. 2023 Vermont Standard Deduction from filing Please see instructions if you or your standard beduction boxes on federal Form 1040.</li> <li>5. Personal Exemptions:</li> </ul>	oouse checked any standard page 1.			10550.00
spouse	Enter "1" for your jointly filed e or CU partner if no one can aim them as a dependent	<b>5c.</b> Enter number of dependents claime federal Form 10	ed on	<b>5d. Total Exemptions</b> DD Lines 5a through 5c)
5a. <u>1</u> + 5	b +	<b>5c.</b> 2	=	5d. <u>3</u>
<b>5e. MULTIPLY Line 5d by \$4,850</b> (2023 Person	onal Exemption)		5e.	14550.00
6. ADD Lines 4 and 5e			6.	<u>25100</u> .00
7. Vermont Taxable Income (SUBTRACT Lin	ne 6 from Line 3. If less than	n zero, enter -0-)	7	11350.00
<b>8.</b> Vermont Income Tax from tax table or tax ra (If Line 1 is greater than \$150,000, see instru			8.	380.00
9. Net Adjustment to Vermont Tax (Schedule I	N-119, Part I, Line 15)		9.	.00
10. Vermont Income Tax with Adjustment (ADI	Lines 8 and 9. If less than	zero, enter -0-)	10	380.00
(See instructions)	2. Multiply Line 11 by 5% (0.05)	13. Charitable Contribution  Deduction (Enter the le	esser	0.0
00	00	of Line 12 or \$1,000).	13.	.00
14. Vermont Income Tax (Line 10 MINUS Line	e 13. If less than zero, enter	-0-)	14.	380.00
15. Income Adjustment (Schedule IN-113, Line	35, or 100.0000%)		15.	76, <u>2759</u> %
16. Adjusted Vermont Income Tax (MULTIPL)	Y Line 14 by Line 15)		16.	<u>290</u> .00
5454	Amount Due (from Line 31)	.00	Pa	<b>m IN-111</b> ge 1 of 2 ev. 10/23

		Tavi	payer's Last	Name		Social S	ecurity Numb	er l					
	LO		Jayer 3 Last	. IName			008038						
	Amount from Line 16		2	90 .00	]					* 2 3		1 1 2 0 (	<b>      </b>  ) *
	Other State Cre			•			ont Tax Credit					Vermont Credits (Ad	
17. 20.	Vermont Inc			+ dite (SURT					.00	=	19		<u> </u>
	If Line 19 is	greater t	han Line	16, enter -0	-)						. 20		<u>240</u> .00
21.	Use Tax for including on	taxable i line purc	tems on w hases. (Se	which no sal ee instruction	es tax v	vas char rksheet,	ged, and chart).	🗌	Check to cer no Use Tax is	tify OR	21		60.00
22.	Total Vermo	nt Taxes	(ADD L	ines 20 and	21)						. 22.		300.00
No	ongame Wildlife F	und		ermont Childre Trust Foundat			Vermont Vet	erans Fun	d	Green Up	Vermont	Tota	al Contributions
23a.		.00	+ 23b.		00	+ 2	Зс	0	0 + 2	23d	00	= 23e	.00
24.	Total of Verm	ont Tax	es and Vo	luntary Cor	ntributio	ons (AD	D Lines 22	and 23	e)		. 24		300.00
25a.	2023 Vermo	nt Tax W	ithheld fi	rom W-2, 1	099			. 25a.		600	.00		
25b.	2023 Estima and/or payme	ted Tax pent made	payments, with 202	amount car 3 extension	ried fo	rward fi	rom 2022,	. 25b.			.00		
25c.	Refundable ( Full-Year R	Credits (S esidents	Schedule -Line 8; <b>I</b>	IN-112, Par <b>Part-Year I</b>	t II: Residen	ı <b>ts-</b> Line	12)	25c.		1762	.00		
25d.	2023 Vermo	nt Real E	Estate Wit	hholding fr	om For	m RW-	171	. 25d.			.00		
!5e.	2023 Nonres (nonresident	ident Est withhold	timated T ding) allo	ax payment cated on Scl	s nedule	K-1VT,	Line 5	25e.			.00		
25f.	Total Payme	nts and 0	Credits (A	DD Lines 2	25a thr	ough 25	5e)				25f		2362 <b>.00</b>
26.	Overpaymen	t. If Lin	e 24 is les	s than Line	e 25f, S	UBTR/	ACT Line 2	24 from	Line 25f.		. 26		2062.00
27a.	Refund to be	credited	l to 2024 l	Estimated T	ax Pay	ment		. 27a.			.00		
!7b.	Refund to be	credited	1 to 2024 ]	Property Ta	x Bill .			. 27b.			.00		
28.	REFUND A	MOUNT	(SUBTF	RACT Line	s 27a a	nd 27b	from Line	<b>26</b> )			. 28		2062.00
29.	If Line 24 is See instruction	more th	an Line	25f, subtra	ct Line	25f fro	m Line 24.				. 29.		.00
30.	Interest and Underpaym (Worksheet	Penalty ent of E	on stimated	Tax 30				31.	AMOUN	Γ DUE			
	or Amended	Original ı	efund recei	ved	Ref	und due r	now		Original pa	ayment		Amount due now	
	eturns Only:			.00	)			.00	) l		.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) 11 / 30 / 1980	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 (MM/DD/YYYY)	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. 10/23



Taxpayer's Last Name

# 2023 Schedule IN-112



# **Vermont Tax Adjustments and Credits**

Please PRINT in BLUE or BLACK INK

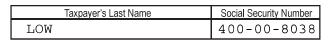
MI

First Name

**INCLUDE WITH FORM IN-111** 

Taxpayer's Social Security Number

	LOW	BUFF	A	400-00-	8038
PA	RT I				
AD	DITIONS TO FEDERAL ADJUSTED G	ROSS INCOME			
1.	Total interest and dividend income from all state obligations exempt from federal tax (reported on federal Form 1040)		1	00000	
2.	Interest and dividend income from Vermont stat obligations included in Line 1	e and local <b>2.</b> _		50000	
3.	Income from Non-Vermont State and Local Obl	igations (SUBTRAC	Γ Line 2 from Line 1)	3.	500.00
4.	Bonus Depreciation Allowed under Federal Law	for 2023 <b>4.</b> _		20000	
5.	Other (reserved)		RESERVE	.00	
6.	Total Additions (ADD Line 3 and Line 4)			6	700.00
SU	BTRACTIONS FROM FEDERAL ADJU	STED GROSS IN	COME		
7.	Interest Income from U.S. Obligations			00	
8.	Capital Gains Exclusion (Schedule IN-153, Line	21)		00	
9.	Adjustment for Prior Years' Bonus Depreciation	ı		00	
10.	Taxable Refunds of State and Local Income Tax (Reported on federal Form 1040)	es <b>10.</b> _		00	
11.	Medical Expense Deduction (see the worksheet in the instructions)				
12.	Retirement Benefits Exempt from Taxation (see the worksheet in the instructions)				
13.	Railroad Retirement income	13		00	
14.	Bond/note interest income from (see below)	14		<u>500</u> . <b>00</b>	
	VSAC Build Vermon Authorit	t Telecom y	Vermont Public Power Supply Authority		
15a	<b>For residents only -</b> Enter the total student loan paid in 2023 on qualified student loans			00	
15b	<b>. For residents only -</b> Enter any student loan inte deducted on federal Form 1040, Schedule 1, Lin			00	
15c	Subtract Line 15b from Line 15a. If filing joint greater than \$200,000, enter -0 All other filers greater than \$120,000, enter -0	, if AGI is		00	
16.	Other (reserved)	16	RESERVE	.00	
17.	Total Subtractions (ADD Lines 7 through 14 a	nd Line 15c)	<u></u>	17.	500.00
NE	T MODIFICATIONS TO FEDERAL ADJ	USTED GROSS I	NCOME		
18.	<b>SUBTRACT Line 17 from Line 6</b> . Enter on F This can be a negative number.	orm IN-111, Line 2		18	200.00
	This can be a negative number.				Schedule IN-112





## **PART II**

ermont Child and Dependent Care Cre  x Credit - Resident and Part-Year Re	al Form 2441, Line 11)dit (MULTIPLY Line 1 by 72% (0.02)	72))		
nild and Dependent Care Credit (feder ermont Child and Dependent Care Cre ex Credit - Resident and Part-Year Re umber of qualifying children st only children who qualify for Child Ta	al Form 2441, Line 11)dit (MULTIPLY Line 1 by 72% (0.02)	72))		
ermont Child and Dependent Care Cre  x Credit - Resident and Part-Year Re  umber of qualifying children st only children who qualify for Child Ta	edit (MULTIPLY Line 1 by 72% (0.	72))		
x Credit - Resident and Part-Year Re umber of qualifying children st only children who qualify for Child Ta	esident			360.00
umber of qualifying children st only children who qualify for Child Ta				
st only children who qualify for Child Ta	x Credit (born 2018 through 2023) beld			
Qualifying Child #1 - Last Name			3	1
Quality mig of ma if I was that me	First Name	MI	Social Security Number	Year of Birth
W	MARSH	M	400-55-9040	2019
Qualifying Child #2 - Last Name	First Name	MI	Social Security Number	Year of Birth
			0 110 11 11	
Qualifying Child #3 - Last Name	First Name	I MI	Social Security Number	Year of Birth
our Adjusted Gross Income from Form  Income Tax Credit - Resident and Pa	in-111, Line 1 is over \$125,000 art-Year Resident			
umber of qualifying children from fed	eral Schedule EIC			2
deral Earned Income Tax Credit. Ent	er amount from federal Form 1040		6	2500.00
ermont Earned Income Tax Credit: M	ULTIPLY Line 6 by 38% (0.38)			950.00
able Tax Credit - Resident and Part-Y	ear Resident			
Full-Year Residents: Enter this ar	nount on Form IN-111, Line 25c.			2310.00
able Tax Credit Adjusted for Part-Yea	r Residents			
nter amount from Schedule IN-113, Li	ne 14B, Vermont Portion of Total Inc	ome	<b>.9.</b>	<u>27650</u> .00
nter amount from Schedule IN-113, Li	ne 14A, Total Income		10	36250 <b>.00</b>
efundable Tax Credit Adjustment Perc ULTIPLY the result by 100)	entage. (DIVIDE Line 9 by Line 10,	then	11	76,28 <b>%</b>
				1762.00
	Qualifying Child #2 - Last Name  Qualifying Child #3 - Last Name  Qualifying Child #3 - Last Name  Income Tax Credit (MULTIPLY Line 3 our Adjusted Gross Income from Form  Income Tax Credit - Resident and Patamber of qualifying children from fed oderal Earned Income Tax Credit. Entermont Earned Income Tax Credit: More and Patamber Tax Credit: More and Patamber Tax Credit (a Full-Year Residents: Enter this are Part-Year Residents: Complete London Earned Income Tax Credit (a Full-Year Residents: Complete London Earned Income Tax Credit (b Full-Year Residents: Complete London Earned Income Tax Credit (c)  Income Tax Credit Adjusted for Part-Year Residents: Complete London Earned Income Tax Credit Adjusted Income Tax Credit Inc	MARSH  Qualifying Child #2 - Last Name  Qualifying Child #3 - Last Name  First Name  Qualifying Child #3 - Last Name  First Name  Adjusted Gross Income from Form IN-111, Line 1 is over \$125,000  Income Tax Credit - Resident and Part-Year Resident  Imber of qualifying children from federal Schedule EIC	MARSH Qualifying Child #2 - Last Name  Qualifying Child #3 - Last Name  Right Tax Credit (MULTIPLY Line 3 by \$1,000). See instructions for credit amount if our Adjusted Gross Income from Form IN-111, Line 1 is over \$125,000.  Income Tax Credit - Resident and Part-Year Resident Imber of qualifying children from federal Schedule EIC.  Income Tax Credit. Enter amount from federal Form 1040.  Income Tax Credit - Resident and Part-Year Resident Imber of qualifying children from federal Schedule EIC.  Income Tax Credit - Resident and Part-Year Resident Income Tax Credit (ADD Lines 2, 4, and 7).  Full-Year Residents: Enter this amount on Form IN-111, Line 25c. Part-Year Residents: Complete Lines 9 through 12.  Income Tax Credit Adjusted for Part-Year Residents Inter amount from Schedule IN-113, Line 14B, Vermont Portion of Total Income Inter amount from Schedule IN-113, Line 14A, Total Income Inter amount Refundable Tax Credit Adjustment Percentage. (DIVIDE Line 9 by Line 10, then ULTIPLY the result by 100).  Inter In	MARSH M 400-55-9040  Qualifying Child #2-Last Name First Name MI Social Security Number  Qualifying Child #3-Last Name First Name MI Social Security Number  Adjusted Gross Income from Form IN-111, Line 1 is over \$125,000

## **2023 Schedule IN-113**

**Vermont Income Adjustment Calculations** 

# \* 2 3 1 1 3 1 1 0 0 \*

# \* 2 3 1 1 3 1 1 0 0

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	MI	Taxpayer's Social Security Number					
LOW	BUFF	А	400008038					

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 2023					Name of State(s), Canadian province, or		
From (MMDD	<sub>YYYY):</sub> 01/01/2023	To (MMDDYYYY):	09/	01/	2023	country during non-Vermont residency (use standard 2-character abbreviation)	ME

		A. Federal Amount \$		B. ermont Portion \$
1.	Wages, salaries, tips, etc	32800.00	1B	24200.00
	Taxable interest		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 <b>6A.</b> _	.00	6B	.00
7.	Alimony received	.00	7B	.00
8.	Business income or loss	.00	8B	.00
	Capital gain or loss9A		9B	.00
	Rents, royalties, partnerships, S corporations, trusts, etc		10B	.00
11.	Farm income or loss		11B	.00
	Unemployment compensation	2.4.5.0	12B	3450.00
	Other: Specify			.00
	TOTAL INCOME (ADD Lines 1 through 13)			27650 <b>.00</b>

