

Vermont Income ATS Test Package for Tax Year 2024



Test 1: Cannabis with Farmer/Fisherman**Required Vermont Forms/Schedules:** IN-111, IN-112**Taxpayer(s) Information:**

Primary SSN:	400-00-8031
Name:	Joe B James
Residency Status:	Resident
Mailing Address:	57 Shoreline Dr
City:	Brookfield
State:	VT
Zip Code:	05036
Filing Status:	Married Filing Jointly
Spouse SSN:	400-00-8032
Spouse Name:	Jill James
School District Code:	030
911 Address:	57 Shoreline Dr
Date of Birth:	July 15, 1979
Spouse Date of Birth:	December 12, 1980

Return Information:

Federal AGI:	128,800
Additions to Federal AGI:	-2775
Dependents:	1
Tax-Deductible Charitable Contributions:	500
Green Up Vermont:	100
Refundable Credits:	1352
Refund to be credited to 2025 Property Tax Bill:	300
Refund Total:	788
Nontaxable interest and dividends:	1300
Interest and dividend from VT:	300
Bonus Depreciation:	1000
Interest from US Obligations:	150
Taxable Refunds of State and Local:	325
Medical Deduction:	4200
Bond- Build America:	100
VT Child and Dependent Care Credit:	432
Qualifying Children:	1
Qualifying Child #1:	Si B James 400-55-8033 04/15/2021
Child Tax Credit:	920
W-2 Box 14 Child Care Contribution:	168
Use Tax:	60
W-2 Withholding:	3125

2024 Form IN-111

Vermont Income Tax Return

DEPT USE ONLY



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

Please PRINT in BLUE or BLACK INK

Form with fields for Taxpayer's Last Name (JAMES), First Name (JOE), MI (B), Social Security Number (400008031), Spouse's/Partner's Last Name (JMAES), First Name (JILL), MI, Social Security Number (400008032), Mailing Address (57 SHORELINE DR, BROOKFIELD, VT 05036), Vermont Residency Status (RESIDENT), Filing Status and Standard Deduction (Married/CU Filing Jointly), and other tax-related information.

- 1. Federal Adjusted Gross Income (federal Form 1040, Line 11) 128800.00
2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 18) -2775.00
3. Federal AGI with Modifications (ADD Lines 1 and 2) 126025.00
4. 2024 Vermont Standard Deduction from filing status section above. 14850.00
5. Personal Exemptions: 5a. 1, 5b. 1, 5c. 1, 5d. 3
5e. MULTIPLY Line 5d by \$5,100 (2024 Personal Exemption) 15300.00
6. ADD Lines 4 and 5e 30150.00
7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3. If less than zero, enter -0-) 95875.00
8. Vermont Income Tax from tax table or tax rate schedule 3729.00
9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 15) .00
10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9. If less than zero, enter -0-) 3729.00
11. Tax-Deductible Charitable Contribution 10000.00
12. Multiply Line 11 by 5% (0.05) 500.00
13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 500.00
14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 3229.00
15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%) 100.0000 %
16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15) 3229.00

Taxpayer's Last Name	Social Security Number
JAMES	400008031



Amount from Line 16 3229 .00

- Other State Credit** (Schedule IN-117, Line 21) **Vermont Tax Credits** (Schedule IN-119, Part II) **Total Vermont Credits** (Add Lines 17 and 18)
17. .00 + 18. .00 = 19. .00
20. Vermont Income Tax after credits (**SUBTRACT Line 19 from Line 16.**
If Line 19 is greater than Line 16, enter -0-). 20. 3229 .00
21. Child Care Contributions for Self-Employed individuals (see instructions for calculation) 21. .00
22. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). . . Check to certify no Use Tax is due. **OR** 22. 60 .00
23. Total Vermont Taxes (**ADD Lines 20 through 22**) 23. 3289 .00
- | | | | | |
|-------------------------------------|-----------------------|------------------|-----------------------|----------------------------|
| Vermont Children's Trust Foundation | Vermont Veterans Fund | Green Up Vermont | Nongame Wildlife Fund | Total Contributions |
|-------------------------------------|-----------------------|------------------|-----------------------|----------------------------|
- 24a. .00 + 24b. .00 + 24c. 100 .00 + 24d. .00 = 24e. 100 .00
25. Total of Vermont Taxes and Voluntary Contributions (**ADD Lines 23 and 24e**) 25. 3389 .00
- 26a. 2024 Vermont Tax Withheld from W-2, 1099 26a. 3125 .00
- 26b. 2024 Estimated Tax payments, amount carried forward from 2023, and/or payment made with 2024 extension. 26b. .00
- 26c. Refundable Credits (Schedule IN-112, Part II: **Full-Year Residents**-Line 8; **Part-Year Residents**-Line 12) 26c. 1352 .00
- 26d. 2024 Vermont Real Estate Withholding from Form RW-171 26d. .00
- 26e. 2024 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 26e. .00
- 26f. Total Payments and Credits (**ADD Lines 26a through 26e**) 26f. 4477 .00
27. Overpayment. **If Line 25 is less than Line 26f, SUBTRACT Line 25 from Line 26f** 27. 1088 .00
- 28a. Refund to be credited to 2025 Estimated Tax Payment 28a. .00
- 28b. Refund to be credited to 2025 Property Tax Bill 28b. 300 .00
29. REFUND AMOUNT (**SUBTRACT Lines 28a and 28b from Line 27**) 29. 788 .00
30. **If Line 25 is more than Line 26f, subtract Line 26f from Line 25.**
See instructions on tax due 30. .00
31. **Interest and Penalty on Underpayment of Estimated Tax.** . 31. .00 32. **AMOUNT DUE** (ADD Lines 30 and 31) 32. .00
(Worksheet IN-152 or IN-152A)

For Amended Returns Only:	Original refund received <u>.00</u>	Refund due now <u>.00</u>	Original payment <u>.00</u>	Amount due now <u>.00</u>
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MMDDYYYY)	Date of Birth (MMDDYYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MMDDYYYY)	Date of Birth (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	

Check if the Department of Taxes may discuss this return with the preparer shown.
5454

Keep a copy for your records.

2024 Schedule IN-112



* 2 4 1 1 2 1 1 0 0 *

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or BLACK INK

INCLUDE WITH FORM IN-111

Table with 4 columns: Taxpayer's Last Name, First Name, MI, Taxpayer's Social Security Number. Values: JAMES, JOE, B, 400008031

PART I

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax... 1300 .00
2. Interest and dividend income from Vermont state and local obligations included in Line 1... 300 .00
3. Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1) ... 1000 .00
4. Bonus Depreciation Allowed under Federal Law for 2024 ... 1000 .00
5. Other (reserved) ... RESERVED .00
6. Total Additions (ADD Line 3 and Line 4) ... 2000 .00

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

- 7. Interest Income from U.S. Obligations... 150 .00
8. Capital Gains Exclusion (Schedule IN-153, Line 21)00
9. Adjustment for Prior Years' Bonus Depreciation... .00
10. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040)... 325 .00
11. Medical Expense Deduction (see the worksheet in the instructions)... 4200 .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) ... 100 .00
15a. For residents only - Enter the total student loan interest you paid in 2024 on qualified student loans... .00
15b. For residents only - Enter any student loan interest already deducted on federal Form 1040, Schedule 1, Line 21... .00
15c. Subtract Line 15b from Line 15a. If filing jointly and AGI is greater than \$200,000, enter -0-. All other filers, if AGI is greater than \$120,000, enter -0-... .00
16. Other (reserved) ... RESERVED .00
17. Total Subtractions (ADD Lines 7 through 14 and Line 15c)... 4775 .00

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

- 18. SUBTRACT Line 17 from Line 6. Enter on Form IN-111, Line 2. This can be a negative number. -2775 .00

Taxpayer's Last Name	Social Security Number
JAMES	400008031



PART II

REFUNDABLE CREDITS

Child and Dependent Care Credit - Resident and Part-Year Resident

- 1. Child and Dependent Care Credit (federal Form 2441, Line 11)1. 600.00
- 2. Vermont Child and Dependent Care Credit (**MULTIPLY Line 1 by 72% (0.72)**)2. 432.00

Child Tax Credit - Resident and Part-Year Resident

- 3. Number of qualifying children3. 1
List only children who qualify for Child Tax Credit (born 2019 through 2024) below

Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth
JAMES	SI	B	400558033	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 by \$1,000**). See instructions for credit amount if your Adjusted Gross Income from Form IN-111, Line 1 is over \$125,0004. 920.00

Earned Income Tax Credit - Resident and Part-Year Resident

- 5. Number of qualifying children from federal Schedule EIC5. _____
- 6. Federal Earned Income Tax Credit. Enter amount from federal Form 10406. _____**.00**
- 7. Vermont Earned Income Tax Credit: **MULTIPLY Line 6 by 38% (0.38)**7. _____**.00**

Refundable Tax Credits - Resident and Part-Year Resident

- 8. Total Vermont Refundable Tax Credits (**ADD Lines 2, 4, and 7**)8. 1352.00
Full-Year Residents: Enter this amount on Form IN-111, Line 26c.
Part-Year Residents: Complete Lines 9 through 12.

Refundable Tax Credits Adjusted for Part-Year Residents

- 9. Enter amount from Schedule IN-113, Line 14B, Vermont Portion of Total Income9. _____**.00**
- 10. Enter amount from Schedule IN-113, Line 14A, Total Income10. _____**.00**
- 11. Refundable Tax Credits Adjustment Percentage. (**DIVIDE Line 9 by Line 10, then MULTIPLY the result by 100**)11. _____**%**
- 12. Total Vermont Refundable Credits Adjusted for Part-Year Residents. (**MULTIPLY Line 8 by Line 11**). Enter this amount on Form IN-111, Line 26c.12. _____**.00**

Test 2: Recomputed Federal Return**Required Vermont Forms/Schedules:** IN-111, IN-112, HS-122, IN-113**Taxpayer(s) Information:**

Primary SSN:	400-00-8034
Name:	Amber P. Taxing
Residency Status:	Part-Year Resident
Mailing Address:	PO Box 205
City:	Middlebury
State:	VT
Zip Code:	05753
Date of Birth:	May 28, 1985
Filing Status:	Head of Household
School District Code:	120
911 Address:	97 Seminary St

Return Information:

Federal AGI:	9929
Wages:	8079
VT Wages:	7079
VT Pensions:	2000
Dependents:	2
Personal Exemptions:	3
Vermont Taxable Income:	0.00
Green Up Vermont:	10
Nongame Wildlife:	10
VT Children's Trust Foundation:	10
VT Veteran's Fund:	10
Tax Withheld from W-2	190
Refundable Credits:	4269
Refund credited to 2025 Property Tax Bill:	1000
Refund credited to 2025 Estimated Tax Payment:	1000
Retirement Benefits Exempt:	1000
Railroad Retirement:	1000
Total Student Loan Interest Paid:	150
Student Loan Interest already deducted on 1040:	50
Child Dependent Care Credit:	2100
Child Tax Credit:	2000
Number of Qualifying Children:	2
Qualifying Child 1:	Lilly R Taxing 400-55-8036 03/19/2021
Qualifying Child 2:	Kelly S Taxing 400-55-8037 12/04/2020
Dates Moved to VT	02/11/2024
Qualifying Children from Federal EIC:	2

Federal Earned Income Tax Credit:	3230
SPAN:	387-120-65432
Business Use of Dwelling:	0.00%
Rental Use of Dwelling:	0.00%
Improvements:	None
Special Situations:	None
Housesite Value:	250,000
Housesite Education Tax:	3210
Housesite Municipal Tax:	1910
Ownership Percentage:	100.00%
Mobile Home Lot Rent:	None
Contiguous Property:	No

2024 Form IN-111

Vermont Income Tax Return

DEPT USE ONLY



* 2 4 1 1 1 1 0 0 *

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

Please PRINT in BLUE or BLACK INK

Form header section containing taxpayer information, mailing address, residency status, and filing status.

Main calculation section with lines 1 through 16, including federal AGI, deductions, exemptions, and final tax amounts.

Taxpayer's Last Name	Social Security Number
TAXING	400008034



* 2 4 1 1 1 1 2 0 0 *

Amount from Line 16 0 .00

- Other State Credit** (Schedule IN-117, Line 21) **Vermont Tax Credits** (Schedule IN-119, Part II) **Total Vermont Credits** (Add Lines 17 and 18)
17. _____ .00 + 18. _____ .00 = 19. _____ .00
20. Vermont Income Tax after credits (**SUBTRACT Line 19 from Line 16.**
If Line 19 is greater than Line 16, enter -0-). 20. _____ 0.00
21. Child Care Contributions for Self-Employed individuals (see instructions for calculation) 21. _____ .00
22. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). . . Check to certify no Use Tax is due. **OR** 22. _____ .00
23. Total Vermont Taxes (**ADD Lines 20 through 22**) 23. _____ 0.00
- | | | | | |
|-------------------------------------|-----------------------|------------------|-----------------------|----------------------------|
| Vermont Children's Trust Foundation | Vermont Veterans Fund | Green Up Vermont | Nongame Wildlife Fund | Total Contributions |
|-------------------------------------|-----------------------|------------------|-----------------------|----------------------------|
- 24a. 10 .00 + 24b. 10 .00 + 24c. 10 .00 + 24d. 10 .00 = 24e. 40 .00
25. Total of Vermont Taxes and Voluntary Contributions (**ADD Lines 23 and 24e**) 25. _____ 40.00
- 26a. 2024 Vermont Tax Withheld from W-2, 1099 26a. _____ 190.00
- 26b. 2024 Estimated Tax payments, amount carried forward from 2023, and/or payment made with 2024 extension. 26b. _____ .00
- 26c. Refundable Credits (Schedule IN-112, Part II: **Full-Year Residents**-Line 8; **Part-Year Residents**-Line 12) 26c. _____ 4269.00
- 26d. 2024 Vermont Real Estate Withholding from Form RW-171 26d. _____ .00
- 26e. 2024 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 26e. _____ .00
- 26f. Total Payments and Credits (**ADD Lines 26a through 26e**) 26f. _____ 4459.00
27. Overpayment. **If Line 25 is less than Line 26f, SUBTRACT Line 25 from Line 26f** 27. _____ 4419.00
- 28a. Refund to be credited to 2025 Estimated Tax Payment 28a. _____ 1000.00
- 28b. Refund to be credited to 2025 Property Tax Bill 28b. _____ 1000.00
29. REFUND AMOUNT (**SUBTRACT Lines 28a and 28b from Line 27**) 29. _____ 2419.00
30. **If Line 25 is more than Line 26f, subtract Line 26f from Line 25.**
See instructions on tax due 30. _____ .00
31. **Interest and Penalty on Underpayment of Estimated Tax.** . 31. _____ .00 32. **AMOUNT DUE** (ADD Lines 30 and 31) 32. _____ .00
(Worksheet IN-152 or IN-152A)

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .00
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MMDDYYYY)	Date of Birth (MMDDYYYY) 05281985	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MMDDYYYY)	Date of Birth (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

Check if the Department of Taxes may discuss this return with the preparer shown.
5454

Keep a copy for your records.