Taxpayer's Last Name	Social Security Number
LOW	400008038



Column A. Column B. Federal Amount \$ **Vermont Portion \$** 15. IRA, Keogh/SEP/SIMPLE (Reported on federal Form 1040)...... **15A.** .00 .00 15B. 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 18B. \_\_\_\_\_\_\_.**.00** Health Insurance (Reported on Form 1040). . **18A.** \_\_\_\_\_\_**.00** 19B. .00 20B. \_\_\_\_\_\_ .00 **21.** Penalty on Early Withdrawal of Savings 21B. \_\_\_\_\_\_.00 22B. \_\_\_\_\_\_.00 **22.** Alimony Paid (Reported on Form 1040) . . . . **22A.** \_\_\_\_\_\_\_**.00** 23. Domestic Production Activities 23B. \_\_\_\_\_\_.00 **24.** Educator Expenses and Tuition & Fees 24B. \_\_\_\_\_\_.00 **25.** Deductions not listed above but reported 25B. \_\_\_\_\_\_.00 26. TOTAL ADJUSTMENTS 26B. \_\_\_\_\_\_.00 36250**.00** 27650**.00** 29. Non-Vermont Income (SUBTRACT Line 28 from Line 27) PART II. Adjustment for Vermont Exempt Income and Military Exempt Income **30.** Adjusted Gross Income. If Part I completed, enter Line 27 amount. 36250**.00 31.** Non-Vermont Income (Line 29 above) . . . . . **31.** \_\_\_\_\_\_ 8600 **.00 32.** Military pay. Number of months on active duty \_\_\_\_\_ (See instructions) . . . . . 32. \_\_\_\_\_\_ .00 8600.00 27650**.00** 35. INCOME ADJUSTMENT % (DIVIDE Line 34 by Line 30, MULTIPLY the result by 100 and carry the result out to the fourth decimal place.) Also enter on Form IN-111, Line 15 (See instructions).....35. \_\_\_\_\_76, 2759 %



# 2023 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
LOW	BUFF	А	400008038

PA	RT I ADJUSTMENTS TO VERMONT INCOME TAX		
ADI	DITIONS 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 Distributions3.	.00	
4.	ADD Lines 1 through 3.	4.	.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.
SUE	BTRACTIONS FROM VERMONT TAX		
8.	Credit for the Elderly or the Disabled (federal Schedule R) 8.	.00	
	Investment Tax Credit - Vermont-based only (See instructions)		
10.	Vermont Farm Income Averaging Credit (from worksheet in instructions)	.00	
11.	ADD Lines 8 through 10	11.	.00
12.	MULTIPLY Line 11 by 24% (0.24)	00.	
13.	Vermont-based Solar Energy Credit carryforward13.	00.	
14.	ADD Lines 12 and 13	14.	.00
NE	Γ ADJUSTMENTS TO VERMONT TAX		
15.	<b>SUBTRACT Line 14 from Line 7.</b> Enter on Form IN-111, Vermont Income Tax Return, Line 9. This can be a negative number	15.	.00

Taxpayer's Last Name	Social Security Number
LOW	400008038



#### **INCLUDE WITH FORM IN-111**

## PART II VERMONT INCOME TAX CREDITS

1.	Vermont Higher Education	2023 Contribution eligible for credit						Credit
	Investment (32 V.S.A § 5825a) See instructions	500	.00		TIMES (X) .10	=		<u>50</u> .00
For	credits earned through an S-Corporation, l Na	_LC, or Partnership,	enter n	ame and FEIN	of the entity		FEIN	
lf ou	odita fuana maga thana ana busingga antitu	GII aut a aggerta INI	110 for	and antity				
II CI	edits from more than one business entity,	Column A Earned in 2023	-119101	PLUS (+)	<u>Column B</u> Carryforward		QUALS (=)	Column C
2.	Charitable Housing (32 V.S.A. § 5830c) 2A.		.00	2B.		.00	2C.	.00
3.	Qualified Sale of Mobile Home Park (32 V.S.A. § 5828)							.00.
4.	Research & Development (32 V.S.A. § 5930ii) 4A.		.00	4B.		.00	4C.	.00
Pric	r approval required from Vermont Housing					<del></del>		
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
8.	Code Improvements (32 V.S.A. § 5930cc(c)) 8A.			8B.		00		.00
9.	ADD Column C, Lines 1 through 8. It	f no credit claimed c	n Line	10, enter this	amount on Form	IN-111, L	ine 18 <b>9.</b> _	<u>50</u> .00
	c Credit Calculation Worksheet							0.0
10.	Vermont Entrepreneur's Seed Capital Fu	and (32 V.S.A. § 58.	30b) .				10	00
11.	Enter adjusted Vermont income tax amo	unt from Form IN-1	11, Lir	ne 16			11	.00
12.	Enter credit for income tax paid to anoth	er state or Canadian	provin	nce from Form	IN-111, Line 17	7	12	.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	ne result cannot be le	ess than	zero			15	.00
16.	MULTIPLY Line 15 by 50% (0.50) .						16	.00
17.	Enter the lesser of Line 10 or Line 16							.00
18.	Total Credits Allowable. ADD Lines 14	4 and 17					18	.00
19.	<b>Total Income Tax Credits Available.</b> Enter this amount on Form IN-111, Line						19	.00

# Test 4: Cannabis with Recomputed Federal Return Required Vermont Forms/Schedules: IN-111, IN-117

### **Taxpayer(s) Information:**

Primary SSN: 400-00-8041
Name: Can E Biss
Residency Status: Resident

Mailing Address: 54 Douglas Rd
City: Williston

State: VT
Zip Code: 05495
Filing Status: Single
School District Code: 241

911 Address: 54 Douglas Rd
Date of Birth: December 25, 1980

#### **Return Information:**

 Federal AGI:
 350,000.00

 Wages:
 350,000.00

 Other State Credit:
 12,000.00

 2023 VT Estimated Tax Payments:
 12,000.00

Name of State: CT

Gross Income Taxes in Another State:200,000.002023 Bonus Depreciation:1000.00Non-VT Obligations:1,000.00Bonus Depreciation from Another State:6,000.00Green Up VT:50.00

# 2023 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 Name	MI	Social Security N	II I Check if
BISS	CAN	E	400008041	
Spouse's/CU Partner's Last Name	First Name	MI	Social Security N	Check if
Mailing Address (Number:	and Street/Road or PO Box)		911/Physical Street A	Address on 12/31/2023
54 DOUGLAS RD	and outcourtoud of F o Box;	54	DOUGLAS RD	1000 011 12/01/2020
City	State ZIP Code or Foreign			Country
WILLISTON	VT 05495			
Vermont School District Code	Coverage Code Check all		ANNABIS	COMPUTED DEVIENDED
241 1 Enter Healthcare (See instructions in	or code options) that apply	AMENDED Wi Return	th Recomputed Recomputed Ref	turn EXTENDED Return
Filing Status and Single Married	d/CU Filing Jointly Ma	arried/CU Filing	Head of Household	Qualifying Widow(er)
Standard Deduction Single Single (\$14,00) Married (\$14,00)		eparately (\$7,000)	(\$10,550)	(\$14,050)
Vermont Residency Status as of 12/31/2023 (check one	RESIDENT	PART-YEAR	NONRESIDEN"	Г
,	, <b>V</b> 1123132111	RESIDENT		'
1. Federal Adjusted Gross Income (federal Fo	rm 1040, Line 11)		1	350000 <b>.00</b>
				0.0
2. Net Modifications to Federal AGI (Schedul	e IN-112, Part I, Line 18)		2	.00
2 Fadami ACI anida MadiGardiana (ADD I in	1 1 2\		2	350000 <b>.00</b>
<b>3.</b> Federal AGI with Modifications ( <b>ADD Lin</b>	es 1 and 2)			
4. 2023 Vermont Standard Deduction from fil	ing status section above		4.	7000 <b>.00</b>
Please see instructions if you or your deduction boxes on federal Form 1040	spouse checked any standard			
5. Personal Exemptions:	o, page 1.			
5a. Enter "1" for yourself if no one 5b.	Enter "1" for your jointly filed	5c. Enter num	ber of OTHER	5d. Total Exemptions
spou	se or CU partner if no one can laim them as a dependent	dependents federal Fo		(ADD Lines 5a through 5c)
	iaim them as a dependent			
5a +	5b+	5c	=	5d. 1
5 MILL TIPL V. 1	1.5		~	4850 <b>00</b>
<b>5e. MULTIPLY Line 5d by \$4,850</b> (2023 Per	sonai Exemption)		5e	<b>00.</b>
6. ADD Lines 4 and 5e			6.	11850 <b>.00</b>
7. Vermont Taxable Income (SUBTRACT Li	ne 6 from Line 3. If less the	an zero, enter -0-)	7.	338150 <b>.00</b>
8. Vermont Income Tax from tax table or tax			8	<u>24373</u> .00
(If Line 1 is greater than \$150,000, see instr			0	.00
9. Net Adjustment to Vermont Tax (Schedule	IN-119, Part I, Line 15)		9	.00
10. Vermont Income Tax with Adjustment (AD	D Lines 8 and 9. If less tha	n zero enter -0-)	10.	24373 <b>.00</b>
(See instructions)	<b>12.</b> Multiply Line 11 by 5% (0.05)	13. Charitable Cont Deduction (Ente	er the lesser	
10000.00	500.00	of Line 12 or \$1,0	000) 13.	<u>.00</u> 500
				02052 00
14. Vermont Income Tax (Line 10 MINUS Lin	<b>ie 13.</b> If less than zero, enter	r -0-)	14	23873.00
15. Income Adjustment (Schedule IN-113, Line	25 or 100 0000%			15. 100,0000 <b>%</b>
i.s. meome Aujusuneni (senedule IN-113, LIII)	. 55, OL 100.000070)			15
16. Adjusted Vermont Income Tax (MULTIPI	Y Line 14 by Line 15)		16.	23873 <b>.00</b>
· \ \	v /: · · · ·			
				- Form IN-111
F 4 F 4	Amount Due		00	Page 1 of 2
5454	(from Line 31)		.00	Rev. 10/23

Taxpayer's Last N	ame	Social Security Number
BISS		400008041

Amount from Line 16 23873 .00

	Other State Cre		I-117, Line 21)								•	dd Lines 17 and 18) $12000$ . $00$
	Vermont Inc	come Tax afte	er credits (SU	BTRACT	Line 19 fro	m Line 16.						11873.00
21.			s on which no es. (See instru									.00
22.	Total Vermo	ont Taxes (AI	DD Lines 20 :	and 21)					22.			11873.00
	ngame Wildlife F		Vermont C Trust Fou	hildren's		mont Veterans						al Contributions
23a.		.00 +			+ 23c		.00 +	23d	50	.00	= 23e	50.00
24.	Total of Vern	nont Taxes ar	nd Voluntary	Contributio	ns ( <b>ADD L</b> i	ines 22 and	23e)		24.			11923.00
			neld from W-2									
25b.	2023 Estima and/or paym	ited Tax payn ient made wit	nents, amount h 2023 extens	t carried for sion	ward from 2	2022, <b>25</b> l	)	12	00.00			
25c.	Refundable Full-Year R	Credits (Sche <b>Residents-</b> Lin	edule IN-112, le 8; <b>Part-Ye</b> s	Part II: ar Residen	ts-Line 12).	250	e		00.			
25d.	2023 Vermo	ont Real Estat	e Withholdin	g from Forr	n RW <b>-</b> 171 .	250	i		00			
	2023 Nonres	sident Estima	ted Tax paym ) allocated on	ents								
25f.	Total Payme	ents and Cred	its ( <b>ADD Lin</b>	es 25a thro	ough 25e)				25f.			12000.00
26.	Overpaymer	nt. <b>If Line 24</b>	is less than l	Line 25f, SI	UBTRACT	Line 24 fro	om Line 2	25f	26.			<u>77</u> .00
27a.	Refund to be	e credited to 2	2024 Estimate	ed Tax Payr	nent	278	ı		<u>77</u> .00			
27b.	Refund to be	e credited to 2	2024 Property	Tax Bill .		271	)		00.			
28.	REFUND A	MOUNT ( <b>S</b> I	JBTRACT L	ines 27a ar	nd 27b from	1 Line 26).			28.			.00
29.			Line 25f, sub						29.			.00
30.	Interest and Underpaym (Worksheet	l Penalty on tent of Estim IN-152 or IN	ated Tax 3 -152A)	0		00	1. AMO (ADD	UNT DUI Lines 29	E and 30)31.			00
	or Amended eturns Only:	Original refund		.00 Refu	ınd due now	•	00 Origin	nal payment		.00	Amount due now	.00
			lare that I have complete. Pre									ny knowledge an

Signature	Date (MM/DD/YYYY) / /	Date of Birth (MM/DD/YYYY) 12 / 25 / 1980	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 (MM/DD/YYYY)	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. 10/23

# Г

## **2023 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 Firs		ame MI	MI Taxpaye		er's Social Security Number	
	BISS	CAN	E	400	0008041		
1.	Name of state or Canadian province. Use sta	ndard two-letter abbrev	viation			1, CT	
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		000	.00		
3.	2023 Bonus Depreciation addback taxed in a Canadian province AND taxed in Vermont	nother state or		1000	.00		
4.	Non-Vermont state/local obligations taxed in or Canadian province AND taxed in Vermon	another state		1000	.00		
5.	ADD Lines 2 through 4				5	202000.00	
6.	Bonus Depreciation subtracted from income or Canadian province in tax year 2023	in another state	6	5000	.00		
7.	U.S. Government interest income subtracted another state or Canadian province in tax year	from income in			.00		
8.	ADD Lines 6 and 7				8	6000.00	
9.	Modified Adjusted Gross Income for income taxed in Vermont (SUBTRACT Line 8 from				9.	196000.00	
10.	Adjusted Gross Income from Form IN-111, (If less than zero, enter -0-)	Line 1. <b>10.</b>	350	0000	.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 <b>12.</b>			.00		
	ADD Lines 10 through 12				13.	350000.00	
14.	U.S. Government interest income from Schedule IN-112, Part I, Line 7	14.			.00		
15.	Bonus Depreciation from Schedule IN-112,	Part I, Line 9 <b>. 15.</b>			.00		
16.	ADD Lines 14 and 15				16	.00	
17.	SUBTRACT Line 16 from Line 13				17.	350000.00	
18.	Vermont income tax from Form IN-111, Lin	e 14	23	8873	.00		
19.	Computed tax credit (DIVIDE Line 9 by Li Line 9 196000		•				
	Line 17 350000 X Line 18_				19	13369.00	
	Income tax paid to another state or Canadian Income from Line 9 above				20	12000.00	
21.	<b>VERMONT CREDIT</b> for income tax paid to Enter the lesser of Line 19 or Line 20. Also				21.		
_						Form IN-117	

Test 5:

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

Taxpayer(s) Information:

Primary SSN: 400-00-8042
Name: Kay Oss
Residency Status: Resident
Mailing Address: 1 Main Street

City: Dover State: VT Zip Code: 05302

Filing Status: Qualified Widower

School District Code: 058

911 Address: 1 Main Street
Date of Birth: 10/31/1970

**Return Information:** 

Federal AGI:70,000.00Net Modifications to AGI:-5,500.00Federal AGI with Modifications:40,600.00

Personal Exemptions: 2

2023 Estimated payments carried forward: 3200.00

Total interest & dividend income from state and local obligations

As reported on federal form 1040: 12,000.00

Interest & dividend income from state and local obligations

Included in line 1: 10,000.00
Capital gains exclusion (schedule IN-153, Line 21): 5,000.00
Student loan interest paid in 2023: 5,000.00
Student loan interest already deducted on federal form 1040: 2,500.00
Total subtractions: 5,500.00
Number of qualifying children: 1

Child Information:

Last Name: Mumm
First Name: Max
Middle Initial: E

Social Security Number: 400-55-8044

Year of birth: 2021
Child tax credit: 1000.00
Vermont High Education Investment (VSAC): 5000.00

Direct Debit Information for Vermont:

Routing Number: 211672531

Checking Account Number: 75146123

# 2023 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

Towns and L. (N)	E' (A)	1	0 110	C. Ni I	
Taxpayer's Last Name	First Name KAY	MI	400008	ecurity Number	Check if
Spouse's/CU Partner's Last Name	First Name	— MI		ecurity Number	Deceased
				,	Check if Deceased
Mailing Address (Number a	nd Street/Road or PO Box)			Street Address on 12/3	
1 MAIN ST	L Ctata L 7ID Code on Fourier		MAIN ST	Faraira Caustra	
City DOVER	State ZIP Code or Foreign VT 05302	1 Postal Code		Foreign Country	
Vermont School District Code		CA	ANNABIS		
0 5 8 1 Enter Healthcare C (See instructions for Filing Status and Single Married	that apply that apply	Return L Fe	th Recomputed deral Return	RECOMPUTED Return	EXTENDED Return
Standard Deduction Single (\$7,000) Married.		arried/CU Filing parately (\$7,000)	Head of Hou (\$10,550)	sehold Qualify (\$14,0	ying Widow(er) 50)
Vermont Residency Status as of 12/31/2023 (check one)	RESIDENT	PART-YEAR RESIDENT	NONRE	SIDENT	
1. Federal Adjusted Gross Income (federal For	m 1040, Line 11)		1		70000.00
2. Net Modifications to Federal AGI (Schedule	: IN-112, Part I, Line 18)		2 <b>.</b>		<u>-5500</u> <b>.00</b>
3. Federal AGI with Modifications (ADD Line	es 1 and 2)		3		64500 <b>.00</b>
<ol> <li>2023 Vermont Standard Deduction from filing Please see instructions if you or your standard beduction boxes on federal Form 1040</li> <li>Personal Exemptions:</li> </ol>	nouse checked any standard		<b>4.</b>		14050.00
5a. Enter "1" for yourself if no one spous	Enter "1" for your jointly filed e or CU partner if no one can aim them as a dependent	<b>5c.</b> Enter num dependents federal Fo	claimed on		<b>Total Exemptions</b> Lines 5a through 5c)
5a. <u>1</u> + 5	b +	5c	1	=	5d. <u>2</u>
<b>5e. MULTIPLY Line 5d by \$4,850</b> (2023 Pers	onal Exemption)		5e		9700 <b>.00</b>
6. ADD Lines 4 and 5e			6		23750 <b>.00</b>
7. Vermont Taxable Income (SUBTRACT Lin	ne 6 from Line 3. If less tha	an zero, enter -0-)	7		40750.00
8. Vermont Income Tax from tax table or tax ra (If Line 1 is greater than \$150,000, see instru			8		1365 <b>.00</b>
9. Net Adjustment to Vermont Tax (Schedule I	<i>'</i>		9		.00
10. Vermont Income Tax with Adjustment (AD)	D Lines 8 and 9. If less tha	n zero, enter -0-)	10		1365 <b>.00</b>
11. Tax-Deductible Charitable Contribution (See instructions) .00	2. Multiply Line 11 by 5% (0.05)	13. Charitable Cont Deduction (Ente of Line 12 or \$1,0	er the lesser		.00
14. Vermont Income Tax (Line 10 MINUS Lin	e 13. If less than zero, enter	r -0-)	14		1365 <b>.00</b>
15. Income Adjustment (Schedule IN-113, Line	35, or 100.0000%)			15100	<u>,0000</u> %
16. Adjusted Vermont Income Tax (MULTIPL	Y Line 14 by Line 15)		16		<u> 1365<b>.00</b></u>
5454	Amount Due (from Line 31)		.00	—— Form I Page Rev.	

	•	Т	axpayer's	Last Name		Soc	cial Secur	rity Number	]						
		OSS				4	0000	8042							
	Amoun Line 16		-	1365	.00						<b>∭∭</b> ∭ * 2	3 1 1	1 1	1 2 0 0	<b>                                     </b>
17		te Credit (Sch			) +				•		'art II)			,	Lines 17 and 18) 500 <b>.00</b>
20.	Vermo	nt Income T	ax after	credits (	SUBTRA	CT Lir	ne 19 fr	om Line	16.						865.00
21.	Use Ta	x for taxable	e items c	on which	no sales t	ax was	charged	l,	Ch	eck to ce	ertify	20			.00
		ermont Tax ildlife Fund	kes (ADI	Vermon	t Children's										.00
	-	.00	+ 23		oundation •0										.00
															865.00
		ermont Tax													
	2023 E	stimated Ta payment ma	x pavme	nts, amoi	ınt carrie	d forwa	rd from	2022.							
25c.	Refund	able Credits ear Residen	s (Schedi	ıle IN-11	2, Part II	:									
25d.	2023 V	ermont Rea	l Estate	Withhold	ing from	Form R	W-171		25d			00			
25e.	2023 N (nonres	onresident I ident withh	Estimate olding) a	d Tax pay allocated	ments on Sched	ule K-1	VT, Lir	ne 5	.25e			00			
25f.	Total P	ayments and	d Credits	(ADD L	ines 25a	throug	h 25e).					25f			4200.00
26.	Overpa	yment. <b>If L</b>	ine 24 is	less tha	n Line 25	sf, SUB	TRAC	Γ Line 24	from Li	ne 25f .		26			3335.00
27a.	Refund	to be credit	ted to 20	24 Estim	ated Tax	Paymen	nt		27a			00			
27b.	Refund	to be credit	ted to 20	24 Prope	rty Tax B	Bill			27b			00			
28.	REFU	ND AMOUN	NT (SUE	BTRACT	Lines 2'	7a and 2	27b fro	m Line 20	6)			28			3335.00
29.	If Line See ins	24 is more tructions on	than Li	ne 25f, sı	ubtract I	Line 25f	from I	Line 24.				29.			.00
30.	Interes Under	at and Pena payment of theet IN-152	lty on Estimat	ted Tax.					31. AN	AOUN'	T DUE				.00
	or Amend eturns On	-	al refund r	eceived	.00	Refund o	due now		.00	Original p	payment	.(	)0 A	mount due now	.00
		es of perjury e true, corre													knowledge and
Sig	nature							Date (M	M/DD/YYY	Y) [	Date of Birth (	MM/DD/YY	YY)	Daytime Telep	none Number
Sig	nature (If a	joint return, B0	OTH must	sign.)					M/DD/YYY	Y) [	Date of Birth (I	MM/DD/YY`	YY)	Daytime Telep	none Number
Pai	d Prenarer	's Signature						'	,	+	Date (MM/DD/	, (YYYY)		Prenarer's Tele	phone Number

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

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

Keep a copy for your records.

Preparer's SSN or PTIN

Form IN-111 Page 2 of 2 Rev. 10/23

FEIN



Taxpayer's Last Name

## 2023 Schedule IN-112



## **Vermont Tax Adjustments and Credits**

Please PRINT in BLUE or BLACK INK

MI

First Name

**INCLUDE WITH FORM IN-111** 

Taxpayer's Social Security Number

	OSS	KAY		400008042	
PΑ	RTI				
AD	DITIONS TO FEDERAL ADJUSTED	GROSS INCOME			
1.	Total interest and dividend income from all obligations exempt from federal tax (reported on federal Form 1040)		120	0000	
2.	Interest and dividend income from Vermont obligations included in Line 1		100	00.00	
3.	Income from Non-Vermont State and Local	Obligations (SUBTRACT	Γ Line 2 from Line 1)	3.	2000.00
	Bonus Depreciation Allowed under Federal			00	
5.	Other (reserved)	5	RESERVED	00	
6.	Total Additions (ADD Line 3 and Line 4)			6.	2000.00
SU	BTRACTIONS FROM FEDERAL AD	JUSTED GROSS IN	COME		
7.	Interest Income from U.S. Obligations			00	
8.	Capital Gains Exclusion (Schedule IN-153,	Line 21)	50	.00	
9.	Adjustment for Prior Years' Bonus Deprecia	ation		00	
	Taxable Refunds of State and Local Income (Reported on federal Form 1040)	Taxes		0.0	
11.	Medical Expense Deduction (see the worksheet in the instructions)	11		00	
12.	Retirement Benefits Exempt from Taxation (see the worksheet in the instructions)	12		00	
13.	Railroad Retirement income	13		00	
14.	Bond/note interest income from (see below)	14		00	
	America Au	thority $\square$ :	Vermont Public Power Supply Authority		
	<b>For residents only -</b> Enter the total student paid in 2023 on qualified student loans	15a	50	.00	
	<b>. For residents only -</b> Enter any student loan deducted on federal Form 1040, Schedule 1,	Line 21 <b>15b.</b>	25	00.00	
15c	Subtract Line 15b from Line 15a. If filing juggreater than \$200,000, enter -0 All other figreater than \$120,000, enter -0	ilers, if AGI is	25	00.00	
16.	Other (reserved)	16	RESERVED	00	
_	Total Subtractions (ADD Lines 7 through 1			17.	7500.00
NE	T MODIFICATIONS TO FEDERAL A	DJUSTED GROSS II	NCOME		
18.	SUBTRACT Line 17 from Line 6. Enter of	on Form IN-111, Line 2		18.	<u>-5500</u> . <b>00</b>
	This can be a negative number.			;	Schedule IN-112

Schedule IN-112 Page 1 of 2

Rev. 10/23

5454

Taxpayer's Last Name	Social Security Number
OSS	400008042



#### **PART II**

	FUNDABLE CREDITS				
Chil	d and Dependent Care Credit - Resider	nt and Part-Year Resident			
1.	Child and Dependent Care Credit (fede	eral Form 2441, Line 11)		1.	00
2.	Vermont Child and Dependent Care Co	redit (MULTIPLY Line 1 by 72% (0.	72))		.00
Chil	d Tax Credit - Resident and Part-Year F	Resident			
3.	Number of qualifying children List only children who qualify for Child T	ax Credit (born 2018 through 2023) belo		3	
	Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth
	MUMM	MAX	E	400559044	2021
_	Qualifying Child #2 - Last Name	First Name	MI	Social Security Number	Year of Birth
	Qualifying Child #3 - Last Name	First Name	MI	Social Security Number	Year of Birth
4.	Child Tax Credit (MULTIPLY Line 3 your Adjusted Gross Income from For	<b>B by \$1,000</b> ). See instructions for credit IN-111, Line 1 is over \$125,000	t amount if	4	1000.00
Earı	ed Income Tax Credit - Resident and F	Part-Year Resident			
Earı 5.	ed Income Tax Credit - Resident and F Number of qualifying children from fe			5	
		deral Schedule EIC			
5.	Number of qualifying children from fe	deral Schedule EICnter amount from federal Form 1040		6.	.00.
<ul><li>5.</li><li>6.</li><li>7.</li></ul>	Number of qualifying children from fe Federal Earned Income Tax Credit. En	deral Schedule EIC		6.	.00.
<ul><li>5.</li><li>6.</li><li>7.</li></ul>	Number of qualifying children from fe Federal Earned Income Tax Credit. En Vermont Earned Income Tax Credit: M ndable Tax Credit - Resident and Part- Total Vermont Refundable Tax Credit	deral Schedule EIC			.00
5. 6. 7. Refu 8.	Number of qualifying children from fe Federal Earned Income Tax Credit. En Vermont Earned Income Tax Credit: M ndable Tax Credit - Resident and Part- Total Vermont Refundable Tax Credit Full-Year Residents: Enter this a	deral Schedule EIC			.00
5. 6. 7. Refu	Number of qualifying children from fe Federal Earned Income Tax Credit. Er Vermont Earned Income Tax Credit: M ndable Tax Credit - Resident and Part- Total Vermont Refundable Tax Credit Full-Year Residents: Enter this a Part-Year Residents: Complete	deral Schedule EIC			.00
5. 6. 7. Refu 8.	Number of qualifying children from fe Federal Earned Income Tax Credit. En Vermont Earned Income Tax Credit: M ndable Tax Credit - Resident and Part- Total Vermont Refundable Tax Credit Full-Year Residents: Enter this a Part-Year Residents: Complete	deral Schedule EIC	ome		.00.00
5. 6. 7. Refu	Number of qualifying children from fe Federal Earned Income Tax Credit. En Vermont Earned Income Tax Credit: Number Tax Credit: Number Tax Credit   Indable Tax Credit - Resident and Part- Total Vermont Refundable Tax Credit     Full-Year Residents: Enter this a     Part-Year Residents: Complete  Indable Tax Credit Adjusted for Part-Year Residents: Enter amount from Schedule IN-113, I  Enter amount from Schedule IN-113, I  Refundable Tax Credit Adjustment Per	deral Schedule EIC	ome		.00