2024 Schedule IN-112



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Vermont Tax Adjustments and Credits

Please PRINT in BLUE or BLACK INK

INCLUDE WITH FORM IN-111

Table with 4 columns: Taxpayer's Last Name, First Name, MI, Taxpayer's Social Security Number. Row 1: TAXING, AMBER, P, 400008034

PART I

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax (reported on federal Form 1040) .1. .00
2. Interest and dividend income from Vermont state and local obligations included in Line 1. .2. .00
3. Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1) 3. .00
4. Bonus Depreciation Allowed under Federal Law for 2024 4. .00
5. Other (reserved) 5. RESERVED .00
6. Total Additions (ADD Line 3 and Line 4) 6. .00

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

- 7. Interest Income from U.S. Obligations. 7. .00
8. Capital Gains Exclusion (Schedule IN-153, Line 21) 8. .00
9. Adjustment for Prior Years' Bonus Depreciation. 9. .00
10. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040) 10. .00
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. 1000 .00
13. Railroad Retirement income. 13. 1000 .00
14. Bond/note interest income from (see below) 14. .00
15a. For residents only - Enter the total student loan interest you paid in 2024 on qualified student loans. 15a. 150 .00
15b. For residents only - Enter any student loan interest already deducted on federal Form 1040, Schedule 1, Line 21. 15b. 50 .00
15c. Subtract Line 15b from Line 15a. If filing jointly and AGI is greater than \$200,000, enter -0-. All other filers, if AGI is greater than \$120,000, enter -0-. 15c. 100 .00
16. Other (reserved) 16. RESERVED .00
17. Total Subtractions (ADD Lines 7 through 14 and Line 15c). 17. 2100 .00

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

- 18. SUBTRACT Line 17 from Line 6. Enter on Form IN-111, Line 2. 18. -2100 .00
This can be a negative number.

Taxpayer's Last Name	Social Security Number
TAXING	400008034



* 2 4 1 1 2 1 2 0 0 *

PART II

REFUNDABLE CREDITS

Child and Dependent Care Credit - Resident and Part-Year Resident

- 1. Child and Dependent Care Credit (federal Form 2441, Line 11)1. 2100.00
- 2. Vermont Child and Dependent Care Credit (**MULTIPLY Line 1 by 72% (0.72)**)2. 1512.00

Child Tax Credit - Resident and Part-Year Resident

- 3. Number of qualifying children3. 2
List only children who qualify for Child Tax Credit (born 2019 through 2024) below

Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth
TAXING	LILLY	R	400558036	2021
Qualifying Child #2 - Last Name	First Name	MI	Social Security Number	Year of Birth
TAXING	KELLY	S	400558037	2020
Qualifying Child #3 - Last Name	First Name	MI	Social Security Number	Year of Birth

- 4. 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 \$125,0004. 2000.00

Earned Income Tax Credit - Resident and Part-Year Resident

- 5. Number of qualifying children from federal Schedule EIC5. 2
- 6. Federal Earned Income Tax Credit. Enter amount from federal Form 10406. 3230.00
- 7. Vermont Earned Income Tax Credit: **MULTIPLY Line 6 by 38% (0.38)**7. 1227.00

Refundable Tax Credits - Resident and Part-Year Resident

- 8. Total Vermont Refundable Tax Credits (**ADD Lines 2, 4, and 7**)8. 4739.00
Full-Year Residents: Enter this amount on Form IN-111, Line 26c.
Part-Year Residents: Complete Lines 9 through 12.

Refundable Tax Credits Adjusted for Part-Year Residents

- 9. Enter amount from Schedule IN-113, Line 14B, Vermont Portion of Total Income9. 9079.00
- 10. Enter amount from Schedule IN-113, Line 14A, Total Income10. 10079.00
- 11. Refundable Tax Credits Adjustment Percentage. (**DIVIDE Line 9 by Line 10, then MULTIPLY the result by 100**)11. 90.08 %
- 12. Total Vermont Refundable Credits Adjusted for Part-Year Residents. (**MULTIPLY Line 8 by Line 11**). Enter this amount on Form IN-111, Line 26c.12. 4269.00

2024 Schedule IN-113



* 2 4 1 1 3 1 1 0 0 *

Vermont Income Adjustment Calculations

Please PRINT in BLUE or BLACK INK

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

INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
TAXING	AMBER	P	400008034

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 2024		Name of State(s), Canadian province, or country during non-Vermont residency (use standard 2-character abbreviation)
From (MMDDYYYY): 02112024	To (MMDDYYYY): 12312024	
		CT

	A. Federal Amount \$	B. Vermont Portion \$
1. Wages, salaries, tips, etc. 1A.	8079.00	7079.00
2. Taxable interest. 2A.	.00	.00
3. Ordinary dividends 3A.	.00	.00
4. Taxable IRAs, pensions, and annuities. 4A.	2000.00	2000.00
5. Taxable Social Security 5A.	.00	.00
6. Taxable refunds of state and local income taxes 6A.	.00	.00
7. Alimony received 7A.	.00	.00
8. Business income or loss 8A.	.00	.00
9. Capital gain or loss 9A.	.00	.00
10. Rents, royalties, partnerships, S corporations, trusts, etc 10A.	.00	.00
11. Farm income or loss 11A.	.00	.00
12. Unemployment compensation 12A.	.00	.00
13. Other: Specify. 13A.	.00	.00
14. TOTAL INCOME (ADD Lines 1 through 13) 14A.	10079.00	9079.00

Taxpayer's Last Name	Social Security Number
TAXING	400008034



* 2 4 1 1 3 1 2 0 0 *

	Column A. Federal Amount \$	Column B. Vermont Portion \$
15. IRA, Keogh/SEP/SIMPLE (Reported on federal Form 1040)	15A. _____ .00	15B. _____ .00
Self _____ Spouse _____		
16. Student Loan Interest (Reported on Form 1040)	16A. _____ 150 .00	16B. _____ 150 .00
17. Employee Deductions: Reservists, Performing Artists, Fee-basis Gov't Officials (Reported on Form 1040)	17A. _____ .00	17B. _____ .00
18. Self-Employment Deductions: Tax and Health Insurance (Reported on Form 1040) . .	18A. _____ .00	18B. _____ .00
19. Health Savings Account (Reported on Form 1040)	19A. _____ .00	19B. _____ .00
20. Moving Expenses (Reported on Form 1040) .	20A. _____ .00	20B. _____ .00
21. Penalty on Early Withdrawal of Savings (Reported on Form 1040)	21A. _____ .00	21B. _____ .00
22. Alimony Paid (Reported on Form 1040)	22A. _____ .00	22B. _____ .00
23. Domestic Production Activities (Reported on Form 1040)	23A. _____ .00	23B. _____ .00
24. Educator Expenses and Tuition & Fees (Reported on Form 1040)	24A. _____ .00	24B. _____ .00
25. Deductions not listed above but reported on Form 1040	25A. _____ .00	25B. _____ .00
26. TOTAL ADJUSTMENTS (ADD Lines 15 through 25)	26A. _____ 150 .00	26B. _____ 150 .00
27. Adjusted Gross Income (SUBTRACT Line 26A from Line 14A)	27. _____	9929 .00
28. Vermont Portion of AGI (SUBTRACT Line 26B from Line 14B)	28. _____	8929 .00
29. Non-Vermont Income (SUBTRACT Line 28 from Line 27) Also enter on Part II, Line 31 below.	29. _____	1000 .00

PART II. Adjustment for Vermont Exempt Income and Military Exempt Income

30. Adjusted Gross Income. If Part I completed, enter Line 27 amount. Otherwise, enter amount from Form IN-111, Line 1	30. _____	9929 .00
31. Non-Vermont Income (Line 29 above)	31. _____ 1000 .00	
32. Military pay. Number of months on active duty _____ (See instructions)	32. _____ .00	
33. Total (ADD Lines 31 and 32)	33. _____	1000 .00
34. Vermont Income (SUBTRACT Line 33 from Line 30)	34. _____	8929 .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. _____	89 .9285 %

2025 Form HS-122

Vermont Homestead Declaration AND Property Tax Credit Claim



DUE DATE: April 15, 2025. You may file up to Oct. 15, 2025, 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

This form must be filed each year by every Vermont resident whose property meets the definition of a homestead.

SECTION A.

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, 2025. If your homestead is leased to a tenant on April 1, 2025, you may still claim it as a homestead if it is not leased for more than 182 days in the 2025 calendar year.

Please PRINT in BLUE or BLACK INK

Form with fields for Claimant's Last Name (TAXING), First Name (AMBER), MI (P), Social Security Number (400008034), Spouse's/Partner's info, Mailing Address (PO BOX 205, MIDDLEBURY, VT 05753), Date of Birth (05281985), Location of Homestead (97 SEMINARY ST, MIDDLEBURY, VT), and Federal Filing Status (Head of Household).

A1. SPAN - REQUIRED (from the 2024/2025 property tax bill)..... A1. 387 - 120 - 65432

A2. Business Use of Dwelling..... A2. 0.00 %

A3. Rental Use of Dwelling..... A3. 0.00 %

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 No

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

A7. Homestead property crosses town boundaries (File a declaration for each town.)

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, Section B, for property tax credit. Sign on Page 2.

Mail to: Vermont Department of Taxes PO Box 1881 Montpelier, VT 05601-1881

Claimant's Last Name	Social Security Number
TAXING	400008034



* 2 5 1 2 2 1 2 0 0 *

DUE DATE: April 15, 2025. Generally, claims cannot be accepted after Oct. 15, 2025.

SECTION B. PROPERTY TAX CREDIT CLAIM

For Household Income up to \$115,000. 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 2024? Yes, Go to Line B2. No, STOP.
- B2. Were you claimed as a dependent in 2024 by another taxpayer? Yes, STOP. No, Go to Line B3.
- B3. Do you anticipate selling this Vermont housesite on or before April 1, 2025? Yes, STOP. No, Continue

Amounts for Lines B4 through B6 are found on the 2024/2025 property tax bill. Round amounts to the nearest dollar.

- B4. Housesite Value B4. _____ .00
- B5. Housesite Education Tax. B5. _____ .00
- B6. Housesite Municipal Tax B6. _____ .00
- B7. Ownership Interest B7. _____ %
- B8. Household Income (Schedule HI-144, Line z).
You MUST attach Schedule HI-144. B8. _____ .00 Check here if amended Schedule HI-144, Household Income, is included.

Complete the following **ONLY if applicable** from Form LRC-147, Part B.

- B9. For Profit Mobile Home Lot Rent (Allocable Rent from Form LRC-147) B9. _____ .00

Not-For-Profit Mobile Home Park, Cooperative, and Land Trust

- B10. Allocated Education Tax. B10. _____ .00
- B11. Allocated Municipal Tax. B11. _____ .00

OR Property Tax from contiguous property if housesite has less than 2 acres (See instructions.)

- B12. Contiguous property Education Tax B12. _____ .00
- B13. Contiguous property Municipal Tax B13. _____ .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

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

Test 3:**Required Vermont Forms/Schedules:** IN-111, IN-112, IN-119**Taxpayer(s) Information:**

Primary SSN:	400-00-8038
Name:	Buff A Low
Residency Status:	Resident
Mailing Address:	25 Plymouth Rd
City:	Randolph
State:	VT
Zip Code:	05038
Date of Birth:	November 30, 1980
Filing Status:	Single
School District Code:	159
911 Address:	25 Plymouth Rd
Federal Extension:	Yes

Return Information:

Federal AGI:	47750
Use Tax:	45
VT Schedule C Net Profit:	47750
VT Business Self Employment Tax:	12788
Nontaxable Interest and Dividends:	1000
Nontaxable VT Interest and Dividends:	500
Bonus Depreciation:	400
Bond- Vermont Public Power	500
VT Higher Education Credit:	250
2024 Estimated Payments:	800
Child Care Contribution:	24

Direct Debit Information for Vermont:

Routing Number:	211672531
Checking Account Number:	75123123

2024 Form IN-111

Vermont Income Tax Return

DEPT USE ONLY



* 2 4 1 1 1 1 0 0 *

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

Please PRINT in BLUE or BLACK INK

Form with fields for Taxpayer's Last Name (LOW), First Name (BUFF), MI (A), Social Security Number (400008038), Spouse's/CU Partner's Last Name, First Name, MI, Social Security Number, Mailing Address (25 PLYMOUTH RD, RANDOLPH, VT 05038), Vermont Residency Status (RESIDENT), Filing Status and Standard Deduction (Single), and various checkboxes for AMENDED, CANNABIS, RECOMPUTED, EXTENDED, and FARMER/FISHERMAN.

- 1. Federal Adjusted Gross Income (federal Form 1040, Line 11) 1. 47750.00
2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 18) 2. 400.00
3. Federal AGI with Modifications (ADD Lines 1 and 2)..... 3. 48150.00
4. 2024 Vermont Standard Deduction from filing status section above. 4. 7400.00
5. Personal Exemptions:
5a. Enter "1" for yourself if no one can claim you as a dependent
5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent
5c. Enter number of OTHER dependents claimed on federal Form 1040
5d. Total Exemptions (ADD Lines 5a through 5c)
5e. MULTIPLY Line 5d by \$5,100 (2024 Personal Exemption)..... 5e. 5100.00
6. ADD Lines 4 and 5e 6. 12500.00
7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3. If less than zero, enter -0-)..... 7. 35650.00
8. Vermont Income Tax from tax table or tax rate schedule 8. 1194.00
9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 15)..... 9. .00
10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9. If less than zero, enter -0-) 10. 1194.00
11. Tax-Deductible Charitable Contribution (See instructions) 11. .00
12. Multiply Line 11 by 5% (0.05) 12. .00
13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 13. .00
14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 14. 1194.00
15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%)..... 15. 100.0000 %
16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15)..... 16. 1194.00

Taxpayer's Last Name	Social Security Number
LOW	400008038



Amount from Line 16 1194 .00

- Other State Credit** (Schedule IN-117, Line 21) **Vermont Tax Credits** (Schedule IN-119, Part II) **Total Vermont Credits** (Add Lines 17 and 18)
17. .00 + 18. 250 .00 = 19. 250 .00
20. Vermont Income Tax after credits (**SUBTRACT Line 19 from Line 16.**
If Line 19 is greater than Line 16, enter -0-). 20. 944 .00
21. Child Care Contributions for Self-Employed individuals (see instructions for calculation) 21. 24 .00
22. Use Tax for taxable items on which no sales tax was charged,
including online purchases. (See instructions, worksheet, and chart). . . Check to certify
no Use Tax is due. **OR** 22. 45 .00
23. Total Vermont Taxes (**ADD Lines 20 through 22**) 23. 1013 .00
- | | | | | |
|-------------------------------------|-----------------------|------------------|-----------------------|----------------------------|
| Vermont Children's Trust Foundation | Vermont Veterans Fund | Green Up Vermont | Nongame Wildlife Fund | Total Contributions |
|-------------------------------------|-----------------------|------------------|-----------------------|----------------------------|
- 24a. .00 + 24b. .00 + 24c. .00 + 24d. .00 = 24e. .00
25. Total of Vermont Taxes and Voluntary Contributions (**ADD Lines 23 and 24e**) 25. 1013 .00
- 26a. 2024 Vermont Tax Withheld from W-2, 1099 26a. .00
- 26b. 2024 Estimated Tax payments, amount carried forward from 2023,
and/or payment made with 2024 extension. 26b. 800 .00
- 26c. Refundable Credits (Schedule IN-112, Part II:
Full-Year Residents-Line 8; **Part-Year Residents**-Line 12) 26c. .00
- 26d. 2024 Vermont Real Estate Withholding from Form RW-171 26d. .00
- 26e. 2024 Nonresident Estimated Tax payments
(nonresident withholding) allocated on Schedule K-1VT, Line 5 26e. .00
- 26f. Total Payments and Credits (**ADD Lines 26a through 26e**) 26f. 800 .00
27. Overpayment. **If Line 25 is less than Line 26f, SUBTRACT Line 25 from Line 26f** 27. .00
- 28a. Refund to be credited to 2025 Estimated Tax Payment 28a. .00
- 28b. Refund to be credited to 2025 Property Tax Bill 28b. .00
29. REFUND AMOUNT (**SUBTRACT Lines 28a and 28b from Line 27**) 29. .00
30. **If Line 25 is more than Line 26f, subtract Line 26f from Line 25.**
See instructions on tax due 30. 213 .00
31. **Interest and Penalty on Underpayment of Estimated Tax.** . 31. .00 32. **AMOUNT DUE**
(Worksheet IN-152 or IN-152A) (**ADD Lines 30 and 31**) 32. 213 .00

For Amended Returns Only:	Original refund received <u>.00</u>	Refund due now <u>.00</u>	Original payment <u>.00</u>	Amount due now <u>.00</u>
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MMDDYYYY)	Date of Birth (MMDDYYYY) 11301980	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MMDDYYYY)	Date of Birth (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

Check if the Department of Taxes may discuss this return with the preparer shown.
5454

Keep a copy for your records.

2024 Schedule IN-112



* 2 4 1 1 2 1 1 0 0 *

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or BLACK INK

INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
LOW	BUFF	A	400008038

PART I

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax (reported on federal Form 1040)1. 1000 .00
- 2. Interest and dividend income from Vermont state and local obligations included in Line 1.2. 500 .00
- 3. Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1)3. 500.00
- 4. Bonus Depreciation Allowed under Federal Law for 20244. 400 .00
- 5. Other (reserved)5. RESERVED .00
- 6. Total Additions (ADD Line 3 and Line 4)6. 900.00

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

- 7. Interest Income from U.S. Obligations.7. .00
 - 8. Capital Gains Exclusion (Schedule IN-153, Line 21)8. .00
 - 9. Adjustment for Prior Years' Bonus Depreciation.9. .00
 - 10. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040)10. .00
 - 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. 500 .00
- VSAC
 Build America
 Vermont Telecom Authority
 Vermont Public Power Supply Authority
- 15a. For residents only - Enter the total student loan interest you paid in 2024 on qualified student loans.15a. .00
 - 15b. For residents only - Enter any student loan interest already deducted on federal Form 1040, Schedule 1, Line 21.15b. .00
 - 15c. Subtract Line 15b from Line 15a. If filing jointly and AGI is greater than \$200,000, enter -0-. All other filers, if AGI is greater than \$120,000, enter -0-.15c. .00
 - 16. Other (reserved)16. RESERVED .00
 - 17. Total Subtractions (ADD Lines 7 through 14 and Line 15c).17. 500.00

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

- 18. SUBTRACT Line 17 from Line 6. Enter on Form IN-111, Line 2.18. 400.00
This can be a negative number.

Taxpayer's Last Name	Social Security Number
LOW	400008038



PART II

REFUNDABLE CREDITS

Child and Dependent Care Credit - Resident and Part-Year Resident

- 1. Child and Dependent Care Credit (federal Form 2441, Line 11)1. _____ **.00**
- 2. Vermont Child and Dependent Care Credit (**MULTIPLY Line 1 by 72% (0.72)**)2. _____ **.00**

Child Tax Credit - Resident and Part-Year Resident

- 3. Number of qualifying children3. _____
List only children who qualify for Child Tax Credit (born 2019 through 2024) below

Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth
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 by \$1,000**). See instructions for credit amount if your Adjusted Gross Income from Form IN-111, Line 1 is over \$125,0004. _____ **.00**

Earned Income Tax Credit - Resident and Part-Year Resident

- 5. Number of qualifying children from federal Schedule EIC5. _____
- 6. Federal Earned Income Tax Credit. Enter amount from federal Form 10406. _____ **.00**
- 7. Vermont Earned Income Tax Credit: **MULTIPLY Line 6 by 38% (0.38)**7. _____ **.00**

Refundable Tax Credits - Resident and Part-Year Resident

- 8. Total Vermont Refundable Tax Credits (**ADD Lines 2, 4, and 7**)8. _____ **.00**
Full-Year Residents: Enter this amount on Form IN-111, Line 26c.
Part-Year Residents: Complete Lines 9 through 12.

Refundable Tax Credits Adjusted for Part-Year Residents

- 9. Enter amount from Schedule IN-113, Line 14B, Vermont Portion of Total Income9. _____ **.00**
- 10. Enter amount from Schedule IN-113, Line 14A, Total Income10. _____ **.00**
- 11. Refundable Tax Credits Adjustment Percentage. (**DIVIDE Line 9 by Line 10, then MULTIPLY the result by 100**)11. _____ **%**
- 12. Total Vermont Refundable Credits Adjusted for Part-Year Residents. (**MULTIPLY Line 8 by Line 11**). Enter this amount on Form IN-111, Line 26c.12. _____ **.00**

2024 Schedule IN-119

**Vermont Tax Adjustments and
Nonrefundable Credits**



* 2 4 1 1 9 1 1 0 0 *

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	A	400008038

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)2. _____ **.00**
- 3. Tax from federal Form 4972, Tax on Lump-Sum Distributions . .3. _____ **.00**
- 4. **ADD Lines 1 through 3.**4. _____ **.00**
- 5. **MULTIPLY Line 4 by 24% (0.24)**5. _____ **.00**
- 6. Recapture of Vermont Credits (See instructions)6. _____ **.00**
- 7. **ADD Lines 5 and 6.**7. _____ **.00**

SUBTRACTIONS FROM VERMONT TAX

- 8. Credit for the Elderly or the Disabled (federal Schedule R)8. _____ **.00**
- 9. Investment Tax Credit - Vermont-based only (See instructions)9. _____ **.00**
- 10. Vermont Farm Income Averaging Credit (from worksheet in instructions)10. _____ **.00**
- 11. **ADD Lines 8 through 10.**11. _____ **.00**
- 12. **MULTIPLY Line 11 by 24% (0.24)**12. _____ **.00**
- 13. Vermont-based Solar Energy Credit carryforward13. _____ **.00**
- 14. **ADD Lines 12 and 13**14. _____ **.00**

NET ADJUSTMENTS TO VERMONT TAX

- 15. **SUBTRACT Line 14 from Line 7.** 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 Investment (32 V.S.A. § 5825a) See instructions 2500 .00
 2024 Contribution eligible for credit
 TIMES (X) .10 = Credit 250 .00

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

Name of Entity	FEIN

If credits from more than one business entity, fill out a separate IN-119 for each entity.

	<u>Column A</u> Earned in 2024	PLUS (+)	<u>Column B</u> Carryforward	EQUALS (=)	<u>Column C</u>
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) 3A.	_____ .00		3B. _____ .00		3C. _____ .00
4. Research & Development (32 V.S.A. § 5930ii) 4A.	_____ .00		4B. _____ .00		4C. _____ .00

Prior approval required from Vermont Housing Finance Agency for Line 5

5. Affordable Housing (32 V.S.A. § 5930u) 5A.	_____ .00		5B. _____ .00		5C. _____ .00
6. Historic Rehabilitation (32 V.S.A. § 5930cc(a)) 6A.	_____ .00		6B. _____ .00		6C. _____ .00
7. Facade Improvement (32 V.S.A. § 5930cc(b)) 7A.	_____ .00		7B. _____ .00		7C. _____ .00
8. Code Improvements (32 V.S.A. § 5930cc(c)) 8A.	_____ .00		8B. _____ .00		8C. _____ .00

9. ADD Column C, Lines 1 through 8. If no credit claimed on Line 10, enter this amount on Form IN-111, Line 18 . . . 9. _____ 250 .00

Tax Credit Calculation Worksheet

10. Vermont Entrepreneur's Seed Capital Fund (32 V.S.A. § 5830b) 10. _____ .00

11. Enter adjusted Vermont income tax amount from Form IN-111, Line 16 11. _____ .00

12. Enter credit for income tax paid to another state or Canadian province from Form IN-111, Line 17 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 result cannot be less than zero 15. _____ .00

16. MULTIPLY Line 15 by 50% (0.50) 16. _____ .00

17. Enter the lesser of Line 10 or Line 16. 17. _____ .00

18. Total Credits Allowable. ADD Lines 14 and 17 18. _____ .00

19. Total Income Tax Credits Available. Enter the lesser of Line 13 or Line 18. Enter this amount on Form IN-111, Line 18. 19. _____ .00

CHILD CARE CONTRIBUTION WORKSHEET

Complete this worksheet if you have self-employment income reported on federal Form 1040, Schedule SE.

- | | | | |
|----|--|----|-----------------|
| 1. | Enter the amount from federal Form 1040, Schedule SE, Line 6 | 1. | <u>44097</u> |
| 2. | Enter the amount of income reported on Line 1 that was earned for work performed outside of Vermont. | 2. | <u>0</u> |
| 3. | Subtract Line 2 from Line 1 | 3. | <u>44097</u> |
| 4. | Multiply Line 3 by 0.5. This represents the amount of income reported on Line 3 earned before July 1, 2024. (Income earned between Jan. 1, 2024 and June 30, 2024 is excluded from the 2024 CCC calculation. If using an alternate method, please attach a written statement.) | 4. | <u>22048.50</u> |
| 5. | Subtract Line 4 from Line 3. | 5. | <u>22048.50</u> |
| 6. | Multiply Line 5 by 0.11% (0.0011).
Enter this amount on Form IN-111, Line 21 | 6. | <u>24</u> |

Test 4: Cannabis with Recomputed Federal Return**Required Vermont Forms/Schedules:** IN-111, IN-112, IN-117**Taxpayer(s) Information:**

Primary SSN:	400-00-8041
Name:	Can E Biss
Residency Status:	Resident
Mailing Address:	PO Box 6161
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:	260,000
Wages:	260,000
Other State Credit:	8908
2024 VT Estimated Tax Payments:	7000
Name of State:	NY
Gross Income Taxes in Another State:	150,000
Total interest and dividend income from all state and local obligations exempt from federal tax :	2000
Charitable Contributions Deduction:	1000
VT Child Trust Fund:	200
Bond- VSAC	2000

2024 Form IN-111

Vermont Income Tax Return

DEPT USE ONLY



* 2 4 1 1 1 1 0 0 *

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

Please PRINT in BLUE or BLACK INK

Form with fields for Taxpayer's Last Name (BISS), First Name (CAN), MI (E), Social Security Number (400008041), Spouse's/CU Partner's Last Name, First Name, MI, Social Security Number, Mailing Address (PO BOX 6161), City (WILLISTON), State (VT), ZIP Code (05495), Vermont School District Code (241), Vermont Residency Status (RESIDENT), Filing Status and Standard Deduction (Single), and various checkboxes for AMENDED, CANNABIS, RECOMPUTED, EXTENDED, and FARMER/FISHERMAN returns.