## 2023 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
OSS	KAY		400008042

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) 1.	00
2. Recapture of Federal Investment Tax Credit (reported on Form 1040)	00
<b>3.</b> Tax from federal Form 4972, Tax on Lump-Sum Distributions <b>3.</b>	00
4. ADD Lines 1 through 3	400
5. MULTIPLY Line 4 by 24% (0.24)	00
6. Recapture of Vermont Credits (See instructions)6.	00
7. ADD Lines 5 and 6	700
SUBTRACTIONS FROM VERMONT TAX	
8. Credit for the Elderly or the Disabled (federal Schedule R) 8.	00
9. Investment Tax Credit - Vermont-based only (See instructions)	00
10. Vermont Farm Income Averaging Credit (from worksheet in instructions)	00
11. ADD Lines 8 through 10	1100
12. MULTIPLY Line 11 by 24% (0.24)	00
13. Vermont-based Solar Energy Credit carryforward13.	00
14. ADD Lines 12 and 13	1400
NET ADJUSTMENTS TO VERMONT TAX	
<b>15. SUBTRACT Line 14 from Line 7.</b> Enter on Form IN-111, Vermont Income Tax Return, Line 9. This can be a negative number	

Taxpayer's Last Name	Social Security Number
OSS	400008042



#### **INCLUDE WITH FORM IN-111**

1.	Vermont Higher		2023 Contributior eligible for credit							Credit
	Investment (32 V See instructions.	(.S.A § 5825a)	5000			TIMES (X	.10	=		<u>500</u> .00
For	credits earned thro		n, LLC, or Partnership	, enter	name and FE	IN of the ent	ity			
			Name of Entity						FEIN	
If cr	edits from more tha	an one business entit	y, fill out a separate <b>I</b> N	I-119 fo	or each entity.					
			<u>Column A</u> Earned in 2023		PLUS (+)	<u>Colun</u> Carryfo			EQUALS (=)	<u>Column C</u>
2.	Charitable Housin (32 V.S.A. § 5830	ng 0c) 2.	A	.00	2B.	•		.00	2C	.00
3.	Oualified Sale of	Mobile Home Park	A			•				.00.
4.	Research & Deve (32 V.S.A. § 5930	elopment 0ii) 4.	A	.00	4B.	•		.00	4C	.00
Pric			sing Finance Agency							
5.	Affordable Housi (32 V.S.A § 5930	ing Du)5.	A	.00	5B.	•		.00	5C	.00
6.	Historic Rehabilit (32 V.S.A. § 5930	tation 0cc(a)) 6.	A	00	6B.	•		.00	6C	.00
7.	Facade Improven (32 V.S.A. § 5930	$0cc(b)) \dots 7$	A	00	7B			.00	7C	.00
8.	Code Improveme (32 V.S.A. § 5930	ents 0cc(c)) 8.	A	00	8B	•		.00	8C	.00.
9.	ADD Column C,	, Lines 1 through 8.	If no credit claimed	on Lin	e 10, enter thi	s amount on	Form IN	N-111	, Line 18 <b>9.</b> _	<u>500</u> .00
		lation Workshee								
10.	Vermont Entrepre	eneur's Seed Capital	Fund (32 V.S.A. § 58	30b)					10	.00
11.	Enter adjusted Ve	ermont income tax ar	mount from Form IN-	111, L	ine 16				11	.00.
12.	Enter credit for in	ncome tax paid to and	other state or Canadia	n prov	ince from For	m IN-111, L	Line 17		12	.00
13.	SUBTRACT Lin	ne 12 from Line 11 .							13	.00
14.	Enter the lesser o	f Line 9 or Line 13							14	.00
15.	SUBTRACT Lin	ne 14 from Line 13.	The result cannot be	less tha	an zero				15	.00
16.	MULTIPLY Lin	ne 15 by 50% (0.50)							16	.00
17.	Enter the lesser o	f Line 10 or Line 16.							17	.00
18.	Total Credits Allo	owable. <b>ADD Lines</b>	14 and 17							.00

.00

19. Total Income Tax Credits Available. Enter the lesser of Line 13 or Line 18.

## Г

## **2023 Schedule IN-153**

# Vermont Capital Gains 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
OSS	KAY		400008042

PART I. FLAT EXCLUSION		
1. Enter smaller of Line 15 or 16 from federal Form 1040, Schedule D	1	50000 .00
<ol> <li>Enter amount from:</li> <li>2a. Federal Form 1040, Schedule D, Line 182a.</li> </ol>	200000	
<b>2b.</b> Federal Form 1040, Schedule D, Line 19 <b>2b.</b>	.00	
<b>3.</b> Add Lines 2a and 2b	3	2000.00
<b>4.</b> Subtract Line 3 from Line 1	<b>4.</b>	48000.00
If you filed federal Form 4952, complete Lines 5 through 7		
5. Enter amount from: 5a. Federal Form 4952, Line 4g5a.	.00	
<b>5b.</b> Federal Form 4952, Line 4e	.00	
<b>5c.</b> Multiply Line 5a by Line 5b and enter result here	5c	.00
<b>5d.</b> Federal Form 4952, Line 4b <b>5d.</b>	.00	
<b>5e.</b> Federal Form 4952, Line 4e	.00	
<b>6.</b> Add Lines 5d and 5e; enter result here	6	.00
7. Divide Line 5c by Line 6; enter result here		.00
<b>8.</b> Subtract Line 7 from Line 4. Entry cannot be less than zero		48000.00
9. Enter the smaller of Line 8 or \$5,000	9	5000.00

Taxpayer's Last Name	Social Security Number
oss	400008042



#### 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.)

.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. \_\_\_\_\_\_\_.00 **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 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 gains exclusion. **16.** Enter amount from Part I, Line 7 or recomputed .00 PART III. CAPITAL GAINS EXCLUSION

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

5000.00

23600.00

5000.00

**20.** Multiply

#### Test 6:

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

#### **Taxpayer(s) Information:**

Primary SSN: 400-00-8045
Name: Choc A Holic
Residency Status: Resident
Mailing Address: 133 State St
City: Montpelier

State: VT Zip Code: 05601

Date of Birth: May 5, 1978

Filing Status: Head of Household

School District Code: 126

911 Address: 133 State Street

#### **Return Information:**

Federal AGI: 40,000.00

Net Modifications to AGI: -200.00

VT Taxable Income: 39,800.00

Other Dependents: 2

Total VT Taxes: 494.00
2023 VT Tax Withheld from W2: 500.00
Refundable Credits: 1950.00
Refund to 2023 Property Tax: 500.00
Refund Amount: 1456.00
Total Student Loan Interest Paid: 2,700.00
Federal Student Loan Interest Paid: 2,500.00

Qualifying Children: 1

Qualifying Child #1: Mon E Bags 400-55-8047 09/23/2022

Qualifying Children from Federal EIC: 2

Federal EITC: 2,500.00

SPAN: 405-126-13225

Business Use: 0
Rental Use: 0
Improvements: None

Domicile yes
Claimed no
Selling no

 Housesite Value:
 500,000.00

 Education Tax:
 6,191.00

 Municipal Tax:
 3,549.00

 Ownership:
 100.00

 Household Income:
 49,000.00

Other Person #1: Sam I Am 400-00-8048

Other Person #2: Cat N Hat 400-00-8049

Other Cash Public Assistance:5,000.00Other People SSI:15,000.00Claimant unemployment:36,000.00Other People Worker's Comp:15,000.00Claimant Rental:4,000.00Other People Child Support Paid:6,000.00

Paid to: Lois Price 400-00-8050

Claimant Health Savings: 5,000.00

## 2023 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 Name	MI	Social Security Number	Check if
HOLIC	CHOC First Name	A 4	4 0 0 - 0 0 - 8 0 4 5  Social Security Number	Deceased
Spouse's/CU Partner's Last Name	First Name	IVII	Social Security Number	Check if
Mailing Address (Number a	and Street/Road or PO Box)		911/Physical Street Address on 12/	Deceased //31/2023
133 STATE ST	and otrooprioud or ricidoxy		TATE ST	0172020
City	State ZIP Code or Foreign		Foreign Country	
MONTPELIER	VT 05601			
Vermont School District Code	Coverage Code Check all	CANNAB		
126 Enter Healthcare ( (See instructions for	or code options) that apply	MENDED With Reco	Return Return	EXTENDED Return
Filing Status and Single (\$7,000) Married (\$14,08)	I/CU Filing Jointly Mar 50) Sep	ried/CU Filing parately (\$7,000)	Head of Household Qual (\$10,550)	ifying Widow(er) ,050)
Vermont Residency Status as of 12/31/2023 (check one	RESIDENT	PART-YEAR RESIDENT	NONRESIDENT	
1. Federal Adjusted Gross Income (federal For	rm 1040, Line 11)		1.	40000.00
2. Net Modifications to Federal AGI (Schedule	e IN-112, Part I, Line 18)		2.	-200.00
3. Federal AGI with Modifications (ADD Line	es 1 and 2)		3.	39800.00
<ul> <li>4. 2023 Vermont Standard Deduction from filing Please see instructions if you or your standard beduction boxes on federal Form 1040</li> <li>5. Personal Exemptions:</li> </ul>	nouse checked any standard		4	10550.00
5a. Enter "1" for yourself if no one spous	Enter "1" for your jointly filed se or CU partner if no one can laim them as a dependent	<b>5c.</b> Enter number of 0 dependents claime federal Form 104	ed on (ADI	. Total Exemptions  D Lines 5a through 5c)
5a. <u>1</u> +	5b +	5c. <u>2</u>	_ =	5d3
<b>5e. MULTIPLY Line 5d by \$4,850</b> (2023 Pers	sonal Exemption)		5e	14550.00
6. ADD Lines 4 and 5e			6.	25100 <b>.00</b>
7. Vermont Taxable Income (SUBTRACT Li	ne 6 from Line 3. If less tha	n zero, enter -0-)	7.	14700.00
8. Vermont Income Tax from tax table or tax i			8.	494.00
(If Line 1 is greater than \$150,000, see instr			0	0.00
<b>9.</b> Net Adjustment to Vermont Tax (Schedule	IN-119, Part 1, Line 13)		9	
10. Vermont Income Tax with Adjustment (AD	D Lines 8 and 9. If less than	zero, enter -0-)	10.	494.00
(See instructions)	<b>12.</b> Multiply Line 11 by 5% (0.05)	13. Charitable Contribution  Deduction (Enter the le		
.00	00	of Line 12 or \$1,000)	13.	.00
14. Vermont Income Tax (Line 10 MINUS Lin	ne 13. If less than zero, enter	-0-)	14.	494.00
15. Income Adjustment (Schedule IN-113, Line	35, or 100.0000%)		15100	<u>0.0000</u> %
16. Adjusted Vermont Income Tax (MULTIPL	Y Line 14 by Line 15)		16.	494.00
			Form	IN-111
5454	Amount Due (from Line 31)	.00	Page	e 1 of 2 . 10/23
			1 101	

	Taxpayer's Last Name	Social Security Number	
Н	OLIC	400-00-8045	
Amount fro	om 494 <b>.00</b>		



	Other State Cre		•	,			edits (Schedule		,			(Add Lines 17 and 18
				+				UU	=	19		.00
20.	Vermont Inc If Line 19 is	come Tax a greater tha	fter credits in Line 16,	(SUBTRA enter -0-).	ACT Line	19 from L	ine 16.			20		494.0
21.	Use Tax for including on	taxable ite line purcha	ms on which ases. (See in	th no sales t nstructions,	ax was ch workshee	arged, t, and char	rt) Ch	neck to ce Use Tax	rtify is due. <b>O</b> I	R 21		0.
22.	Total Vermo	ont Taxes (	ADD Lines	s 20 and 21	)					22		494.0
No	ongame Wildlife F	und	Verm Trus	nont Children's st Foundation		Vermont \	Veterans Fund		Green l	Jp Vermont		Total Contributions
23a.		.00 +	23b	0	00 +	23c	00	+	23d	00	= 23e	0
24.	Total of Verm	nont Taxes	and Volun	tary Contril	butions (A	DD Lines	22 and 23e)			24		494.0
25a.	2023 Vermo	nt Tax Wit	thheld from	ı W <b>-2</b> , 1099	)		25a		50	0.00		
25b.	2023 Estima and/or paym	ted Tax pa ent made v	yments, am vith 2023 e	nount carrie xtension	d forward	from 2022	25b			00		
25c.	Refundable (Full-Year R	Credits (Sc Residents-L	hedule IN- Line 8; Par	112, Part II <b>t-Year Res</b>	: <b>idents-</b> Lin	ne 12)	25c		195	0.00		
25d.	2023 Vermo	nt Real Es	tate Withho	olding from	Form RW	-171	25d			00		
25e.	2023 Nonres (nonresident	sident Estir withholdi	nated Tax p ng) allocate	payments ed on Sched	ule K-1V	Γ, Line 5.	25e			00		
25f.	Total Payme	ents and Cr	edits (ADD	Lines 25a	through 2	25e)				25f		2450.0
26.	Overpaymen	nt. <b>If Line</b> 2	24 is less th	ıan Line 25	5f, SUBTI	RACT Lin	e 24 from L	ine 25f .		26		1956.0
27a.	Refund to be	e credited t	o 2024 Esti	mated Tax	Payment .		27a		50	0.00		
27b.	Refund to be	e credited t	o 2024 Pro	perty Tax P	3ill		27b			00		
28.	REFUND A	MOUNT (	SUBTRAC	CT Lines 2'	7a and 27	b from Liı	ne 26)			28		1456.0
29.	If Line 24 is See instruction									29		.0
30.	Interest and Underpaym (Worksheet)	ent of Est	imated Tax	x 30		0	0 31. Al	MOUN'	Γ DUE les 29 and	30)31		.0
	or Amended eturns Only:	Original ref	und received	.00	Refund due	e now	.00	Original p	ayment	.00	Amount due n	.0
Unde				have exam			accompanying			atements, a	nd to the best o	of my knowledge a
Sigr	nature					Da	ite (MM/DD/YYY	(Y) [	Date of Birth (	MM/DD/YYYY	) Daytime	Telephone Number
Sigr	nature (If a joint re	eturn, BOTH i	must sign.)			Da	ite (MM/DD/YYY	Y) [	Date of Birth (	MM/DD/YYYY	) Daytime	Telephone Number

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

Paid Preparer's Signature

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

Keep a copy for your records.

Date (MM/DD/YYYY)

Preparer's SSN or PTIN

Form IN-111
Page 2 of 2
Rev. 10/23

FEIN

Preparer's Telephone Number



Taxpayer's Last Name

## 2023 Schedule IN-112



## **Vermont Tax Adjustments and Credits**

Please PRINT in BLUE or BLACK INK

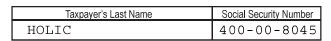
MI

First Name

**INCLUDE WITH FORM IN-111** 

Taxpayer's Social Security Number

H	ОГГС	I CHOC	A	400-00-	8045
PAF	RT I				
1.	ITIONS TO FEDERAL ADJUSTED Fotal interest and dividend income from all obligations exempt from federal tax reported on federal Form 1040)	state and local		.00	
2. I	nterest and dividend income from Vermon obligations included in Line 1	t state and local			
<b>3.</b> I	ncome from Non-Vermont State and Local	Obligations (SUBTRAC	T Line 2 from Line 1)	) 3.	.00
<b>4.</b> F	Bonus Depreciation Allowed under Federal	Law for 2023 <b>4.</b> _		00	
5. (	Other (reserved)	5	RESERVE	.00	
<b>6.</b> T	Total Additions (ADD Line 3 and Line 4)		<u> </u>	6	.00
SUB	TRACTIONS FROM FEDERAL AL	DJUSTED GROSS IN	ICOME		
7. I	nterest Income from U.S. Obligations			.00	
8. (	Capital Gains Exclusion (Schedule IN-153,	Line 21)		.00	
<b>9.</b> <i>A</i>	Adjustment for Prior Years' Bonus Depreci	ation <b>.9.</b> _		.00	
<b>10.</b> T	Faxable Refunds of State and Local Income Reported on federal Form 1040)	e Taxes			
11. N	Medical Expense Deduction see the worksheet in the instructions)			.00	
<b>12.</b> F	Retirement Benefits Exempt from Taxation see the worksheet in the instructions)			.00	
<b>13.</b> I	Railroad Retirement income			.00	
<b>14.</b> I	Bond/note interest income from (see below	)		.00	
		ermont Telecom uthority	Vermont Public Power Supply Authority		
	For residents only - Enter the total student paid in 2023 on qualified student loans		2	<u>.700</u> .00	
	For residents only - Enter any student loan deducted on federal Form 1040, Schedule 1		2	<u>.00</u>	
9	Subtract Line 15b from Line 15a. If filing j greater than \$200,000, enter -0 All other igneater than \$120,000, enter -0	filers, if AGI is		200 .00	
16. (	Other (reserved)	16.	RESERVE	.00	
17. T	Total Subtractions (ADD Lines 7 through	14 and Line 15c)	<u></u>	17	200.00
NET	MODIFICATIONS TO FEDERAL A	ADJUSTED GROSS	INCOME		
	SUBTRACT Line 17 from Line 6. Enter This can be a negative number.	on Form IN-111, Line 2		18	- 200 <b>.00</b> Schedule IN-112





#### **PART II**

				FUNDABLE CREDITS			
			and Part-Year Resident	ld and Dependent Care Credit - Resident			
.00	1		1 Form 2441, Line 11)	Child and Dependent Care Credit (federa			
.00	<b>.2.</b>	72))	lit (MULTIPLY Line 1 by 72% (	Vermont Child and Dependent Care Cre			
			sident	ld Tax Credit - Resident and Part-Year Re			
1	3		Credit (born 2018 through 2023) b	Number of qualifying children List only children who qualify for Child Ta			
Year of Birth	Social Security Number	MI	First Name	Qualifying Child #1 - Last Name			
2022	400-55-8047	E	MON	BAGS			
Year of Birth	Social Security Number	MI	First Name	Qualifying Child #2 - Last Name			
Year of Birth	Social Security Number	MI	First Name	Qualifying Child #3 - Last Name			
1000.00	4	t amount if	<b>y \$1,000</b> ). See instructions for cro IN-111, Line 1 is over \$125,000.	Child Tax Credit (MULTIPLY Line 3 I your Adjusted Gross Income from Form			
			t-Year Resident	ned Income Tax Credit - Resident and Pa			
2	5		ral Schedule EIC	Number of qualifying children from feder			
		Federal Earned Income Tax Credit. Enter amount from federal Form 1040					
2500 <b>.0</b> 0			r amount from federal Form 1040	rederal Earned Income Tax Credit. Enti-			
				Vermont Earned Income Tax Credit: MU			
			[LTIPLY Line 6 by 38% (0.38).				
950.00			TAITIPLY Line 6 by 38% (0.38).  Par Resident  DD Lines 2, 4, and 7)  Ount on Form IN-111, Line 25c.	Vermont Earned Income Tax Credit: MU			
950.00			car Resident  DD Lines 2, 4, and 7) ount on Form IN-111, Line 25c. nes 9 through 12.	Vermont Earned Income Tax Credit: MU undable Tax Credit - Resident and Part-Y Total Vermont Refundable Tax Credit (A Full-Year Residents: Enter this an			
950 <b>.0</b> 0			TAITIPLY Line 6 by 38% (0.38).  Par Resident  ADD Lines 2, 4, and 7)  Ount on Form IN-111, Line 25c.  These 9 through 12.	Vermont Earned Income Tax Credit: Muundable Tax Credit - Resident and Part-Y Total Vermont Refundable Tax Credit (A Full-Year Residents: Enter this an Part-Year Residents: Complete L			
950.00		ome	Far Resident  ODD Lines 2, 4, and 7) ount on Form IN-111, Line 25c. nes 9 through 12.  Residents e 14B, Vermont Portion of Total I	Vermont Earned Income Tax Credit: Mu undable Tax Credit - Resident and Part-Y Total Vermont Refundable Tax Credit (A Full-Year Residents: Enter this an Part-Year Residents: Complete L undable Tax Credit Adjusted for Part-Yea			
950.00		ome	TATIPLY Line 6 by 38% (0.38).  Par Resident  ADD Lines 2, 4, and 7)  Ount on Form IN-111, Line 25c.  The se 9 through 12.  Residents  The 14B, Vermont Portion of Total Income  That age. (DIVIDE Line 9 by Line 14 income)	Vermont Earned Income Tax Credit: MU undable Tax Credit - Resident and Part-Y Total Vermont Refundable Tax Credit (A Full-Year Residents: Enter this an Part-Year Residents: Complete L undable Tax Credit Adjusted for Part-Yea Enter amount from Schedule IN-113, Lin			

#### 2024 Form HS-122

# Vermont Homestead Declaration AND Property Tax Credit Claim



**DUE DATE:** April 15, 2024. You may file up to Oct. 15, 2024, but the town may assess a penalty. For details on late filing, see 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, 2024. If your homestead is leased to a tenant on April 1, 2024, you may still claim it as a homestead if it is not leased for more than 182 days in the 2024 calendar year.

#### Please PRINT in BLUE or BLACK INK

Claimant's Last Name	First Name			Claimant's Social Security Number			
HOLIC	CHOC		А	400008045			
Spouse's/CU Partner's Last Name	First Name		MI	Spouse's or CU Partner's Social Security Number			
Mailing Address (Number and		Claimant's Date of Birth (MM/DD/YYY	Y)				
133 STATE ST				05 / 05 / 1978			
City	State	ZIP Code					
MONTPELIER	VT 0	5601					
Location of Homestead (Use a number, street/ro	ad name. Do not ι	ise a PO Box or "same.")		City/Town of Legal Residence on April 1, 2024	and State		
133 STATE ST				MONTPELIER	VT		
Federal Single	Married/0			Married/CU He	ad of usehold		
A1. SPAN - REQUIRED (from the 2023/2024 property tax bill).  A2. Business Use of Dwelling.  A3. Rental Use of Dwelling.  A3. Pool A3. Rental Use of Improvements or Other Buildings Not including the dwelling, are improvements or other buildings located on your parcel used for business or rented?  A5. Grantor and sole beneficiary of a revocable trust owning the property  A6. Life estate holder of the property  A8. Residing in a dwelling on the homestead parcel owned by 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

**2024 Form HS-122**Page 1 of 2
Rev. 10/23

5454

Claimant's Last Name	Social Security Number
HOLIC	400008045

**DUE DATE:** April 15, 2024. Generally, claims cannot be accepted after Oct. 15, 2024.

S	ECTION B.	PROPERTY TAX			. 🗆 1 1 1 1 1		
To a	ialify you must r	For Household Income up to \$128,000.  neet the requirements for filing a homestead declar	•				
_		ns must be answered.	ation in additio	in to the following re	quirements.		
B1.	Were you domic	iled in Vermont all of calendar year 2023?	Yes, Go to Line	e B2.	No, STOP.		
B2.	Were you claime	d as a dependent in 2023 by another taxpayer?	Yes, STOP.	TOP. No, Go to Line B3.			
В3.		e selling this Vermont housesite on or 024?	Yes, STOP.		No, Continue		
Amo	unts for Lines B4	through B6 are found on the 2023/2024 property	tax bill. Round	l amounts to the nea	rest dollar.		
B4.	Housesite Value				ı. <u>500000</u> .00		
B5.	Housesite Educat	tion Tax	• • • • • • • • • • • • • • • • • • • •		5. 6191 <b>.00</b>		
B6.	Housesite Munic	ipal Tax	• • • • • • • • • • • • • • • • • • • •		. <u>3549</u> .00		
B7.	Ownership Intere	est			<b>B7.</b> 100.00 <b>%</b>		
B8.	Household Incom You MUST attac	ne (Schedule HI-144, Line z). ch Schedule HI-144.	. вв	49000.00	Check here if amended Schedule HI-144, Household Income, is included.		
Com	plete the following	g <b>ONLY if applicable</b> from Form LRC-147, Part B.					
В9.	For Profit Mobile	e Home Lot Rent (Allocable Rent from Form LRC-14	17)	B9	.00		
Not-	For-Profit Mobile	e Home Park, Cooperative, and Land Trust					
B10.	Allocated Educat	tion Tax		B10	.00		
B11.	Allocated Munic	ipal Tax	• • • • • • • • • • • • • • • • • • • •		.00		
OR I	Property Tax fron	1 contiguous property if housesite has less than 2 ac	res (See instruc	tions.)			
B12.	Contiguous prop	erty Education Tax		B12	.00		
B13.	Contiguous prop	erty Municipal Tax		B13	.00		
		MAXIMUM CREDIT A	MOUNT IS \$8,0	00.			
		ıry, I declare that I have examined this return and acco rect, and complete. Preparers cannot use return inform					
	ature	,		Date (MMDDYYYY)	Daytime Telephone Number		
Sigr	ature (If a joint return,	BOTH must sign.)	1	Date (MMDDYYYY)	Daytime Telephone Number		
Paid	Preparer's Signature			Date (MMDDYYYY)	Preparer's Telephone Number		
Firm	's Name (or yours if se	elf-employed) and address	F	Preparer's SSN or PTIN	FEIN		

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



#### 2023 Schedule HI-144

#### **Household Income**

For the year Jan. 1 - Dec. 31, 2023

# \* 2 3 1 4 4 1 1 0 0 \*

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2024 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name	First Name		Claimant's Social Security Number
HOLIC	CHOC	А	400008045
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY)
			05 05 1978

List the names and Social Security Numbers of all other people (in addition to a Spouse or CU Partner) who had income and lived with you during 2023. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other People" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Check this box if you temporarily hosted a refugee, asylee, or asylum seeker in your home during 2023. Do not include their income on this form.

Other Person #1 Last Name	First Name	MI	Other Person #1 Social Security Number
AM	SAM	I	400-00-8048
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number
HAT	CAT	N	400-00-8049

Yearly totals of ALL members of the household	1. Claimant /Claimant and jointly filed Spouse	<b>2.</b> Filing separately Spouse or CU Partner	3. Other People
a. Cash public assistance and relief (See instructions for exclusions)	a00	00	<u>5000</u> <b>.00</b>
<b>b.</b> Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable	b00	00	<u> 15000</u> <b>.00</b>
c. Unemployment compensation/worker's compensation	<b>c.</b> 36000 <b>.00</b>	00	00
<b>d.</b> Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)	d00	00	00
e. Interest and dividends	e00	00	00
<b>f.</b> Interest on U.S., state, and municipal obligations, taxable and nontaxable	f00	00	00
g. Alimony and support money	g00	00	00
h. Child support and cash gifts			
Please specify	h00	00	.00
i. Business income. If the amount is a loss, enter -0 See instructions for offsetting a loss	i00	00	
<b>j.</b> Capital gains, taxable and nontaxable. If the amount is a loss, enter -0 See instructions for offsetting a loss	j00	00	
<b>k.</b> Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions	k00		00
<b>1.</b> Rental and royalty income. If the amount is a loss, enter -0 See instructions for offsetting a loss	1. 4000 .00	00	00
<b>m.</b> 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
<b>n.</b> Other income (See instructions for examples of other income)			
Please specify	n00	00	00
o. Total Income: ADD Lines a through n		00.	20000 .00

2023 Schedule HI-144

Claimant's Last Name	Social Security Number
HOLIC	400008045

**p.** See instructions. Enter Social Security and



40000 .00 .00 20000 **.00** Carried forward from Line o . . . . .