- 1. Federal Adjusted Gross Income (federal Form 1040, Line 11) 1. 260000.00
2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 18) 2. 0.00
3. Federal AGI with Modifications (ADD Lines 1 and 2)..... 3. 260000.00
4. 2024 Vermont Standard Deduction from filing status section above. 4. 7400.00
5. Personal Exemptions:
5a. Enter "1" for yourself if no one can claim you as a dependent
5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent
5c. Enter number of OTHER dependents claimed on federal Form 1040
5d. Total Exemptions (ADD Lines 5a through 5c)
5a. 1 + 5b. + 5c. = 5d. 1
5e. MULTIPLY Line 5d by \$5,100 (2024 Personal Exemption)..... 5e. 5100.00
6. ADD Lines 4 and 5e 6. 12500.00
7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3. If less than zero, enter -0-)..... 7. 247500.00
8. Vermont Income Tax from tax table or tax rate schedule 8. 16156.00
9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 15)..... 9. .00
10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9. If less than zero, enter -0-) 10. 16156.00
11. Tax-Deductible Charitable Contribution (See instructions) 22000.00
12. Multiply Line 11 by 5% (0.05) 1100.00
13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 13. 1000.00
14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 14. 15156.00
15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%)..... 15. 100.0000 %
16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15)..... 16. 15156.00

Taxpayer's Last Name	Social Security Number
BISS	400008041



Amount from Line 16 15156 .00

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

17. 8908 .00 + 18. .00 = 19. 8908 .00

20. Vermont Income Tax after credits (**SUBTRACT Line 19 from Line 16.**
If Line 19 is greater than Line 16, enter -0-). 20. 6248 .00

21. Child Care Contributions for Self-Employed individuals (see instructions for calculation) 21. .00

22. Use Tax for taxable items on which no sales tax was charged,
including online purchases. (See instructions, worksheet, and chart). . . Check to certify
no Use Tax is due. **OR** 22. .00

23. Total Vermont Taxes (**ADD Lines 20 through 22**) 23. 6248 .00

Vermont Children's Trust Foundation	Vermont Veterans Fund	Green Up Vermont	Nongame Wildlife Fund	Total Contributions
-------------------------------------	-----------------------	------------------	-----------------------	----------------------------

24a. 200 .00 + 24b. .00 + 24c. .00 + 24d. .00 = 24e. 200 .00

25. Total of Vermont Taxes and Voluntary Contributions (**ADD Lines 23 and 24e**) 25. 6448 .00

26a. 2024 Vermont Tax Withheld from W-2, 1099 26a. .00

26b. 2024 Estimated Tax payments, amount carried forward from 2023,
and/or payment made with 2024 extension. 26b. 7000 .00

26c. Refundable Credits (Schedule IN-112, Part II:
Full-Year Residents-Line 8; **Part-Year Residents**-Line 12) 26c. .00

26d. 2024 Vermont Real Estate Withholding from Form RW-171 26d. .00

26e. 2024 Nonresident Estimated Tax payments
(nonresident withholding) allocated on Schedule K-1VT, Line 5 26e. .00

26f. Total Payments and Credits (**ADD Lines 26a through 26e**) 26f. 7000 .00

27. Overpayment. **If Line 25 is less than Line 26f, SUBTRACT Line 25 from Line 26f** 27. 552 .00

28a. Refund to be credited to 2025 Estimated Tax Payment 28a. .00

28b. Refund to be credited to 2025 Property Tax Bill 28b. .00

29. REFUND AMOUNT (**SUBTRACT Lines 28a and 28b from Line 27**) 29. 552 .00

30. **If Line 25 is more than Line 26f, subtract Line 26f from Line 25.**
See instructions on tax due 30. .00

31. **Interest and Penalty on Underpayment of Estimated Tax.** . 31. .00 32. **AMOUNT DUE**
(Worksheet IN-152 or IN-152A) (ADD Lines 30 and 31) 32. .00

For Amended Returns Only:	Original refund received <u>.00</u>	Refund due now <u>.00</u>	Original payment <u>.00</u>	Amount due now <u>.00</u>
---------------------------	-------------------------------------	---------------------------	-----------------------------	---------------------------

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)	Date of Birth (MMDDYYYY) 12251980	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MMDDYYYY)	Date of Birth (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

Check if the Department of Taxes may discuss this return with the preparer shown.
5454

Keep a copy for your records.

2024 Schedule IN-112



* 2 4 1 1 2 1 1 0 0 *

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or BLACK INK

INCLUDE WITH FORM IN-111

Table with 4 columns: Taxpayer's Last Name, First Name, MI, Taxpayer's Social Security Number. Values: BISS, CAN, E, 400008041

PART I

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax... 2000 .00
2. Interest and dividend income from Vermont state and local obligations included in Line 1... .00
3. Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1) ... 2000 .00
4. Bonus Depreciation Allowed under Federal Law for 202400
5. Other (reserved) ... RESERVED .00
6. Total Additions (ADD Line 3 and Line 4) ... 2000 .00

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

- 7. Interest Income from U.S. Obligations... .00
8. Capital Gains Exclusion (Schedule IN-153, Line 21)00
9. Adjustment for Prior Years' Bonus Depreciation... .00
10. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040)... .00
11. Medical Expense Deduction (see the worksheet in the instructions)... .00
12. 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) ... 2000 .00
15a. For residents only - Enter the total student loan interest you paid in 2024 on qualified student loans... .00
15b. For residents only - Enter any student loan interest already deducted on federal Form 1040, Schedule 1, Line 21... .00
15c. Subtract Line 15b from Line 15a. If filing jointly and AGI is greater than \$200,000, enter -0-. All other filers, if AGI is greater than \$120,000, enter -0-... .00
16. Other (reserved) ... RESERVED .00
17. Total Subtractions (ADD Lines 7 through 14 and Line 15c)... 2000 .00

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

- 18. SUBTRACT Line 17 from Line 6. Enter on Form IN-111, Line 2. This can be a negative number. ... 0.00

Taxpayer's Last Name	Social Security Number
BISS	400008041



PART II

REFUNDABLE CREDITS

Child and Dependent Care Credit - Resident and Part-Year Resident

- 1. Child and Dependent Care Credit (federal Form 2441, Line 11)1. _____ **.00**
- 2. Vermont Child and Dependent Care Credit (**MULTIPLY Line 1 by 72% (0.72)**)2. _____ **.00**

Child Tax Credit - Resident and Part-Year Resident

- 3. Number of qualifying children3. _____
List only children who qualify for Child Tax Credit (born 2019 through 2024) below

Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth
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 by \$1,000**). See instructions for credit amount if your Adjusted Gross Income from Form IN-111, Line 1 is over \$125,0004. _____ **.00**

Earned Income Tax Credit - Resident and Part-Year Resident

- 5. Number of qualifying children from federal Schedule EIC5. _____
- 6. Federal Earned Income Tax Credit. Enter amount from federal Form 10406. _____ **.00**
- 7. Vermont Earned Income Tax Credit: **MULTIPLY Line 6 by 38% (0.38)**7. _____ **.00**

Refundable Tax Credits - Resident and Part-Year Resident

- 8. Total Vermont Refundable Tax Credits (**ADD Lines 2, 4, and 7**)8. _____ **.00**
Full-Year Residents: Enter this amount on Form IN-111, Line 26c.
Part-Year Residents: Complete Lines 9 through 12.

Refundable Tax Credits Adjusted for Part-Year Residents

- 9. Enter amount from Schedule IN-113, Line 14B, Vermont Portion of Total Income9. _____ **.00**
- 10. Enter amount from Schedule IN-113, Line 14A, Total Income10. _____ **.00**
- 11. Refundable Tax Credits Adjustment Percentage. (**DIVIDE Line 9 by Line 10, then MULTIPLY the result by 100**)11. _____ **%**
- 12. Total Vermont Refundable Credits Adjusted for Part-Year Residents. (**MULTIPLY Line 8 by Line 11**). Enter this amount on Form IN-111, Line 26c.12. _____ **.00**

2024 Schedule IN-117



* 2 4 1 1 7 1 1 0 0 *

Vermont Credit for Income Tax Paid to Other State or Canadian Province

INCLUDE WITH FORM IN-111

Please PRINT in BLUE or BLACK INK

For Residents and Some Part-Year Residents ONLY.

You must complete a separate Schedule IN-117 for each state or Canadian province and include a copy of the other state return(s). Please see instructions.

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
BISS	CAN	E	400008041

1. Name of state or Canadian province. Use standard two-letter abbreviation. **1.** NY
2. Enter Adjusted Gross Income taxed in another state or Canadian province that is also subject to Vermont income tax. This entry cannot be more than the entry on Form IN-111, Line 1. (If less than zero, enter -0-). **2.** 150000 **.00**
3. 2024 Bonus Depreciation addback taxed in another state or Canadian province AND taxed in Vermont. **3.** 2000 **.00**
4. Non-Vermont state/local obligations taxed in another state or Canadian province AND taxed in Vermont **4.** 2000 **.00**
5. **ADD Lines 2 through 4.** **5.** 154000 **.00**
6. Bonus Depreciation subtracted from income in another state or Canadian province in tax year 2024. **6.** **.00**
7. U.S. Government interest income subtracted from income in another state or Canadian province in tax year 2024 **7.** **.00**
8. **ADD Lines 6 and 7** **8.** **.00**
9. Modified Adjusted Gross Income for income taxed in another state or Canadian province AND taxed in Vermont (**SUBTRACT Line 8 from Line 5**) **9.** 154000 **.00**
10. Adjusted Gross Income from Form IN-111, Line 1. (If less than zero, enter -0-). **10.** 260000 **.00**
11. Non-Vermont state/local obligations from Schedule IN-112, Part I, Line 3 **11.** 2000 **.00**
12. Bonus Depreciation from Schedule IN-112, Part I, Line 4. **12.** **.00**
13. **ADD Lines 10 through 12.** **13.** 262000 **.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. **15.** **.00**
16. **ADD Lines 14 and 15** **16.** **.00**
17. **SUBTRACT Line 16 from Line 13** **17.** 262000 **.00**
18. Vermont income tax from Form IN-111, Line 14 **18.** 15156 **.00**
19. Computed tax credit (**DIVIDE Line 9 by Line 17. MULTIPLY the result by Line 18.**) Result cannot be more than 100% of Vermont tax.
 Line 9 154000 x Line 18 15156
 Line 17 262000 **19.** 8908 **.00**
20. Income tax paid to another state or Canadian province based on modified Adjusted Gross Income from Line 9 above **20.** 10000 **.00**
21. **VERMONT CREDIT** for income tax paid to another state or Canadian province. Enter the lesser of Line 19 or Line 20. Also enter on Form IN-111, Line 17 **21.** 8908 **.00**

Test 5: Amended Return**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 Adress:	1 Main Street
Date of Birth	October 31, 1970

Return Information:

Federal AGI:	70,000
Net Modifications to AGI:	2260
Personal Exemptions:	2
2024 Estimated Tax Payments:	2000
Total Interest & Dividend income from state and local obligations as reported on federal 1040:	6000
Interest & dividend income from state and local obligations included in line 1:	500
Capital Gain Exclusion:	2000
Student Loan Interest Paid in 2024:	8260
Student Loan Interest already deducted on federal 1040:	2500
Number of qualifying children:	1
Child Information:	Cell E Brate 400-55-8044
Year of Birth:	2024
Child Tax Credit:	1000
Vermont Higher Education Investment:	2500
Green Up Vermont:	25
Vermont Veteran's Fund:	50

2024 Form IN-111

Vermont Income Tax Return

DEPT USE ONLY



* 2 4 1 1 1 1 0 0 *

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

Please PRINT in BLUE or BLACK INK

Form with fields for Taxpayer's Last Name (OSS), First Name (KAY), Social Security Number (400008042), Mailing Address (1 MAIN ST, DOVER, VT 05302), and Filing Status (RESIDENT).

Main calculation section with lines 1-16. Line 1: 70000.00, Line 2: -2260.00, Line 3: 67740.00, Line 4: 14850.00, Line 5d: 10200.00, Line 6: 25050.00, Line 7: 42690.00, Line 8: 1430.00, Line 9: .00, Line 10: 1430.00, Line 11: .00, Line 12: .00, Line 13: .00, Line 14: 1430.00, Line 15: 100.0000%, Line 16: 1430.00

Taxpayer's Last Name	Social Security Number
OSS	400008042



Amount from Line 16	1430 .00
---------------------	----------

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

17. _____ **.00** + 18. _____ **250 .00** = 19. _____ **250 .00**

20. Vermont Income Tax after credits (**SUBTRACT Line 19 from Line 16.**
If Line 19 is greater than Line 16, enter -0-). 20. _____ **1180 .00**

21. Child Care Contributions for Self-Employed individuals (see instructions for calculation) 21. _____ **.00**

22. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). . . Check to certify no Use Tax is due. **OR** 22. _____ **.00**

23. Total Vermont Taxes (**ADD Lines 20 through 22**) 23. _____ **1180 .00**

Vermont Children's Trust Foundation	Vermont Veterans Fund	Green Up Vermont	Nongame Wildlife Fund	Total Contributions
-------------------------------------	-----------------------	------------------	-----------------------	----------------------------

24a. _____ **.00** + 24b. _____ **50 .00** + 24c. _____ **25 .00** + 24d. _____ **.00** = 24e. _____ **75 .00**

25. Total of Vermont Taxes and Voluntary Contributions (**ADD Lines 23 and 24e**) 25. _____ **1255 .00**

26a. 2024 Vermont Tax Withheld from W-2, 1099 26a. _____ **.00**

26b. 2024 Estimated Tax payments, amount carried forward from 2023, and/or payment made with 2024 extension. 26b. _____ **2000 .00**

26c. Refundable Credits (Schedule IN-112, Part II: **Full-Year Residents**-Line 8; **Part-Year Residents**-Line 12) 26c. _____ **1000 .00**

26d. 2024 Vermont Real Estate Withholding from Form RW-171 26d. _____ **.00**

26e. 2024 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 26e. _____ **.00**

26f. Total Payments and Credits (**ADD Lines 26a through 26e**) 26f. _____ **3000 .00**

27. Overpayment. **If Line 25 is less than Line 26f, SUBTRACT Line 25 from Line 26f** 27. _____ **1745 .00**

28a. Refund to be credited to 2025 Estimated Tax Payment 28a. _____ **.00**

28b. Refund to be credited to 2025 Property Tax Bill 28b. _____ **.00**

29. REFUND AMOUNT (**SUBTRACT Lines 28a and 28b from Line 27**) 29. _____ **1745 .00**

30. **If Line 25 is more than Line 26f, subtract Line 26f from Line 25.**
See instructions on tax due 30. _____ **.00**

31. **Interest and Penalty on Underpayment of Estimated Tax.** . 31. _____ **.00** 32. **AMOUNT DUE**
(Worksheet IN-152 or IN-152A) (ADD Lines 30 and 31) 32. _____ **.00**

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .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 (MMDDYYYY)	Date of Birth (MMDDYYYY) 10311970	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MMDDYYYY)	Date of Birth (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

Check if the Department of Taxes may discuss this return with the preparer shown.
5454

Keep a copy for your records.