2. Filing separately

1. Claimant /Claimant

p. See instructions. Enter Social Security and Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employme 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.		Spouse or CU Partner	3. Other People	
Include W-2 and/or federal Schedule SE if not included with income tax filing p	00	.00	00	
q. Child support paid. You must include proof of payment. See instructions q	00	.00	600000	
Support paid to: Last Name	First Na	me MI	Social Secu	ity Number
PRICE	LOIS		400-00-8050	
r. Allowable adjustments from federal Form	1040			
r1. Business expenses for Reservists r1	00	.00	.00	
r2. Alimony paidr2	00	00.	.00	
r3. Self-employed health insurance deduction	00	00	.00	
r4. Health Savings Account deduction r4	5000_ <b>.00</b>	00	00	
s. ADD Lines p, q, and total of Lines r1 through r4 for each columns	s. <u>5000</u> .00	00	6000 <b>.00</b>	
t. SUBTRACT Line s from Line o of each column. If a negative amount, enter -0 t	. <u>35000</u> . <b>00</b>	.00	<u> 14000</u> . <b>00</b>	
u. ADD all three amounts from Line t. If a neg	gative amount, enter -0-			u00
v. Complete if born Jan. 1, 1959 and after. Enter interest and dividend income from	00	J 00	l 00	I

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

Homeowners with Household Income up to \$128,000 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. Schedule HI-144 must be filed with Form HS-122.

.00

The due date to file Form HS-122 is April 15, 2024. Homeowners filing a property tax credit, Form HS-122, Section B, and Schedule HI-144, between April 16 and Oct. 15, 2024, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit. Generally, claims cannot be accepted after Oct. 15, 2024.

.00

#### Test 7:

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

#### **Taxpayer(s) Information:**

Primary SSN: 400-00-8051
Name: Frank N Stein
Spouse SSN: 400-00-8090
Mailing Address: 33 Spooky Lane
City: Woodstock

State: VT Zip Code: 05035

Date of Birth: October 31, 1960

Filing Status: Single

911 Address: 33 Spooky Lane Woodstock, VT

#### **Return Information:**

SPAN: 786-250-12596

Business Use: 75.00 Improvements: Yes

 Housesite Value:
 400,000.00

 Education Tax:
 7,500.00

 Municipal Tax:
 1,500.00

 Ownership:
 100.00

 Household Income:
 109,000.00

#### 2024 Form HS-122

# Vermont Homestead Declaration AND Property Tax Credit Claim



**DUE DATE:** April 15, 2024. You may file up to Oct. 15, 2024, but the town may assess a penalty. For details on late filing, see 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, 2024. If your homestead is leased to a tenant on April 1, 2024, you may still claim it as a homestead if it is not leased for more than 182 days in the 2024 calendar year.

#### Please PRINT in BLUE or BLACK INK

Claimant's Last Name		First Name	MI	Claimant's Social Secu	ırity Number	
STEIN	FRANK		N	400008051		
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Partner's Soc	ial Security Number	
STEIN	MARY		K	400008090		
Mailing Address (Number a	nd Street/Ro	oad or PO Box)		Claimant's Date of Birth (	MM/DD/YYYY)	
33 SPOOKY LANE				10 / 31 / 196	50	
City	State	ZIP Code				
WOODSTOCK	VT	05035				
Location of Homestead (Use a number, street	road name.	Do not use a PO Box or "same.")		City/Town of Legal Residence on A	pril 1, 2024 and State	
SPOOKY LANE				WOODSTOCK	VT	
Federal Single		Married/CU Filing Jointly		Married/CU Filing Separately	Head of Household	
A1. SPAN - REQUIRED (from the 2023/2024  A2. Business Use of Dwelling				A2	75.00 %	
A4. Business or Rental Use of Improvements or Other Buildings Not including the dwelling, are improvements or other buildings located on your parcel used for business or rented? A4. Yes  A5-A8 Special Situations (See instructions for more information). Check the following if it applies:						
A5. Grantor and sole beneficiary of a revocable trust owning the property  A6. Life estate holder of the property		☐ A' (File a d	declarat g in a d	operty crosses town boundaries ion for each town.) welling on the homestead by 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

2024 Form HS-122 Page 1 of 2 Rev. 10/23

5454

Claimant's Last Name	Social Security Number
STEIN	400008051

	PROPERTY TAX CREDIT O	ΙΔΙ	 М	
UE DATE:	April 15, 2024. Generally, claims cannot be accepted after Oct. 15, 2024.		2	 
		1 1 1 1 1 1		

5	For Household Income up to \$128,000. Complete and attach Schedule HI-144.					
_		eet the requirements for filing a homestead decla s must be answered.	ration in additi	ion to the following requir	rements.	
B1.	Were you domicile	ed in Vermont all of calendar year 2023?	Yes, Go to Li	ine B2.	No, STOP.	
B2.	Were you claimed	as a dependent in 2023 by another taxpayer?	Yes, STOP.	<b>I</b>	No, Go to Line B3.	
В3.		selling this Vermont housesite on or 44?	Yes, STOP.		No, Continue	
Amo	unts for Lines B4 t	hrough B6 are found on the 2023/2024 property	tax bill. Roun	nd amounts to the nearest	dollar.	
B4.	Housesite Value .				400000.00	
B5.	Housesite Education	on Tax		B5	7500 <b>.00</b>	
B6.	Housesite Municip	al Tax		B6	1500.00	
B7. B8.		(Schedule HI-144, Line z). Schedule HI-144				
Comp	plete the following	<b>ONLY if applicable</b> from Form LRC-147, Part B.				
B9.	For Profit Mobile I	Home Lot Rent (Allocable Rent from Form LRC-14	17)	B9	.00	
Not-l	For-Profit Mobile l	Home Park, Cooperative, and Land Trust				
B10.	Allocated Education	on Tax		B10	.00	
B11.	Allocated Municip	al Tax		B11	.00	
<u>OR</u> F	Property Tax from (	contiguous property if housesite has less than 2 ac	res (See instru	actions.)		
B12.	Contiguous proper	ty Education Tax		B12	.00	
B13.	Contiguous proper	ty Municipal Tax		B13	.00	
		MAXIMUM CREDIT A	MOUNT IS \$8,	,000.		
		y, I declare that I have examined this return and accord; and complete. Preparers cannot use return inform				
	ature			Date (MMDDYYYY)	Daytime Telephone Number	
Sign	nature (If a joint return, Bo	OTH 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	



#### 2023 Schedule HI-144

#### **Household Income**

For the year Jan. 1 - Dec. 31, 2023

# \* 2 3 1 4 4 1 1 0 0 \*

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2024 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	
STEIN	FRANK	N	400008051	
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY)	
STEIN	MARY	K	10 31 1960	

List the names and Social Security Numbers of all other people (in addition to a Spouse or CU Partner) who had income and lived with you during 2023. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other People" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

✓ Check this box if you temporarily hosted a refugee, asylee, or asylum seeker in your home during 2023. Do not include their income on this form.

Other Person #1 Last Name	First Name	MI	Other Person #1 Social Security Number
STEIN	JULIAN	Ν	400008061
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household	1. Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other People
a. Cash public assistance and relief (See instructions for exclusions)	a00	.00	<u> </u>
<b>b.</b> Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable		00	00
c. Unemployment compensation/worker's compensation	c00	.00	<u> </u>
<b>d.</b> Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)		00	00
e. Interest and dividends	e. 5000 <b>.00</b>	.00	.00
<b>f.</b> Interest on U.S., state, and municipal obligations, taxable and nontaxable		00	00
g. Alimony and support money	g00	00	00
h. Child support and cash gifts			
Please specify	h00	00	.00
i. Business income. If the amount is a loss, enter -0 See instructions for offsetting a loss	i. 25000 <b>.00</b>	00	.00
<b>j.</b> Capital gains, taxable and nontaxable. If the amount is a loss, enter -0 See instructions for offsetting a loss	j00	00	.00
<b>k.</b> Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions	k00	00	00.
<b>I.</b> Rental and royalty income. If the amount is a loss, enter -0 See instructions for offsetting a loss	ı. <u>55000</u> .00	00	.00
<b>m.</b> 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
<b>n.</b> Other income (See instructions for examples of other income)			
Please specify	n00		00.
o. Total Income: ADD Lines a through n	o. 110000 .00		5500 <b>.00</b>

2023 Schedule HI-144

Claimant's Last Name	Social Security Number
STEIN	400008051



Carried forward from Line o ..... 110000 .00 .00 5500 **.00** 

p. See instructions. Enter Social Security and Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employme 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 if not included with income tax filing p		2. Filing separately Spouse or CU Partner	3. Other People	
q. Child support paid. You must include proof of payment. See instructions q		.00	00	
Support paid to: Last Name	First Na	me MI	Social Secur	ity Number
TELLING	TRUE	L	400008011	
<ul><li>r. Allowable adjustments from federal Form</li><li>r1. Business expenses for Reservists r1</li></ul>		00	00	
r2. Alimony paid		.00	.00	
r4. Health Savings Account deduction r4	ı <b>.00</b>	.00	.00	
s. ADD Lines p, q, and total of Lines r1 through r4 for each columns		.00	.00	
t. SUBTRACT Line s from Line o of each column. If a negative amount, enter -0	t. <u>103500</u> . <b>00</b>	.00	<u>5500</u> . <b>00</b>	
<ul><li>u. ADD all three amounts from Line t. If a neg</li><li>v. Complete if born Jan. 1, 1959 and after.</li></ul>	gative amount, enter -0-			u. <u>109000</u> <b>.00</b>

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

Homeowners with Household Income up to \$128,000 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. Schedule HI-144 must be filed with Form HS-122.

The due date to file Form HS-122 is April 15, 2024. Homeowners filing a property tax credit, Form HS-122, Section B, and Schedule HI-144, between April 16 and Oct. 15, 2024, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit. Generally, claims cannot be accepted after Oct. 15, 2024.

.00

Enter interest and dividend income from

## Test 8: Cannabis with Recomputed Federal Return Required Vermont Forms/Schedules: IN-111, IN-113

#### **Taxpayer(s) Information:**

Primary SSN: 400-00-8052 Name: Tom A Too

Residency Status: Part Year resident
Mailing Address: PO Box 1872
City: Northfield

State: VT
Zip Code: 05663
Filing Status: Single
School District Code: 139

911 Address: 97 Hot Springs Rd Date of Birth: April 2, 1985

#### **Return Information:**

Federal AGI: 137,081 VT Standard Deduction 7,000.00

Personal Exemptions: 1 self, 1 other

Personal Exemptions Total: 2

Personal Exemption Amount: 9,700.00
VT Taxable Income: 120,381.00
VT Income Tax: 6,573.00
Charitable Contributions: 800.00
Income Adjustment: 56.70
Use Tax (check the box): no use tax
Total VT Tax 3,704.00

Contributions (total 130.00):

Nongame Wildlife: 50.00 VT Childrens Trust: 20.00 **VT Veterans** 35.00 25.00 Green Up Vermont 2022 VT Tax Withheld: 327.00 2022 Estimated Payments: 5,000.00 Amount of Overpayment: 1,493.00 Refund credited to 2024 Estimates: 1,000.00 Refund Amount (to issue as refund): 493.00

#### IN-113:

VT Residency From:

VT Residency To:

Federal Wages:

Jan 1, 2023

Aug 31, 2023

45,872.00

VT Wages: 0
Federal Taxable interest: 812.00
VT Taxable interest: 750.00
VT Alimony received: 6,478.00

Federal Business Income 92,500.00 VT Business Income 74,500.00 Federal Moving Expenses: 5,000.00

VT Moving Expenses: 0

Military Pay: 2,000.00

#### **Direct Debit Information for Vermont:**

Routing Number: 021313103 Checking Account Number: 358742618

## 2023 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 Name	MI Social	Security Number
TOO	TOM	A 40000	Check if
Spouse's/CU Partner's Last Name	First Name		Security Number Check if
Mailing Address (Number	and Chroat/Dood on DO Doy)	044/Physica	Deceased
Mailing Address (Number all PO BOX 1872	nd Street/Road or PO Box)	97 HOT SPF	al Street Address on 12/31/2023
City	State ZIP Code or Foreign Postal C		Foreign Country
NORTHFIELD	VT 05663		
Vermont School District Code  139  1 Enter Healthcare C (See instructions for	overage Code r code options) Check all that apply Return	CANNABIS With Recomputed Federal Return	RECOMPUTED EXTENDED Return
Filing Status and Standard Deduction Single (\$7,000) Married/ (\$14,050	CU Filing Jointly Married/CU Separately (	Filing Head of Ho (\$10,550)	Qualifying Widow(er) (\$14,050)
Vermont Residency Status as of 12/31/2023 (check one)	RESIDENT PAR RES	T-YEAR NONF	RESIDENT
1. Federal Adjusted Gross Income (federal For	m 1040, Line 11)	1.	<u> 137081</u> .00
2. Net Modifications to Federal AGI (Schedule	IN-112, Part I, Line 18)	2.	.00
3. Federal AGI with Modifications (ADD Line	s 1 and 2)	3.	137081.00
<ul> <li>4. 2023 Vermont Standard Deduction from filing Please see instructions if you or your standard beduction boxes on federal Form 1040.</li> <li>5. Personal Exemptions:</li> </ul>	ng status section above	4. <u>-</u>	7000.00
spous	Enter "1" for your jointly filed e or CU partner if no one can aim them as a dependent	<b>5c.</b> Enter number of OTHER dependents claimed on federal Form 1040	<b>5d. Total Exemptions</b> (ADD Lines 5a through 5c)
5a. <u>1</u> + 5	b +	5c1	= 5d. <u>2</u>
<b>5e.</b> MULTIPLY Line <b>5d</b> by <b>\$4,850</b> (2023 Pers	onal Exemption)	5e	9700.00
6. ADD Lines 4 and 5e		6	16700 <b>.00</b>
7. Vermont Taxable Income (SUBTRACT Lin	ne 6 from Line 3. If less than zero,	enter -0-)	120381.00
8. Vermont Income Tax from tax table or tax ra (If Line 1 is greater than \$150,000, see instru		8	6573.00
9. Net Adjustment to Vermont Tax (Schedule I	· · · · · · · · · · · · · · · · · · ·	9.	00.
10. Vermont Income Tax with Adjustment (ADI	D Lines 8 and 9. If less than zero,	enter -0-) 10.	6573 <b>.00</b>
		haritable Contribution	
(See instructions)800 <b>.00</b>	40 <b>.00</b>	leduction (Enter the lesser f Line 12 or \$1,000) 13.	40.00
14. Vermont Income Tax (Line 10 MINUS Line	e 13. If less than zero, enter -0-) .	14. <u>-</u>	6533.00
15. Income Adjustment (Schedule IN-113, Line	35, or 100.0000%)		<b>15.</b> 56 <b>,</b> 7000 _%
16. Adjusted Vermont Income Tax (MULTIPL)	Y Line 14 by Line 15)	16.	3704 <b>.00</b>
5454	Amount Due	.00	——— Form IN-111  Page 1 of 2  Rev. 10/23

	Taxpaver's Last Name	Social Security Number		
	TOO	400008052		
	Amount from Line 16 3704 .00		* 2 3 1 1 1	1 2 0 0 *
	Other State Credit (Schedule IN-117, Line 21)	Vermont Tax Credits (Schedule IN	-119, Part II) Total Ver	rmont Credits (Add Lines 17 and 18)
17.	.00.	.00	0 = 19	.00
20.	Vermont Income Tax after credits (SUI If Line 19 is greater than Line 16, enter	BTRACT Line 19 from Line 16. -0-)	20.	<u>3704</u> .00
21.	Use Tax for taxable items on which no sincluding online purchases. (See instructions)			
22.	Total Vermont Taxes (ADD Lines 20 and	nd 21)	22.	3704 <b>.00</b>
	ongame Wildlife Fund Vermont Chi Trust Found	ldren's Vermont Veterans Fund	Green Up Vermont	<b>Total Contributions</b>
23a.	5000 + 23b2	0.00 + 23c. 35.00	+ 23d. <u>25</u> .00	= 23e. <u>130</u> .00
24.	Total of Vermont Taxes and Voluntary C	ontributions (ADD Lines 22 and 23e).	24	3834.00
25a.	2023 Vermont Tax Withheld from W-2,	1099	327.00	
	2023 Estimated Tax payments, amount of and/or payment made with 2023 extensi	carried forward from 2022.		
25c.	Refundable Credits (Schedule IN-112, P Full-Year Residents-Line 8; Part-Year	art II:		
25d.	2023 Vermont Real Estate Withholding	from Form RW-171 25d	.00	
	2023 Nonresident Estimated Tax payme			

Original refund received Refund due now Original payment Amount due now For Amended .00 .00 .00 .00 Returns Only:

31. AMOUNT DUE

If Line 24 is more than Line 25f, subtract Line 25f from Line 24.

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) 04 / 02 / 1985	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 (MM/DD/YYYY)	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

25f.

28.

29.

30.

**Interest and Penalty on** 

(Worksheet IN-152 or IN-152A)

Keep a copy for your records.

(ADD Lines 29 and 30)31.

Form IN-111 Page 2 of 2 Rev. 10/23

5327.00

1493.00

493.00

.00

.00



#### **2023 Schedule IN-113**

# \* 2 3 1 1 3 1 1 0 0 \*

## **Vermont Income Adjustment Calculations**

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

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

Taxpayer's Last Name	First Name		Taxpayer's Social Security Number
TOO	TOM	A	400008052

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	Name of State(s), Canadian province, or			
From (MMDDYYYY):	01/01/2023	To (MMDDYYYY):	08/31/2023	country during non-Vermont residency (use standard 2-character abbreviation)	PA

	Fed	A. deral Amount \$	Vern	B. nont Portion \$
1.	Wages, salaries, tips, etc	45872.00	1B	2000.00
2.	Taxable interest	812.00	2B	750.00
3.	Ordinary dividends	.00	3В	.00
4.	Taxable IRAs, pensions, and annuities 4A.	.00	4B	.00
5.	Taxable Social Security	.00	5B	.00
6.	Taxable refunds of state and local income taxes <b>6A.</b>	.00	6В	.00
7.	Alimony received	9718.00	7 <b>B.</b>	6478.00
8.	Business income or loss	92500.00	8B	74500.00
9.	Capital gain or loss9A.	.00	9В	.00
10.	Rents, royalties, partnerships, S corporations, trusts, etc	.00	10B	.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)	148902.00	14B	83728.00

Taxpayer's Last Name	Social Security Number
TOO	400008052



Column A. Column B. Federal Amount \$ **Vermont Portion \$ 15.** IRA, Keogh/SEP/SIMPLE (Reported on federal Form 1040)..... 15A. .00 .00 15B. \_\_\_\_\_ Spouse **16.** Student Loan Interest (Reported on Form 1040)...... 16A.\_\_\_\_\_.00 16B. .00 **17.** Employee Deductions: Reservists, Performing Artists, Fee-basis Gov't 17B. \_\_\_\_\_\_.00 **18.** Self-Employment Deductions: Tax and 18B. 4000.00 Health Insurance (Reported on Form 1040). 18A. 6821.00 19B. .00 **20.** Moving Expenses (Reported on Form 1040). **20A.** \_\_\_\_\_\_\_ 500 0 **.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 23B. .00 **24.** Educator Expenses and Tuition & Fees 24B. \_\_\_\_\_\_.00 **25.** Deductions not listed above but reported 25B. \_\_\_\_\_\_.00 26. TOTAL ADJUSTMENTS 26B. 4000.00 29. Non-Vermont Income (SUBTRACT Line 28 from Line 27) 57353.00 PART II. Adjustment for Vermont Exempt Income and Military Exempt Income **30.** Adjusted Gross Income. If Part I completed, enter Line 27 amount. **31.** Non-Vermont Income (Line 29 above) . . . . . **31.** \_ \_\_\_\_ **5735 3.00 32.** Military pay. Number of months on active duty \_\_\_\_\_ (See instructions) . . . . . 32. \_\_\_\_ 2000 **.00** 59353.00 77728.00 35. INCOME ADJUSTMENT % (DIVIDE Line 34 by Line 30, MULTIPLY the result by 100 and carry the result out to the fourth decimal place.) Also enter on Form IN-111, Line 15 (See instructions).....35. \_\_\_\_\_56, 7000 %

#### Test 9:

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

#### **Taxpayer(s) Information:**

Primary SSN: 400-00-8053
Name: Clancey Bell

Mailing Address: 12 Hideaway Lane Apt 5

City: Bennington

State: VT Zip Code: 05201

911 Address: 12 Hideaway Lane Apt 5

School District Code: 015
Healthcare Coverage Code: 1

Extended Return: Check the box

Filing Status: Married Filing Separately

Residency Status: Resident

Date of Birth: Mar 19, 1993

Taxpayer phone number: 802828001

#### **Return Information:**

Federal AGI: 30,000.00

Personal Exemptions: 3

Vermont Tax from the Table: 283

Use Tax: 75.00

Amount Due: 358.00

#### **Renter Credit:**

Will you be using Renter Credit to pay PIT Liability: No

RCC-146 SPAN 051-015-57213

Domiciled in VT all of calendar year?

Claimed as a dependent?

Rent in VT 6 months or more?

Share your rental with another adult?

Rent Subsidized?

No

Number of months rented?

Add Back of Negative Amounts from Federal

Yes

No

12

## 2023 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 Name	MI	Social Security	II I Check if
BELL	CLANCEY		400008053	B Deceased
Spouse's/CU Partner's Last Name	First Name	MI	Social Security	Number Check if
			044/5	Deceased
	and Street/Road or PO Box)	10		Address on 12/31/2023
12 HIDEAWAY LANE APT 5	Ctata TID Code or Foreign		HIDEAWAY L	
City	State ZIP Code or Foreign VT 05201	1 Postal Code	Foreig	n Country
BENNINGTON  Vermont School District Code	VT 05201		NINA DIO	
015	Coverage Code for code options) Check all that apply	AMENDED     Wi		ECOMPUTED EXTENDED Return
Filing Status and Single (\$7,000) Marries (\$14,0	d/CU Filing Jointly Ma 50) Ma	arried/CU Filing parately (\$7,000)	Head of Household (\$10,550)	Qualifying Widow(er) (\$14,050)
Vermont Residency Status as of 12/31/2023 (check one		PART-YEAR RESIDENT	NONRESIDEN	Т
1. Federal Adjusted Gross Income (federal Fo	rm 1040, Line 11)		1	30000.00
2. Net Modifications to Federal AGI (Schedu	le IN-112, Part I, Line 18)		<b>2.</b>	.00.
3. Federal AGI with Modifications (ADD Lin	es 1 and 2)		3.	30000.00
<ol> <li>2023 Vermont Standard Deduction from fil Please see instructions if you or your deduction boxes on federal Form 104</li> <li>Personal Exemptions:</li> </ol>	spouse checked any standard		4	7000.00
5a. Enter "1" for yourself if no one	Enter "1" for your jointly filed se or CU partner if no one can claim them as a dependent	<b>5c.</b> Enter num dependents federal Fo	claimed on	<b>5d. Total Exemptions</b> (ADD Lines 5a through 5c)
5a. <u>1</u> +	5b +	5c	2 =	5d. 3
5e. MULTIPLY Line 5d by \$4,850 (2023 Per	rsonal Exemption)		5e	14550.00
6. ADD Lines 4 and 5e			6	21550.00
7. Vermont Taxable Income (SUBTRACT L	ine 6 from Line 3. If less tha	an zero, enter -0-)	7	8450.00
8. Vermont Income Tax from tax table or tax			8	283.00
(If Line 1 is greater than \$150,000, see inst 9. Net Adjustment to Vermont Tax (Schedule			0	.00
9. Net Adjustifient to Vermont Tax (Schedule	IN-119, Fait 1, Line 13)		9•	
10. Vermont Income Tax with Adjustment (AI	DD Lines 8 and 9. If less tha	n zero, enter -0-)	10	283.00
11. Tax-Deductible Charitable Contribution	<b>12.</b> Multiply Line 11 by 5% (0.05)	13. Charitable Cont		
(See instructions)	.00	Deduction (Ente	r the lesser 200) 13.	.00
		Of Lifte 12 of \$1,0	13.	••••
14. Vermont Income Tax (Line 10 MINUS Li	ne 13. If less than zero, enter	r -0-)	14	283.00
15. Income Adjustment (Schedule IN-113, Lin	e 35, or 100.0000%)			15. <u>100</u> , <u>0000</u> %
16. Adjusted Vermont Income Tax (MULTIP)	LY Line 14 by Line 15)		16.	283.00
				- Form <b>IN-</b> 111
5454	Amount Due		.00	Page 1 of 2  Rev. 10/23
	(from Line 31)		- 1	1101. 10120

ı	or Amended eturns Only:  Original refund received  .00	Refund due now	Original payment	.00	Amount due now $oldsymbol{.0}$
30.	Interest and Penalty on Underpayment of Estimated Tax 30 (Worksheet IN-152 or IN-152A)		31. AMOUNT DUE (ADD Lines 29 and 3	0)31	.00.
29.	If Line 24 is more than Line 25f, subtract See instructions on tax due			. 29	.00.
28.	REFUND AMOUNT (SUBTRACT Lines 2	· · · · · · · · · · · · · · · · · · ·		. 28	358.00
27b.	Refund to be credited to 2024 Property Tax	Bill	b	.00	
27a.	Refund to be credited to 2024 Estimated Tax	x Payment 27	a	.00	
26.	Overpayment. If Line 24 is less than Line 2	25f, SUBTRACT Line 24 fro	om Line 25f	. 26	358.00
	Total Payments and Credits (ADD Lines 25.				
230.	(nonresident withholding) allocated on Sche	dule K-1VT, Line 5 <b>25</b>	e	.00	
	2023 Vermont Real Estate Withholding from 2023 Nonresident Estimated Tax payments	n Form RW-171 25	d	.00	
	Refundable Credits (Schedule IN-112, Part I Full-Year Residents-Line 8; Part-Year Re	<b>sidents-</b> Line 12) <b>.25</b>			
	and/or payment made with 2023 extension.		b	.00	
	2023 Vermont Tax Withheld from W-2, 109 2023 Estimated Tax payments, amount carri		a	.00	
	Total of Vermont Taxes and Voluntary Contr				358.00
23a.	00 + 23b	00 + 23c	.00 + 23d	00	= 23e00
	Trust Foundation	vermont veterans	Fund Green Up		Total Contributions
	Total Vermont Taxes (ADD Lines 20 and 2  Vermont Children	c			
21.	Use Tax for taxable items on which no sales including online purchases. (See instructions	s, worksheet, and chart)			7 <u>5</u> .00
21	If Line 19 is greater than Line 16, enter -0-).			. 20	283.00
20.	Vermont Income Tax after credits (SUBTR	ACT Line 19 from Line 16.			
	Other State Credit (Schedule IN-117, Line 21) • 00		hedule IN-119, Part II)		/ermont Credits (Add Lines 17 and 18
	Amount from Line 16 283 .00		* 2 3	1 1	1 1 2 0 0 *
	BELL	400008053			
	Taxpayer's Last Name	Social Security Number			

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) 03 / 19 / 1993	Daytime Telephone Number 8028280001
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 (MM/DD/YYYY)	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. 10/23