2024 Schedule IN-112



* 2 4 1 1 2 1 1 0 0 *

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or BLACK INK

INCLUDE WITH FORM IN-111

Table with 4 columns: Taxpayer's Last Name, First Name, MI, Taxpayer's Social Security Number. Values: OSS, KAY, , 400008042

PART I

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax... 6000 .00
2. Interest and dividend income from Vermont state and local obligations included in Line 1... 500 .00
3. Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1) ... 5500 .00
4. Bonus Depreciation Allowed under Federal Law for 202400
5. Other (reserved) ... RESERVED .00
6. Total Additions (ADD Line 3 and Line 4) ... 5500 .00

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

- 7. Interest Income from U.S. Obligations... .00
8. Capital Gains Exclusion (Schedule IN-153, Line 21) ... 2000 .00
9. Adjustment for Prior Years' Bonus Depreciation... .00
10. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040)... .00
11. Medical Expense Deduction (see the worksheet in the instructions)... .00
12. 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)00
15a. For residents only - Enter the total student loan interest you paid in 2024 on qualified student loans... 8260 .00
15b. For residents only - Enter any student loan interest already deducted on federal Form 1040, Schedule 1, Line 21... 2500 .00
15c. Subtract Line 15b from Line 15a. If filing jointly and AGI is greater than \$200,000, enter -0-. All other filers, if AGI is greater than \$120,000, enter -0-... 5760 .00
16. Other (reserved) ... RESERVED .00
17. Total Subtractions (ADD Lines 7 through 14 and Line 15c)... 7760 .00

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

- 18. SUBTRACT Line 17 from Line 6. Enter on Form IN-111, Line 2... -2260 .00
This can be a negative number.

Schedule IN-112

Page 1 of 2

Rev. 10/24

Taxpayer's Last Name	Social Security Number
OSS	400008042



PART II

REFUNDABLE CREDITS

Child and Dependent Care Credit - Resident and Part-Year Resident

- 1. Child and Dependent Care Credit (federal Form 2441, Line 11)1. _____ **.00**
- 2. Vermont Child and Dependent Care Credit (**MULTIPLY Line 1 by 72% (0.72)**)2. _____ **.00**

Child Tax Credit - Resident and Part-Year Resident

- 3. Number of qualifying children3. _____ 1
List only children who qualify for Child Tax Credit (born 2019 through 2024) below

Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth
BRATE	CELL	E	400558044	2024
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 by \$1,000**). See instructions for credit amount if your Adjusted Gross Income from Form IN-111, Line 1 is over \$125,0004. _____ 1000 **.00**

Earned Income Tax Credit - Resident and Part-Year Resident

- 5. Number of qualifying children from federal Schedule EIC5. _____
- 6. Federal Earned Income Tax Credit. Enter amount from federal Form 10406. _____ **.00**
- 7. Vermont Earned Income Tax Credit: **MULTIPLY Line 6 by 38% (0.38)**7. _____ **.00**

Refundable Tax Credits - Resident and Part-Year Resident

- 8. Total Vermont Refundable Tax Credits (**ADD Lines 2, 4, and 7**)8. _____ 1000 **.00**
Full-Year Residents: Enter this amount on Form IN-111, Line 26c.
Part-Year Residents: Complete Lines 9 through 12.

Refundable Tax Credits Adjusted for Part-Year Residents

- 9. Enter amount from Schedule IN-113, Line 14B, Vermont Portion of Total Income9. _____ **.00**
- 10. Enter amount from Schedule IN-113, Line 14A, Total Income10. _____ **.00**
- 11. Refundable Tax Credits Adjustment Percentage. (**DIVIDE Line 9 by Line 10, then MULTIPLY the result by 100**)11. _____ **%**
- 12. Total Vermont Refundable Credits Adjusted for Part-Year Residents. (**MULTIPLY Line 8 by Line 11**). Enter this amount on Form IN-111, Line 26c.12. _____ **.00**

2024 Schedule IN-119

**Vermont Tax Adjustments and
Nonrefundable Credits**



* 2 4 1 1 9 1 1 0 0 *

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) 2. _____ **.00**
- 3. Tax from federal Form 4972, Tax on Lump-Sum Distributions . . 3. _____ **.00**
- 4. **ADD Lines 1 through 3.** 4. _____ **.00**
- 5. **MULTIPLY Line 4 by 24% (0.24)** 5. _____ **.00**
- 6. Recapture of Vermont Credits (See instructions) 6. _____ **.00**
- 7. **ADD Lines 5 and 6.** 7. _____ **.00**

SUBTRACTIONS FROM VERMONT TAX

- 8. Credit for the Elderly or the Disabled (federal Schedule R) 8. _____ **.00**
- 9. Investment Tax Credit - Vermont-based only (See instructions) 9. _____ **.00**
- 10. Vermont Farm Income Averaging Credit (from worksheet in instructions) 10. _____ **.00**
- 11. **ADD Lines 8 through 10.** 11. _____ **.00**
- 12. **MULTIPLY Line 11 by 24% (0.24)** 12. _____ **.00**
- 13. Vermont-based Solar Energy Credit carryforward 13. _____ **.00**
- 14. **ADD Lines 12 and 13** 14. _____ **.00**

NET ADJUSTMENTS TO VERMONT TAX

- 15. **SUBTRACT Line 14 from Line 7.** 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
OSS	400008042



INCLUDE WITH FORM IN-111

PART II VERMONT INCOME TAX CREDITS

1. Vermont Higher Education Investment (32 V.S.A. § 5825a) See instructions 2500 **.00** 2024 Contribution eligible for credit TIMES (X) .10 = Credit 250 **.00**

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

Name of Entity	FEIN

If credits from more than one business entity, fill out a separate IN-119 for each entity.

	<u>Column A</u> Earned in 2024	PLUS (+)	<u>Column B</u> Carryforward	EQUALS (=)	<u>Column C</u>
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) 3A.	_____ .00		3B. _____ .00		3C. _____ .00
4. Research & Development (32 V.S.A. § 5930ii) 4A.	_____ .00		4B. _____ .00		4C. _____ .00

Prior approval required from Vermont Housing Finance Agency for Line 5

5. Affordable Housing (32 V.S.A. § 5930u) 5A.	_____ .00		5B. _____ .00		5C. _____ .00
6. Historic Rehabilitation (32 V.S.A. § 5930cc(a)) 6A.	_____ .00		6B. _____ .00		6C. _____ .00
7. Facade Improvement (32 V.S.A. § 5930cc(b)) 7A.	_____ .00		7B. _____ .00		7C. _____ .00
8. Code Improvements (32 V.S.A. § 5930cc(c)) 8A.	_____ .00		8B. _____ .00		8C. _____ .00

9. **ADD Column C, Lines 1 through 8.** If no credit claimed on Line 10, enter this amount on Form IN-111, Line 18 . . . 9. _____ **250 .00**

Tax Credit Calculation Worksheet

10. Vermont Entrepreneur's Seed Capital Fund (32 V.S.A. § 5830b)	10. _____ .00
11. Enter adjusted Vermont income tax amount from Form IN-111, Line 16	11. _____ .00
12. Enter credit for income tax paid to another state or Canadian province from Form IN-111, Line 17	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 result cannot be less than zero	15. _____ .00
16. MULTIPLY Line 15 by 50% (0.50)	16. _____ .00
17. Enter the lesser of Line 10 or Line 16.	17. _____ .00
18. Total Credits Allowable. ADD Lines 14 and 17	18. _____ .00
19. Total Income Tax Credits Available. Enter the lesser of Line 13 or Line 18. Enter this amount on Form IN-111, Line 18.	19. _____ .00

2024 Schedule IN-153

**Vermont Capital Gains Exclusion
Calculation**



* 2 4 1 5 3 1 1 0 0 *

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. 2000 **.00**
- 2. Enter amount from:
 - 2a. Federal Form 1040, Schedule D, Line 18. 2a. _____ **.00**
 - 2b. Federal Form 1040, Schedule D, Line 19. 2b. _____ **.00**
- 3. Add Lines 2a and 2b 3. _____ **.00**
- 4. Subtract Line 3 from Line 1. 4. 2000 **.00**

If you filed federal Form 4952, complete Lines 5 through 7

- 5. Enter amount from:
 - 5a. Federal Form 4952, Line 4g. 5a. _____ **.00**
 - 5b. Federal Form 4952, Line 4e. 5b. _____ **.00**
- 5c. Multiply Line 5a by Line 5b and enter result here 5c. _____ **.00**
- 5d. Federal Form 4952, Line 4b. 5d. _____ **.00**
- 5e. Federal Form 4952, Line 4e. 5e. _____ **.00**
- 6. Add Lines 5d and 5e; enter result here 6. _____ **.00**
- 7. Divide Line 5c by Line 6; enter result here 7. _____ **.00**
- 8. Subtract Line 7 from Line 4. Entry cannot be less than zero. 8. 2000 **.00**
- 9. Enter the smaller of Line 8 or \$5,000 9. 2000 **.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.)

- 10. Enter the amount from Part I, Line 410. _____ .00
- 11. Enter amount of adjusted net capital gain from the sale of assets held for three years or less11. _____ .00
- 12. Assets held for more than three years. Subtract Line 11 from Line 10. Entry cannot be less than zero12. _____ .00

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 or nonprimary home.....13a. _____ .00
- 13b. Depreciable personal property (except for farm property or standing timber) 13b. _____ .00
- 13c. Stocks or bonds publicly traded or traded on an exchange or any other financial instruments13c. _____ .00
- 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 of net adjusted capital gain eligible for exclusion15. _____ .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 federal Form 4952.....16. _____ .00
- 17. Subtract Line 16 from Line 1517. _____ .00
- 18. Multiply Line 17 by 40%; enter result or \$350,000, whichever is less.18. _____ .00

PART III. CAPITAL GAINS EXCLUSION

- 19. Enter the *greater of* Line 9 or Line 1819. _____ 2000 .00
- 20. Multiply $\frac{70000.00}{\text{Federal Taxable Income}}$ x 40% and enter result here20. _____ 28000 .00
- 21. Enter the *smaller of* Line 19 or Line 20. This is your capital gains exclusion. Enter on Schedule IN-112, Part I, Line 821. _____ 2000 .00

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:	Married Filing Jointly
School District Code:	126
911 Address:	133 State Street
Spouse Name:	Milk A Holic
Spouse SSN:	400-00-8080
Spouse Date of Birth:	June 18, 1975

Return Information:

Federal AGI:	42000
Total VT Taxes:	568
VT Business Schedule C Profit:	32000
NH Business Schedule C Profit:	10000
2024 Estimated Payments:	800
Refundable Credits:	1674
Refund to 2025 Property Tax Bill:	500
Refund Amount:	1270
Qualifying Child:	1
Qualifying Child #1:	Mon E Holic 400-55-8047 09/23/2022
Qualifying Child from Federal EIC:	1
Child Care Contribution:	16
Use Tax:	120
SPAN:	405-126-12001
Business Use:	0.00%
Rental Use:	0.00%
Improvements:	None
Domicile:	Yes
Claimed:	No
Selling:	No
Housesite Value:	350,000
Housesite Education Tax:	5,100

Housesite Municipal Tax:	3,200
Ownership Percentage:	100.00%
Household Income:	43574
Other Person:	Sam I Am 400-00-8048
Child Support:	8000

2024 Form IN-111

Vermont Income Tax Return

DEPT USE ONLY



* 2 4 1 1 1 1 0 0 *

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

Please PRINT in BLUE or BLACK INK

Form header section containing taxpayer information, residency status, and filing status.

- 1. Federal Adjusted Gross Income (federal Form 1040, Line 11) 42000.00
2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 18) .00
3. Federal AGI with Modifications (ADD Lines 1 and 2) 42000.00
4. 2024 Vermont Standard Deduction from filing status section above. 14850.00
5. Personal Exemptions: 5a. 1, 5b. 1, 5c. , 5d. 2
5e. MULTIPLY Line 5d by \$5,100 (2024 Personal Exemption) 10200.00
6. ADD Lines 4 and 5e 25050.00
7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3. If less than zero, enter -0-) 16950.00
8. Vermont Income Tax from tax table or tax rate schedule 568.00
9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 15) .00
10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9. If less than zero, enter -0-) 568.00
11. Tax-Deductible Charitable Contribution .00
12. Multiply Line 11 by 5% (0.05) .00
13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) .00
14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 568.00
15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%) 100.0000 %
16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15) 568.00

Taxpayer's Last Name	Social Security Number
HOLIC	400008045



Amount from Line 16 568 .00

- Other State Credit** (Schedule IN-117, Line 21) **Vermont Tax Credits** (Schedule IN-119, Part II) **Total Vermont Credits** (Add Lines 17 and 18)
17. .00 + 18. .00 = 19. .00
20. Vermont Income Tax after credits (**SUBTRACT Line 19 from Line 16.**
If Line 19 is greater than Line 16, enter -0-). 20. 568 .00
21. Child Care Contributions for Self-Employed individuals (see instructions for calculation) 21. 16 .00
22. Use Tax for taxable items on which no sales tax was charged,
including online purchases. (See instructions, worksheet, and chart). . . Check to certify
no Use Tax is due. **OR** 22. 120 .00
23. Total Vermont Taxes (**ADD Lines 20 through 22**) 23. 704 .00
- | | | | | |
|-------------------------------------|-----------------------|------------------|-----------------------|----------------------------|
| Vermont Children's Trust Foundation | Vermont Veterans Fund | Green Up Vermont | Nongame Wildlife Fund | Total Contributions |
|-------------------------------------|-----------------------|------------------|-----------------------|----------------------------|
- 24a. .00 + 24b. .00 + 24c. .00 + 24d. .00 = 24e. .00
25. Total of Vermont Taxes and Voluntary Contributions (**ADD Lines 23 and 24e**) 25. 704 .00
- 26a. 2024 Vermont Tax Withheld from W-2, 1099 26a. .00
- 26b. 2024 Estimated Tax payments, amount carried forward from 2023,
and/or payment made with 2024 extension. 26b. 800 .00
- 26c. Refundable Credits (Schedule IN-112, Part II:
Full-Year Residents-Line 8; **Part-Year Residents**-Line 12) 26c. 1674 .00
- 26d. 2024 Vermont Real Estate Withholding from Form RW-171 26d. .00
- 26e. 2024 Nonresident Estimated Tax payments
(nonresident withholding) allocated on Schedule K-1VT, Line 5 26e. .00
- 26f. Total Payments and Credits (**ADD Lines 26a through 26e**) 26f. 2474 .00
27. Overpayment. **If Line 25 is less than Line 26f, SUBTRACT Line 25 from Line 26f** 27. 1770 .00
- 28a. Refund to be credited to 2025 Estimated Tax Payment 28a. 500 .00
- 28b. Refund to be credited to 2025 Property Tax Bill 28b. .00
29. REFUND AMOUNT (**SUBTRACT Lines 28a and 28b from Line 27**) 29. 1270 .00
30. **If Line 25 is more than Line 26f, subtract Line 26f from Line 25.**
See instructions on tax due 30. .00
31. **Interest and Penalty on Underpayment of Estimated Tax.** . 31. .00 32. **AMOUNT DUE**
(Worksheet IN-152 or IN-152A) (ADD Lines 30 and 31) 32. .00

For Amended Returns Only:	Original refund received <u>.00</u>	Refund due now <u>.00</u>	Original payment <u>.00</u>	Amount due now <u>.00</u>
---------------------------	-------------------------------------	---------------------------	-----------------------------	---------------------------

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)	Date of Birth (MMDDYYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MMDDYYYY)	Date of Birth (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	

Check if the Department of Taxes may discuss this return with the preparer shown.
5454

Keep a copy for your records.

2024 Schedule IN-112



* 2 4 1 1 2 1 1 0 0 *

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or BLACK INK

INCLUDE WITH FORM IN-111

Table with 4 columns: Taxpayer's Last Name, First Name, MI, Taxpayer's Social Security Number. Values: HOLIC, CHOC, A, 400008045

PART I

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax... .00
2. Interest and dividend income from Vermont state and local obligations included in Line 1... .00
3. Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1)00
4. Bonus Depreciation Allowed under Federal Law for 202400
5. Other (reserved) ... RESERVED .00
6. Total Additions (ADD Line 3 and Line 4)00

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

- 7. Interest Income from U.S. Obligations... .00
8. Capital Gains Exclusion (Schedule IN-153, Line 21)00
9. Adjustment for Prior Years' Bonus Depreciation... .00
10. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040)... .00
11. Medical Expense Deduction (see the worksheet in the instructions)... .00
12. 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)00
15a. For residents only - Enter the total student loan interest you paid in 2024 on qualified student loans... .00
15b. For residents only - Enter any student loan interest already deducted on federal Form 1040, Schedule 1, Line 21... .00
15c. Subtract Line 15b from Line 15a. If filing jointly and AGI is greater than \$200,000, enter -0-. All other filers, if AGI is greater than \$120,000, enter -0-... .00
16. Other (reserved) ... RESERVED .00
17. Total Subtractions (ADD Lines 7 through 14 and Line 15c)... .00

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

- 18. SUBTRACT Line 17 from Line 6. Enter on Form IN-111, Line 2... .00
This can be a negative number.

Taxpayer's Last Name	Social Security Number
HOLIC	400008045



PART II

REFUNDABLE CREDITS

Child and Dependent Care Credit - Resident and Part-Year Resident

- 1. Child and Dependent Care Credit (federal Form 2441, Line 11)1. _____ **.00**
- 2. Vermont Child and Dependent Care Credit (**MULTIPLY Line 1 by 72% (0.72)**)2. _____ **.00**

Child Tax Credit - Resident and Part-Year Resident

- 3. Number of qualifying children3. _____ 1
List only children who qualify for Child Tax Credit (born 2019 through 2024) below

Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth
HOLIC	MON	E	400558047	2022
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 by \$1,000**). See instructions for credit amount if your Adjusted Gross Income from Form IN-111, Line 1 is over \$125,0004. _____ 1000 **.00**

Earned Income Tax Credit - Resident and Part-Year Resident

- 5. Number of qualifying children from federal Schedule EIC5. _____ 1
- 6. Federal Earned Income Tax Credit. Enter amount from federal Form 10406. _____ 1773 **.00**
- 7. Vermont Earned Income Tax Credit: **MULTIPLY Line 6 by 38% (0.38)**7. _____ 674 **.00**

Refundable Tax Credits - Resident and Part-Year Resident

- 8. Total Vermont Refundable Tax Credits (**ADD Lines 2, 4, and 7**)8. _____ 1674 **.00**
Full-Year Residents: Enter this amount on Form IN-111, Line 26c.
Part-Year Residents: Complete Lines 9 through 12.

Refundable Tax Credits Adjusted for Part-Year Residents

- 9. Enter amount from Schedule IN-113, Line 14B, Vermont Portion of Total Income9. _____ **.00**
- 10. Enter amount from Schedule IN-113, Line 14A, Total Income10. _____ **.00**
- 11. Refundable Tax Credits Adjustment Percentage. (**DIVIDE Line 9 by Line 10, then MULTIPLY the result by 100**)11. _____ **%**
- 12. Total Vermont Refundable Credits Adjusted for Part-Year Residents. (**MULTIPLY Line 8 by Line 11**). Enter this amount on Form IN-111, Line 26c.12. _____ **.00**

2025 Form HS-122

Vermont Homestead Declaration AND Property Tax Credit Claim



DUE DATE: April 15, 2025. You may file up to Oct. 15, 2025, 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

This form must be filed each year by every Vermont resident whose property meets the definition of a homestead.

SECTION A.

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, 2025. If your homestead is leased to a tenant on April 1, 2025, you may still claim it as a homestead if it is not leased for more than 182 days in the 2025 calendar year.

Please PRINT in BLUE or BLACK INK

Form with fields for Claimant's Last Name (HOLIC), First Name (CHOC), MI (A), Social Security Number (400008045), Spouse's/Partner's Last Name (HOLIC), First Name (MILK), MI (A), Social Security Number (400008046), Mailing Address (133 STATE ST), City (MONTPELIER), State (VT), ZIP Code (05601), Date of Birth (05051978), Location of Homestead (133 STATE ST), City/Town of Legal Residence (MONTPELIER, VT), and Filing Status (Married/CU Filing Jointly).

A1. SPAN - REQUIRED (from the 2024/2025 property tax bill) A1. 405 - 126 - 12001

A2. Business Use of Dwelling A2. %

A3. Rental Use of Dwelling A3. %

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 No

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

A7. Homestead property crosses town boundaries (File a declaration for each town.)

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, Section B, for property tax credit. Sign on Page 2.

Mail to: Vermont Department of Taxes PO Box 1881 Montpelier, VT 05601-1881

Claimant's Last Name	Social Security Number
HOLIC	400008045



* 2 5 1 2 2 1 2 0 0 *

DUE DATE: April 15, 2025. Generally, claims cannot be accepted after Oct. 15, 2025.

SECTION B. PROPERTY TAX CREDIT CLAIM

For Household Income up to \$115,000. 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 2024? Yes, Go to Line B2. No, STOP.
- B2. Were you claimed as a dependent in 2024 by another taxpayer? Yes, STOP. No, Go to Line B3.
- B3. Do you anticipate selling this Vermont housesite on or before April 1, 2025? Yes, STOP. No, Continue

Amounts for Lines B4 through B6 are found on the 2024/2025 property tax bill. Round amounts to the nearest dollar.

- B4. Housesite Value B4. 350000.00
- B5. Housesite Education Tax. B5. 5100.00
- B6. Housesite Municipal Tax B6. 3200.00
- B7. Ownership Interest B7. 100.00 %
- B8. Household Income (Schedule HI-144, Line z).
You MUST attach Schedule HI-144. B8. 43574.00 Check here if amended Schedule HI-144, Household Income, is included.

Complete the following **ONLY if applicable** from Form LRC-147, Part B.

- B9. For Profit Mobile Home Lot Rent (Allocable Rent from Form LRC-147) B9. .00

Not-For-Profit Mobile Home Park, Cooperative, and Land Trust

- B10. Allocated Education Tax. B10. .00
- B11. Allocated Municipal Tax. B11. .00

OR Property Tax from contiguous property if housesite has less than 2 acres (See instructions.)

- B12. Contiguous property Education Tax B12. .00
- B13. Contiguous property Municipal Tax B13. .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

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

2024 Schedule HI-144



* 2 4 1 4 4 1 1 0 0 *

Household Income

For the year Jan. 1 - Dec. 31, 2024

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2025 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Table with 4 columns: Claimant's Last Name, First Name, MI, Claimant's Social Security Number. Rows for HOLIC and Spouse's/CU Partner's Last Name (HOLIC).

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 2024. 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 2024. Do not include their income on this form.

Table with 4 columns: Other Person #1 Last Name, First Name, MI, Other Person #1 Social Security Number. Row for AM.

Main income table with 4 columns: 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. Rows a through n.

Claimant's Last Name	Social Security Number
HOLIC	400008045



* 2 4 1 4 4 1 2 0 0 *

Carried forward from Line o 42000 .00 .00 8000 .00

<p>p. See instructions. Enter Social Security and Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment tax from federal Schedule SE. This entry may differ from W-2/1099 or federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or federal Schedule SE if not included with income tax filing</p>	1. Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other People
	p. <u>6426 .00</u>	<u>.00</u>	<u>.00</u>
<p>q. Child support paid. You must include proof of payment. See instructions</p>	q. <u>.00</u>	<u>.00</u>	<u>.00</u>

Support paid to: Last Name	First Name	MI	Social Security Number

r. Allowable adjustments from federal Form 1040

r1. Business expenses for Reservists	r1. <u>.00</u>	<u>.00</u>	<u>.00</u>
r2. Alimony paid	r2. <u>.00</u>	<u>.00</u>	<u>.00</u>
r3. Self-employed health insurance deduction	r3. <u>.00</u>	<u>.00</u>	<u>.00</u>
r4. Health Savings Account deduction	r4. <u>.00</u>	<u>.00</u>	<u>.00</u>
s. ADD Lines p, q, and total of Lines r1 through r4 for each column	s. <u>6426 .00</u>	<u>.00</u>	<u>.00</u>
t. SUBTRACT Line s from Line o of each column. If a negative amount, enter -0-	t. <u>355574 .00</u>	<u>.00</u>	<u>8000 .00</u>

u. ADD all three amounts from Line t. If a negative amount, enter -0- **u.** 43574 .00

v. Complete if born Jan. 1, 1960 and after. Enter interest and dividend income from Lines e and f. **v.** .00 | .00 | .00 |

w. ADD all three amounts from Line v. **w.** .00

x. Asset Adjustment of Interest and Dividend Income (Lines e and f). Per 32 V.S.A. § 6061E **x.** 10,000.00

y. SUBTRACT Line x from Line w. If Line x is more than Line w, enter -0- **y.** .00

z. HOUSEHOLD INCOME. ADD Line u and Line y **z.** 43574 .00

HOMEOWNERS Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year. Homeowners with Household Income up to \$115,000 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, 2025. Homeowners filing a property tax credit, Form HS-122, Section B, and Schedule HI-144, between April 16 and Oct. 15, 2025, may still qualify for a Property Tax Credit. Generally, claims cannot be accepted after Oct. 15, 2025.

CHILD CARE CONTRIBUTION WORKSHEET

Complete this worksheet if you have self-employment income reported on federal Form 1040, Schedule SE.

- | | | | |
|----|--|----|-----------------|
| 1. | Enter the amount from federal Form 1040, Schedule SE, Line 6 | 1. | <u>38787</u> |
| 2. | Enter the amount of income reported on Line 1 that was earned for work performed outside of Vermont. | 2. | <u>10000</u> |
| 3. | Subtract Line 2 from Line 1 | 3. | <u>28787</u> |
| 4. | Multiply Line 3 by 0.5. This represents the amount of income reported on Line 3 earned before July 1, 2024. (Income earned between Jan. 1, 2024 and June 30, 2024 is excluded from the 2024 CCC calculation. If using an alternate method, please attach a written statement.) | 4. | <u>14393.50</u> |
| 5. | Subtract Line 4 from Line 3. | 5. | <u>14393.50</u> |
| 6. | Multiply Line 5 by 0.11% (0.0011).
Enter this amount on Form IN-111, Line 21 | 6. | <u>16</u> |

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
Spouse Name:	Annetta Stein
Mailing Address:	33 Spooky Lane
City:	Woodstock
State:	VT
Zip Code:	05035
Date of Birth:	October 31, 1955
Filing Status:	Married
911 Adress:	33 Spooky Lane Woodstock, VT

Return Information:

SPAN:	786-250-10501
Business Use:	10%
Rental Use:	30%
Improvements:	Yes
Housesite Value:	425,000
Housesite Education Tax:	6,650
Housesite Municipal Tax:	3,500
Ownership Percentage:	100.00%
Household Income:	108,000

2025 Form HS-122

Vermont Homestead Declaration AND Property Tax Credit Claim



DUE DATE: April 15, 2025. You may file up to Oct. 15, 2025, 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

This form must be filed each year by every Vermont resident whose property meets the definition of a homestead.