## 2023 Form RCC-146

For the year Jan. 1 - Dec. 31, 2023

+	$\circ$	$\sim$	1	/1	1	1	$\cap$	$\cap$	4

## **Vermont Renter Credit Claim**

_									
$\vdash$	Claimant's Last Name		First Name		MI		ant's Social Se	curity Numbe	r
	BELL	CLA	CLANCEY			400008053			
	Spouse's/CU Partner's Last Name		First Name MI			Spouse's or C	CU Partner's So	ocial Security	Number
	Mailing Address	(Number and Street/	Road or PO Box)			Claimant	's Date of Birth	(MM/DD/YY	YY)
	12 HIDEAWAY LANE A	PT 5				03/	19 / 19	993	
	City	State	ZIF	Code			County of Rer	ntal Unit	
	BENNINGTON	VT	05201			BENNING	TON		
\	/ermont School District Code Phys	ical Address of Renta	al Unit on 12/31/2023		Jnit	City/Town of R	ental Unit on 1	2/31/2023	and State
Г	015 12 HI	DEAWAY LZ	ANE	5		BENNING	TON		I VT
Η.	L								
	Federal Filing Status Single	Married/CU Filing Jointly	Married/CU Filing Separately	Head of Househo	ld	Will you be using F to pay Income Tax		Yes	No
1.	<b>SPAN</b> . To find your SPAN, please	see instructions			1	051	- 015	<b>-</b> 57	213
	determine eligibility, answer questio						_		
	Were you domiciled in Vermont all	_	2023? <b>2.</b>	Yes, Go to	Question	3.	No, STOP	You are not	eligible.
3.	Were you claimed as a dependent by	another taxpaye	er in 2023? <b>3.</b>	Yes, STOP.	You are	not eligible.	No, Go to	Question 4.	
4	Did was next in Vannant for air man		0229 4	Yes, Go to	Question	5.	No. STOP.	You are not	eligible.
	Did you rent in Vermont for six mor			<b>L</b> 135, 33 13	Q00001011	.			g
-	ou are eligible for a Renter Credit, co	-	-	1 (*1 1	0		_	Yes	No
5.	Did you share your rental unit with a	another adult who	o was <i>not</i> your joint	ly filed spouse	97		5.		• 110
6.	Was your rent subsidized?						6.	Yes	No
	<b>6a.</b> If "Yes", how many	months was your	rent subsidized in 2	2023?			6a		
7.	Number of months rented in 2023.						7.		12
	Number of Personal Exemptions cla						_		
0.	(See the instructions if you did not fi	ile Form IN-111)					8.		3
	•								
9.	Did you file a federal income tax ret	urn? (See the ins	structions if you ans	wered "No.")			9.	Yes	No
10.	Total Income (from federal Form 10	40, Line 9)					10	30	<b>00.</b> 000
11.	75% of nontaxable Social Security b	enefits							
	(from federal Form 1040, Line 6a m	inus Line 6b. M	ultiply result by 0.7	5)			11		00
12.	Tax-exempt interest (from federal Fe	orm 1040, Line 2	a)				12		.00
13.	Add back any negative amounts from								- 40 00
	(See instructions)						13		<u>542</u> <b>.00</b>
14.	Total (ADD Lines 10 through 13).						14	30	542 <b>.00</b>
	der penalties of perjury, I declare that I have					ts, and to the best	of my knowle	dge and beli	ef, they are true
	rrect, and complete. Preparers cannot use r	eturn information fo	or purposes other than	preparing return					
5	Signature				Date (	MM/DD/YYYY) / /		time Telephor	
3	Signature (If a joint return, BOTH must sign.)				Date (	MM/DD/YYYY) //		time Telephor	
F	Paid Preparer's Signature				Date (	MM/DD/YYYY)	Pre	parer's Teleph	none Number
Ļ	Tirm's Name (or yours if self seed to the	droop			D	/ / /		M.	
	Firm's Name (or yours if self-employed) and add	uress			Prepai	rer's SSN or PTIN	FEII	N	
L									

#### **Test 10:**

**Required Vermont Forms/Schedules:** RCC-146

#### **Taxpayer(s) Information:**

Primary SSN: 400-00-8056 Primary Name: Jay Walker Spouse Name: Noel Walker Spouse SSN: 400-00-8057 **Residency Status:** Resident Mailing Address: PO BOX 27 City: Elmore State: VT Zip Code: 05657

Date of Birth: February 11, 2000 Filing Status: Married Filing Jointly

School District Code: 064

911 Address: 46 Walker Street

Town of Legal Residence: Elmore

#### **Return Information:**

Total Income: 10,000.00 SPAN of Rental Property: 201-064-96478

Number of months rented:12Exemptions Claimed:2Subsidized Rent:YesMonths Subsidized:3

## 2023 Form RCC-146

#### For the year Jan. 1 - Dec. 31, 2023

.1.	_	$\sim$	-1	4	-1	-1	_	_	.1.

## **Vermont Renter Credit Claim**

_								
L	Claimant's Last Name		First Name		MI		ocial Security Numbe	r
	WALKER	JAY			400008056			
	Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number		
	WALKER	NOEI		П	Р	400008057		
	Mailing Address (Number a	Claimant's Date	of Birth (MM/DD/YY	YY)				
	PO BOX 27	02/11/	/ 2000					
	City	State	ZIP Cod	de		County	y of Rental Unit	
	ELMORE	VT	05657			LAMOILLE		
	/ermont School District Code Physical Address	s of Rental	Unit on 12/31/2023	U	Init	City/Town of Rental U	Init on 12/31/2023	and State
Г	064 46 WALKER			1		ELMORE		VT
٦,	Federal					Will you be using Renter (	Credit —	
	Filing Status Single Married		Married/CU Filing Separately	Head of Househol	Ь	to pay Income Tax liability		No
L	- Inling of	Jiridy			u	to pay mooning rain national	<u> </u>	
1.	<b>SPAN</b> . To find your SPAN, please see instru	ctions			1	. 201 <b>-</b> 0	)64 <b>-</b> 96	478
	determine eligibility, answer questions 2 thro					"		
2.	Were you domiciled in Vermont all of calend	ar vear 2	023?	Yes, Go to C	Question	3. No	, STOP. You are not	eligible.
	j ou dominion in verificit un of enterior	) 001 2						
3.	Were you claimed as a dependent by another	taxnaver	in 2023? 3.	Yes, STOP.	You are	not eligible. No	, Go to Question 4.	
٠.	2.2 you claimed as a dependent by another	.a.rpuj oi				<u> </u>		
4.	Did you rent in Vermont for six months or mo	ore in 20	23? 4.	Yes, Go to C	Question	5. No	, STOP. You are not	eligible.
	ou are eligible for a Renter Credit, complete I			•			—	_
-	Did you share your rental unit with another ac		_	iled spouse	?		.5. Yes	<b>✓</b> No
٠.	y - a same y our remain and wran another at		Jour Journey II	a spouse				
6.	Was your rent subsidized?						Yes	No
•	was your rent backlaized							
	<b>6a.</b> If "Yes", how many months w	as vour	ent subsidized in 2023	3?			6a.	3
	out if ies , now many months w	us your	one baobiaizoa in 2020	,				
7.	Number of months rented in 2023						.7.	12
	Number of Personal Exemptions claimed (fro							<del></del> _
0.	(See the instructions if you did not file Form	IN-111)	Line 3d)				.8.	2
	(							
9.	Did you file a federal income tax return? (Se	e the ins	ructions if you answer	ed "No.")			.9. Yes	<b>✓</b> No
	`		J	,			<u>—</u>	_
10.	Total Income (from federal Form 1040, Line	9)					10.	.00
	75% of nontaxable Social Security benefits	,						
11.	(from federal Form 1040, Line 6a minus Line	6b. Mu	ltiply result by 0.75).				11. 10	<b>00.</b> 000
	(							
12.	Tax-exempt interest (from federal Form 1040	Line 2a	.)				12.	.00
	Add back any negative amounts from federal							
10.	(See instructions)					· · · · · · · · · · · · · · · · · · ·	13.	.00
14.	Total (ADD Lines 10 through 13)						14. 10	<b>00.</b> 000
	,							
Un	der penalties of perjury, I declare that I have examined	this retur	n and accompanying sche	edules and st	tatemen	its, and to the best of my l	knowledge and belie	ef, they are true
_	rect, and complete. Preparers cannot use return infor	mation foi	purposes other than prep	aring returns				
5	Signature					MM/DD/YYYY)	Daytime Telephor	
L						/01/2023	1235672	
3	Signature (If a joint return, BOTH must sign.)					MM/DD/YYYY)	Daytime Telephor	ne Number
L						/01/2023		
F	Paid Preparer's Signature				Date (	MM/DD/YYYY)	Preparer's Teleph	one Number
L						/ /		
F	Firm's Name (or yours if self-employed) and address				Prepai	rer's SSN or PTIN	FEIN	
L								
	-							

#### **Test 11:**

**Required Vermont Forms/Schedules:** IN-151

#### **Taxpayer(s) Information:**

Primary SSN: 400-00-8059
Name: Christopher Robin

Mailing Address: 1065 Archer Way

City: Hardwick

State: VT
Zip Code: 05843
Filing Status: Single

#### **Return Information:**

Estimated Tax Liability: 5,000.00 Previous Payments Made: 3,500.00

Amount Paid with Extension: 1

#### **Direct Debit Information for Vermont:**

Routing Number: 211672531
Checking Account Number: 75123123
Payment Date: Same as return

#### 2023 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 18, 2024 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 15 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 18 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		Taxpayer's Social Security Number
ROBIN	CHRI	STOPHER		400008059
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Partner's Social Security Number
Mailing Address (Number a	nd Street/Ro	ad or PO Box)	•	For Department Use Only
1065 ARCHER WAY				
City	State	ZIP Code		
HARDWICK	VT	05843		
Foreign Country (if not United States)		Email Address		Email Address
		CROBIN@MAIL.COM		

#### TAX CALCULATION WORKSHEET

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

1.	Estimated individual income tax liability1.	5000_ <b>.00</b>	
2.	Previous payments	350000	
3.	Amount of tax paid with extension	3.	1500.00

#### **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 check payable to Vermont Department of Taxes and mail with this form to the address above.

#### **Test 12:**

**Required Vermont Forms/Schedules:** IN-151

#### **Taxpayer(s) Information:**

Primary SSN: 400-00-8058
Name: Rose K Sticks
Mailing Address: 85 Muddy Road
City: Montpelier

State: VT Zip Code: 05602

Filing Status: Married Filing Jointly

Spouse SSN: 400-00-8070 Spouse Name: Kirk L Sticks

Email: Stickymess@live.com

#### **Return Information:**

Estimated Tax Liability: 100.00
Previous Payments Made: 100.00
Amount Paid with Extension: 0

#### 2023 Form IN-151

## Vermont Application for Extension of Time to File Form IN-111



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- 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	Taxpayer's Social Security Number
STICKS	ROSE	1	K	400008058
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Partner's Social Security Number
STICKS	KIRK		L	400008070
Mailing Address (Number an	d Street/Ro	ad or PO Box)		For Department Use Only
85 MUDDY ROAD				
City	State	ZIP Code		
MONTPELIER	VT	05602		
Foreign Country (if not United States)		Email Address		
		Stickymess@liv	ve.co	om

#### TAX CALCULATION WORKSHEET

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

1.	Estimated individual income tax liability1.	10000	
2.	Previous payments	10000	
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 check payable to Vermont Department of Taxes and mail with this form to the address above.

#### **Test 13:**

Required Vermont Forms/Schedules: IN-114

#### **Taxpayer(s) Information:**

Primary SSN: 400-00-8060
Name: Scott T Time
Residency Status: Resident
Mailing Address: 51 Terrace Dr
City: Northfield

State: VT Zip Code: 05663

Filing Status: Married Filing Joint

Spouse SSN: 400-00-8061
Spouse Name: Ella Time

#### **Return Information:**

Estimated Payment Requirement: 500.00
April 15, 2024 Payment 100.00
June 17, 2024 Payment 80.00
September 16, 2024 Payment: 20.00
January 15, 2025 Payment 300.00

#### **Direct Debit Information for Vermont:**

Routing Number: 211672531 Checking Account Number: 75123123

#### Form IN-114

# DEPT USE ONLY \* 2 4 1 1 4 1 1 0 0 \*

# 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
TIME	SCOT	T	Т	400008060
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Partner's Social Security Number
TIME	ELLA			400008061
Mailing Address (Number and Street/Road or PO Box)			Tax Year	
51 TERRACE DR				2024
City	State	ZIP Code or Postal Code		
NORTHFIELD	TV	05663		Amount of
Foreign Country (i	f not United S	tates)		this payment 100 .00

5 4 5 4 Rev.10/23

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 2023 Tax Liability divided by 4 \$	
	OR 90% of 2024 Tax Liability (calculated below)	
Line 1	Estimated 2024 Vermont Taxable Income	\$
Line 2	Estimated 2024 Vermont Tax: Use 2024 preliminary tax schedules (See instructions)	\$
Line 3	Estimated 2024 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 2024 Vermont Tax Withholding	\$
Line 6	2024 Estimated Tax Liability (Line 5 minus Line 5a)6.	\$
Line 7	Quarterly payments due (Divide Line 6 by 4)	\$

## **Payment Due Dates**

1st Quarter	APR 15, 2024
2nd Quarter	JUN 17, 2024
3rd Quarter	SEP 16, 2024
4th Quarter	JAN 15, 2025

## **Contacting the Department**

#### Mail voucher and payment to:

Vermont Department of Taxes PO Box 1779 Montpelier, VT 05601-1779

Web site Address: tax.vermont.gov

Email Address: tax.IndividualIncome@vermont.gov

**Telephone:** (866) 828-2865 (toll-free in Vermont)

(802) 828-2865 (local and out-of-state)

#### Form IN-114

# DEPT USE ONLY \* 2 4 1 1 4 1 1 0 0 \*

# 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
TIME	SCOT	T T		400008060
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Partner's Social Security Number
TIME	ELLA			400008061
Mailing Address (Number a	and Street/Ro	ad or PO Box)		Tax Year
51 TERRACE DR				2024
City	State	ZIP Code or Postal Code		
NORTHFIELD	VT	05663		Amount of
Foreign Country (i	f not United S	States)		this payment 80 .00
			•	

5 4 5 4 Rev.10/23

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#### 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
TIME	SCOT	SCOTT T		400008060
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Partner's Social Security Number
TIME	ELLA			400008061
Mailing Address (Number and Street/Road or PO Box)			Tax Year	
51 TERRACE DR				2024
City	State	ZIP Code or Postal Code		
NORTHFIELD	VT	05663		Amount of
Foreign Country (i	f not United S	States)		this payment 20 .00

5 4 5 4 Form IN-114
Rev.10/23

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#### Form IN-114

# DEPT USE ONLY \* 2 4 1 1 4 1 1 0 0 \*

# Vermont Individual Income Estimated Tax Payment Voucher

#### Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	xpayer's Last Name First Name MI		MI	Taxpayer's Social Security Number	
TIME	SCOTT T		Т	400008060	
Spouse's/CU Partner's Last Name	First Name MI		MI	Spouse's or CU Partner's Social Security Number	
TIME	ELLA			400008061	
Mailing Address (Number and Street/Road or PO Box)				Tax Year	
51 TERRACE DR			2024		
City	State	ZIP Code or Postal Code			
NORTHFIELD	VT	05663		Amount of	
Foreign Country (if not United States)				this payment 300 <b>.00</b>	

**Form IN-114** 5 4 5 4 Rev.10/23

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