SECTION A.

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, 2025. If your homestead is leased to a tenant on April 1, 2025, you may still claim it as a homestead if it is not leased for more than 182 days in the 2025 calendar year.

Please PRINT in BLUE or BLACK INK

Form with fields for Claimant's Last Name (STEIN), First Name (FRANK), MI (N), Social Security Number (400008051), Spouse's/Partner's Last Name (STEIN), First Name (ANNETTA), MI, Social Security Number (400008090), Mailing Address (33 SPOOKY LANE, WOODSTOCK, VT 05035), Date of Birth (10311955), Location of Homestead (33 SPOOKY LANE, WOODSTOCK, VT), and Federal Filing Status (Married/CU Filing Jointly).

A1. SPAN - REQUIRED (from the 2024/2025 property tax bill)..... A1. 786 - 250 - 10501

A2. Business Use of Dwelling..... A2. _____ %

A3. Rental Use of Dwelling..... A3. 30.00 %

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. [X] Yes [] No

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

[] A7. Homestead property crosses town boundaries (File a declaration for each town.)

[] 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, Section B, for property tax credit. Sign on Page 2.

Mail to: Vermont Department of Taxes PO Box 1881 Montpelier, VT 05601-1881

Claimant's Last Name	Social Security Number
STEIN	400008051



* 2 5 1 2 2 1 2 0 0 *

DUE DATE: April 15, 2025. Generally, claims cannot be accepted after Oct. 15, 2025.

SECTION B.

PROPERTY TAX CREDIT CLAIM

For Household Income up to \$115,000. 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 2024? Yes, Go to Line B2. No, STOP.
- B2. Were you claimed as a dependent in 2024 by another taxpayer? Yes, STOP. No, Go to Line B3.
- B3. Do you anticipate selling this Vermont housesite on or before April 1, 2025? Yes, STOP. No, Continue

Amounts for Lines B4 through B6 are found on the 2024/2025 property tax bill. Round amounts to the nearest dollar.

B4. Housesite Value	B4.	425000	.00
B5. Housesite Education Tax.	B5.	6650	.00
B6. Housesite Municipal Tax	B6.	3500	.00
B7. Ownership Interest	B7.	100	.00 %
B8. Household Income (Schedule HI-144, Line z). You MUST attach Schedule HI-144.	B8.	108000	.00 <input type="checkbox"/> Check here if amended Schedule HI-144, Household Income, is included.

Complete the following **ONLY if applicable** from Form LRC-147, Part B.

B9. For Profit Mobile Home Lot Rent (Allocable Rent from Form LRC-147)	B9.		.00
--	-----	--	-----

Not-For-Profit Mobile Home Park, Cooperative, and Land Trust

B10. Allocated Education Tax.	B10.		.00
B11. Allocated Municipal Tax.	B11.		.00

OR Property Tax from contiguous property if housesite has less than 2 acres (See instructions.)

B12. Contiguous property Education Tax	B12.		.00
B13. Contiguous property Municipal Tax	B13.		.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

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

2024 Schedule HI-144



* 2 4 1 4 4 1 1 0 0 *

Household Income

For the year Jan. 1 - Dec. 31, 2024

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2025 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Table with 4 columns: Claimant's Last Name, First Name, MI, Claimant's Social Security Number; Spouse's/CU Partner's Last Name, First Name, MI, Claimant's Date of Birth (MMDDYYYY)

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 2024. 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 2024. Do not include their income on this form.

Table with 4 columns: 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

Main income table with 4 columns: 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. Rows include a-n for various income types and total income.

Claimant's Last Name	Social Security Number
STEIN	400008051



* 2 4 1 4 4 1 2 0 0 *

Carried forward from Line o 51500 .00 .00 56500 .00

<p>p. See instructions. Enter Social Security and Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment tax from federal Schedule SE. This entry may differ from W-2/1099 or federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or federal Schedule SE if not included with income tax filing</p>	1. Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other People
	p. .00	.00	.00
q. Child support paid. You must include proof of payment. See instructions	q. .00	.00	.00

Support paid to: Last Name	First Name	MI	Social Security Number

r. Allowable adjustments from federal Form 1040

r1. Business expenses for Reservists	r1. .00	.00	.00
r2. Alimony paid	r2. .00	.00	.00
r3. Self-employed health insurance deduction	r3. .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 column	s. .00	.00	.00
t. SUBTRACT Line s from Line o of each column. If a negative amount, enter -0-	t. 51500 .00	.00	56500 .00

u. ADD all three amounts from Line t. If a negative amount, enter -0- u. 108000 .00

v. Complete if born Jan. 1, 1960 and after. Enter interest and dividend income from Lines e and f v. .00 .00 .00

w. ADD all three amounts from Line v w. .00

x. Asset Adjustment of Interest and Dividend Income (Lines e and f). Per 32 V.S.A. § 6061E x. 10,000.00

y. SUBTRACT Line x from Line w. If Line x is more than Line w, enter -0- y. .00

z. HOUSEHOLD INCOME. ADD Line u and Line y z. 108000 .00

HOMEOWNERS Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year. Homeowners with Household Income up to \$115,000 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, 2025. Homeowners filing a property tax credit, Form HS-122, Section B, and Schedule HI-144, between April 16 and Oct. 15, 2025, may still qualify for a Property Tax Credit. Generally, claims cannot be accepted after Oct. 15, 2025.

Test 8: Cannabis with Farmer/Fisherman Return**Required Vermont Forms/Schedules:** IN-111, IN-112, IN-113**Taxpayer(s) Information:**

Primary SSN:	400-00-8052
Name:	Tom A Too
Residency Status:	Non-Resident
Mailing Address:	110 Bartlett St
City:	Hinsdale
State:	NH
Zip Code:	03451
Filing Status:	Single
School District Code:	999
911 Address:	110 Bartlett St
Date of Birth:	July 4, 1985

Return Information:

Federal AGI:	343,666
VT Standard Deduction:	7,400
Personal Exemptions:	1
Income Adjustment Percentage:	98.7892%
Use Tax:	None
Total Interest and dividends exempt from federal tax:	4,733
Interest and Dividends income from VT state and local obligations:	178
Interest Income from U.S. Obligations:	240
Muni Bond:	4555
2024 VT Tax Withheld:	21850

IN-113

Other State Residency:	NH
Federal Wages:	339,505
VT Wages:	339,505
Federal Taxable Interest:	23
Federal Ordinary Dividends:	5,732
Federal Capital gain/loss:	-1594

Direct Debit Information:

Routing Number:	021212103
Checking Account Number:	358742618

2024 Form IN-111

Vermont Income Tax Return

DEPT USE ONLY



* 2 4 1 1 1 1 0 0 *

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

Please PRINT in BLUE or BLACK INK

Form header section containing taxpayer information, mailing address, Vermont residency status, and filing status.

Main calculation section with lines 1 through 16, including Federal Adjusted Gross Income, deductions, exemptions, and final Vermont Income Tax.

Taxpayer's Last Name	Social Security Number
TOO	400008052



Amount from Line 16 23566 .00

- Other State Credit** (Schedule IN-117, Line 21) **Vermont Tax Credits** (Schedule IN-119, Part II) **Total Vermont Credits** (Add Lines 17 and 18)
17. .00 + 18. .00 = 19. .00
20. Vermont Income Tax after credits (**SUBTRACT Line 19 from Line 16.**
If Line 19 is greater than Line 16, enter -0-). 20. 23566 .00
21. Child Care Contributions for Self-Employed individuals (see instructions for calculation) 21. .00
22. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). . . Check to certify no Use Tax is due. **OR** 22. .00
23. Total Vermont Taxes (**ADD Lines 20 through 22**) 23. 23566 .00
- | | | | | |
|-------------------------------------|-----------------------|------------------|-----------------------|----------------------------|
| Vermont Children's Trust Foundation | Vermont Veterans Fund | Green Up Vermont | Nongame Wildlife Fund | Total Contributions |
|-------------------------------------|-----------------------|------------------|-----------------------|----------------------------|
- 24a. .00 + 24b. .00 + 24c. .00 + 24d. .00 = 24e. .00
25. Total of Vermont Taxes and Voluntary Contributions (**ADD Lines 23 and 24e**) 25. 23566 .00
- 26a. 2024 Vermont Tax Withheld from W-2, 1099 26a. 21850 .00
- 26b. 2024 Estimated Tax payments, amount carried forward from 2023, and/or payment made with 2024 extension. 26b. .00
- 26c. Refundable Credits (Schedule IN-112, Part II: **Full-Year Residents**-Line 8; **Part-Year Residents**-Line 12) 26c. .00
- 26d. 2024 Vermont Real Estate Withholding from Form RW-171 26d. .00
- 26e. 2024 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 26e. .00
- 26f. Total Payments and Credits (**ADD Lines 26a through 26e**) 26f. 21850 .00
27. Overpayment. **If Line 25 is less than Line 26f, SUBTRACT Line 25 from Line 26f** 27. .00
- 28a. Refund to be credited to 2025 Estimated Tax Payment 28a. .00
- 28b. Refund to be credited to 2025 Property Tax Bill 28b. .00
29. REFUND AMOUNT (**SUBTRACT Lines 28a and 28b from Line 27**) 29. .00
30. **If Line 25 is more than Line 26f, subtract Line 26f from Line 25.**
See instructions on tax due 30. 1716 .00
31. **Interest and Penalty on Underpayment of Estimated Tax.** . 31. .00 32. **AMOUNT DUE** (ADD Lines 30 and 31) 32. 1716 .00
(Worksheet IN-152 or IN-152A)

For Amended Returns Only:	Original refund received <u>.00</u>	Refund due now <u>.00</u>	Original payment <u>.00</u>	Amount due now <u>.00</u>
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MMDDYYYY)	Date of Birth (MMDDYYYY) 07041985	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MMDDYYYY)	Date of Birth (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

Check if the Department of Taxes may discuss this return with the preparer shown.
5454

Keep a copy for your records.

2024 Schedule IN-112



* 2 4 1 1 2 1 1 0 0 *

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or BLACK INK

INCLUDE WITH FORM IN-111

Table with 4 columns: Taxpayer's Last Name, First Name, MI, Taxpayer's Social Security Number. Values: TOO, TOM, A, 400008052

PART I

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax... 4733 .00
2. Interest and dividend income from Vermont state and local obligations included in Line 1... 178 .00
3. Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1) ... 4555 .00
4. Bonus Depreciation Allowed under Federal Law for 202400
5. Other (reserved) ... RESERVED .00
6. Total Additions (ADD Line 3 and Line 4) ... 4555 .00

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

- 7. Interest Income from U.S. Obligations... 240 .00
8. Capital Gains Exclusion (Schedule IN-153, Line 21)00
9. Adjustment for Prior Years' Bonus Depreciation... .00
10. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040)... .00
11. Medical Expense Deduction (see the worksheet in the instructions)... .00
12. 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)00
15a. For residents only - Enter the total student loan interest you paid in 2024 on qualified student loans... .00
15b. For residents only - Enter any student loan interest already deducted on federal Form 1040, Schedule 1, Line 21... .00
15c. Subtract Line 15b from Line 15a. If filing jointly and AGI is greater than \$200,000, enter -0-. All other filers, if AGI is greater than \$120,000, enter -0-... .00
16. Other (reserved) ... RESERVED .00
17. Total Subtractions (ADD Lines 7 through 14 and Line 15c)... 240 .00

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

- 18. SUBTRACT Line 17 from Line 6. Enter on Form IN-111, Line 2... 4315 .00
This can be a negative number.

Taxpayer's Last Name	Social Security Number
TOO	400008052



PART II

REFUNDABLE CREDITS

Child and Dependent Care Credit - Resident and Part-Year Resident

- 1. Child and Dependent Care Credit (federal Form 2441, Line 11)1. _____ **.00**
- 2. Vermont Child and Dependent Care Credit (**MULTIPLY Line 1 by 72% (0.72)**)2. _____ **.00**

Child Tax Credit - Resident and Part-Year Resident

- 3. Number of qualifying children3. _____
List only children who qualify for Child Tax Credit (born 2019 through 2024) below

Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth
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 by \$1,000**). See instructions for credit amount if your Adjusted Gross Income from Form IN-111, Line 1 is over \$125,0004. _____ **.00**

Earned Income Tax Credit - Resident and Part-Year Resident

- 5. Number of qualifying children from federal Schedule EIC5. _____
- 6. Federal Earned Income Tax Credit. Enter amount from federal Form 10406. _____ **.00**
- 7. Vermont Earned Income Tax Credit: **MULTIPLY Line 6 by 38% (0.38)**7. _____ **.00**

Refundable Tax Credits - Resident and Part-Year Resident

- 8. Total Vermont Refundable Tax Credits (**ADD Lines 2, 4, and 7**)8. _____ **.00**
Full-Year Residents: Enter this amount on Form IN-111, Line 26c.
Part-Year Residents: Complete Lines 9 through 12.

Refundable Tax Credits Adjusted for Part-Year Residents

- 9. Enter amount from Schedule IN-113, Line 14B, Vermont Portion of Total Income9. _____ **.00**
- 10. Enter amount from Schedule IN-113, Line 14A, Total Income10. _____ **.00**
- 11. Refundable Tax Credits Adjustment Percentage. (**DIVIDE Line 9 by Line 10, then MULTIPLY the result by 100**)11. _____ **%**
- 12. Total Vermont Refundable Credits Adjusted for Part-Year Residents. (**MULTIPLY Line 8 by Line 11**). Enter this amount on Form IN-111, Line 26c.12. _____ **.00**

2024 Schedule IN-113



* 2 4 1 1 3 1 1 0 0 *

Vermont Income Adjustment Calculations

Please PRINT in BLUE or BLACK INK

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

INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	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 residency in 2024		Name of State(s), Canadian province, or country during non-Vermont residency (use standard 2-character abbreviation)
From (MMDDYYYY):	To (MMDDYYYY):	
		NH

	A. Federal Amount \$	B. Vermont Portion \$
1. Wages, salaries, tips, etc. 1A.	339505.00	1B. 339505.00
2. Taxable interest. 2A.	23.00	2B. .00
3. Ordinary dividends 3A.	5732.00	3B. .00
4. Taxable IRAs, pensions, and annuities. 4A.	.00	4B. .00
5. Taxable Social Security 5A.	.00	5B. .00
6. Taxable refunds of state and local income taxes 6A.	.00	6B. .00
7. Alimony received 7A.	.00	7B. .00
8. Business income or loss 8A.	.00	8B. .00
9. Capital gain or loss 9A.	-1594.00	9B. .00
10. Rents, royalties, partnerships, S corporations, trusts, etc 10A.	.00	10B. .00
11. Farm income or loss 11A.	.00	11B. .00
12. Unemployment compensation 12A.	.00	12B. .00
13. Other: Specify. 13A.	.00	13B. .00
14. TOTAL INCOME (ADD Lines 1 through 13) 14A.	343666.00	14B. 339505.00

Taxpayer's Last Name	Social Security Number
TOO	400008052



* 2 4 1 1 3 1 2 0 0 *

	Column A. Federal Amount \$	Column B. Vermont Portion \$
15. IRA, Keogh/SEP/SIMPLE (Reported on federal Form 1040) 15A.	.00	15B. .00
Self _____ Spouse _____		
16. Student Loan Interest (Reported on Form 1040) 16A.	.00	16B. .00
17. Employee Deductions: Reservists, Performing Artists, Fee-basis Gov't Officials (Reported on Form 1040) 17A.	.00	17B. .00
18. Self-Employment Deductions: Tax and Health Insurance (Reported on Form 1040) . . 18A.	.00	18B. .00
19. Health Savings Account (Reported on Form 1040) 19A.	.00	19B. .00
20. Moving Expenses (Reported on Form 1040) . 20A.	.00	20B. .00
21. Penalty on Early Withdrawal of Savings (Reported on Form 1040) 21A.	.00	21B. .00
22. Alimony Paid (Reported on Form 1040) . . . 22A.	.00	22B. .00
23. Domestic Production Activities (Reported on Form 1040) 23A.	.00	23B. .00
24. Educator Expenses and Tuition & Fees (Reported on Form 1040) 24A.	.00	24B. .00
25. Deductions not listed above but reported on Form 1040 25A.	.00	25B. .00
26. TOTAL ADJUSTMENTS (ADD Lines 15 through 25) 26A.	.00	26B. .00
27. Adjusted Gross Income (SUBTRACT Line 26A from Line 14A) 27.		343666 .00
28. Vermont Portion of AGI (SUBTRACT Line 26B from Line 14B) 28.		339505 .00
29. Non-Vermont Income (SUBTRACT Line 28 from Line 27) Also enter on Part II, Line 31 below. 29.		4161 .00

PART II. Adjustment for Vermont Exempt Income and Military Exempt Income

30. Adjusted Gross Income. If Part I completed, enter Line 27 amount. Otherwise, enter amount from Form IN-111, Line 1 30.		343666 .00
31. Non-Vermont Income (Line 29 above) 31.	4161 .00	
32. Military pay. Number of months on active duty _____ (See instructions) 32.	.00	
33. Total (ADD Lines 31 and 32) 33.		4161 .00
34. Vermont Income (SUBTRACT Line 33 from Line 30) 34.		339505 .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.		98 .7892 %

Test 9**Required Vermont Forms/Schedules:** IN-111, RCC-146**Taxpayer(s) Information:**

Primary SSN:	400-00-8053
Name:	Tax Payer
Mailing Address:	12 Hideaway Lane Apt 1
City:	Bennington
State:	VT
Zip Code:	05201
911 Address:	12 Hideaway Lane Apt 1
School District Code:	015
Filing Status:	Married Filing Separately
Residency Status:	Resident
Date of Birth:	March 4, 1991

Return Information:

Federal AGI:	35,000
Personal Exemptions:	3
Vermont Tax from Table:	412
Use Tax:	60
W-2 Withholding:	247

Renter Credit:

Pay Income Tax Liability:	Yes
SPAN	051-015-12111
Domiciled:	Yes
Claimed:	No
Rented in VT 6 months or more:	Yes
Share Rental:	No
Rent Subsidized:	No
Months Rented:	12

2024 Form IN-111

Vermont Income Tax Return

DEPT USE ONLY



* 2 4 1 1 1 1 0 0 *

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

Please PRINT in BLUE or BLACK INK

Form with fields for Taxpayer's Last Name, First Name, MI, Social Security Number, Spouse's/Partner's Last Name, First Name, MI, Social Security Number, Mailing Address, City, State, ZIP Code, Foreign Country, Vermont School District Code, Vermont Residency Status, Filing Status and Standard Deduction, and various checkboxes for AMENDED, CANNABIS, RECOMPUTED, EXTENDED, and FARMER/FISHERMAN.

- 1. Federal Adjusted Gross Income (federal Form 1040, Line 11) 1. 35000.00
2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 18) 2. .00
3. Federal AGI with Modifications (ADD Lines 1 and 2)..... 3. 35000.00
4. 2024 Vermont Standard Deduction from filing status section above. 4. 7400.00
5. Personal Exemptions:
5a. Enter "1" for yourself if no one can claim you as a dependent
5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent
5c. Enter number of OTHER dependents claimed on federal Form 1040
5d. Total Exemptions (ADD Lines 5a through 5c)
5a. 1 + 5b. + 5c. 2 = 5d. 3
5e. MULTIPLY Line 5d by \$5,100 (2024 Personal Exemption)..... 5e. 15300.00
6. ADD Lines 4 and 5e 6. 22700.00
7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3. If less than zero, enter -0-)..... 7. 12300.00
8. Vermont Income Tax from tax table or tax rate schedule 8. 412.00
9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 15)..... 9. .00
10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9. If less than zero, enter -0-) 10. 412.00
11. Tax-Deductible Charitable Contribution (See instructions) 11. .00
12. Multiply Line 11 by 5% (0.05) 12. .00
13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 13. .00
14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 14. 412.00
15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%)..... 15. 100.0000 %
16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15)..... 16. 412.00

Taxpayer's Last Name	Social Security Number
PAYER	400008053



Amount from Line 16	412 .00
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Other State Credit (Schedule IN-117, Line 21) **Vermont Tax Credits** (Schedule IN-119, Part II) **Total Vermont Credits** (Add Lines 17 and 18)

17. _____ **.00** + 18. _____ **.00** = 19. _____ **.00**

20. Vermont Income Tax after credits (**SUBTRACT Line 19 from Line 16.**
If Line 19 is greater than Line 16, enter -0-). 20. _____ **412 .00**

21. Child Care Contributions for Self-Employed individuals (see instructions for calculation) 21. _____ **.00**

22. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). . . Check to certify no Use Tax is due. **OR** 22. _____ **60 .00**

23. Total Vermont Taxes (**ADD Lines 20 through 22**) 23. _____ **472 .00**

Vermont Children's Trust Foundation	Vermont Veterans Fund	Green Up Vermont	Nongame Wildlife Fund	Total Contributions
-------------------------------------	-----------------------	------------------	-----------------------	----------------------------

24a. _____ **.00** + 24b. _____ **.00** + 24c. _____ **.00** + 24d. _____ **.00** = 24e. _____ **.00**

25. Total of Vermont Taxes and Voluntary Contributions (**ADD Lines 23 and 24e**) 25. _____ **472 .00**

26a. 2024 Vermont Tax Withheld from W-2, 1099 26a. _____ **247 .00**

26b. 2024 Estimated Tax payments, amount carried forward from 2023, and/or payment made with 2024 extension. 26b. _____ **.00**

26c. Refundable Credits (Schedule IN-112, Part II: **Full-Year Residents**-Line 8; **Part-Year Residents**-Line 12) 26c. _____ **.00**

26d. 2024 Vermont Real Estate Withholding from Form RW-171 26d. _____ **.00**

26e. 2024 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 26e. _____ **.00**

26f. Total Payments and Credits (**ADD Lines 26a through 26e**) 26f. _____ **247 .00**

27. Overpayment. **If Line 25 is less than Line 26f, SUBTRACT Line 25 from Line 26f** 27. _____ **.00**

28a. Refund to be credited to 2025 Estimated Tax Payment 28a. _____ **.00**

28b. Refund to be credited to 2025 Property Tax Bill 28b. _____ **.00**

29. REFUND AMOUNT (**SUBTRACT Lines 28a and 28b from Line 27**) 29. _____ **.00**

30. **If Line 25 is more than Line 26f, subtract Line 26f from Line 25.**
See instructions on tax due 30. _____ **225 .00**

31. **Interest and Penalty on Underpayment of Estimated Tax.** . 31. _____ **.00** 32. **AMOUNT DUE** (ADD Lines 30 and 31) 32. _____ **225 .00**
(Worksheet IN-152 or IN-152A)

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .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 (MMDDYYYY)	Date of Birth (MMDDYYYY) 03041991	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MMDDYYYY)	Date of Birth (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

Check if the Department of Taxes may discuss this return with the preparer shown.
5454

Keep a copy for your records.

Vermont Department of Taxes
2024 Form RCC-146
Vermont Renter Credit Claim

For the year
 Jan. 1 - Dec. 31,
 2024



Claimant's Last Name		First Name		MI	Claimant's Social Security Number	
PAYER		TAX			4 0 0 0 8 0 5 3	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
Mailing Address (Number and Street/Road or PO Box)				Claimant's Date of Birth (MMDDYYYY)		
12 HIDEAWAY LANE APT 1				03041991		
City		State	ZIP Code		County of Rental Unit	
BENNINGTON		VT	05201		BENNINGTON	
Vermont School District Code	Physical Address of Rental Unit on 12/31/2024			Unit	City/Town of Rental Unit on 12/31/2024 and State	
015	12 HIDEAWAY LANE			1	BENNINGTON VT	
Federal Filing Status				Will you be using Renter Credit to pay Income Tax liability?		
<input type="checkbox"/> Single <input type="checkbox"/> Married/CU Filing Jointly <input checked="" type="checkbox"/> Married/CU Filing Separately <input type="checkbox"/> Head of Household				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

1. SPAN. To find your SPAN, please see instructions. 1. 051 - 015 - 12111

- To determine eligibility, answer questions 2 through 4.
2. Were you domiciled in Vermont all of calendar year 2024? 2. Yes, Go to Question 3. No, STOP. You are not eligible.
3. Were you claimed as a dependent by another taxpayer in 2024? . . . 3. Yes, STOP. You are not eligible. No, Go to Question 4.
4. Did you rent in Vermont for six months or more in 2024? 4. Yes, Go to Question 5. No, STOP. You are not eligible.

If you are eligible for a Renter Credit, complete Lines 5 through 14.

5. Did you share your rental unit with another adult who was *not* your jointly filed spouse? 5. Yes No
6. Was your rent subsidized? 6. Yes No

6a. If "Yes", how many months was your rent subsidized in 2024? 6a. _____

7. Number of months rented in 2024 7. 12
8. Number of Personal Exemptions claimed (from Form IN-111, Line 5d)
 (See the instructions if you did not file Form IN-111) 8. 3
9. Did you file a federal income tax return? (See the instructions if you answered "No.") 9. Yes No
10. Total Income (from federal Form 1040, Line 9) 10. 35000.00
11. 75% of nontaxable Social Security benefits
 (from federal Form 1040, Line 6a minus Line 6b. Multiply result by 0.75) 11. .00
12. Tax-exempt interest (from federal Form 1040, Line 2a) 12. .00
13. Add back any negative amounts from federal Form 1040, Line 7 and Schedule 1, Lines 3, 4, 5, 6, and 8a.
 (See instructions) 13. .00
14. Total (ADD Lines 10 through 13) 14. 35000.00

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 (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

Test 10:

Required Vermont Forms/Schedules: RCC-146

Taxpayer(s) Information:

Primary SSN:	400-00-8056
Name:	Snow C Flake
Residency Status:	Resident
Mailing Address:	PO Box 205
City:	Bethel
State:	VT
Zip Code:	05032
Date of Birth:	September 12, 2002
Filing Status:	Single
School District Code:	019
911 Address:	11 N Rd Apt A
Town of Legal Residence:	Bethel

Return Information:

Total Income:	20,000
SPAN:	063-019-10054
Number of Months Rented:	12
Exemptions:	1
Subsidized Rent:	Yes
Months Subsidized:	3

Vermont Department of Taxes
2024 Form RCC-146
Vermont Renter Credit Claim

For the year
 Jan. 1 - Dec. 31,
 2024



Claimant's Last Name FLAKE		First Name SNOW		MI C	Claimant's Social Security Number 4 0 0 0 0 8 0 5 6
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number
Mailing Address (Number and Street/Road or PO Box) PO BOX 205				Claimant's Date of Birth (MMDDYYYY) 1 1 1 2 2 0 0 2	
City BETHEL		State VT	ZIP Code 0 5 0 3 2		County of Rental Unit WINDSOR
Vermont School District Code 0 1 9	Physical Address of Rental Unit on 12/31/2024 1 1 N RD		Unit A	City/Town of Rental Unit on 12/31/2024 and State BETHEL VT	
Federal Filing Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married/CU Filing Jointly <input type="checkbox"/> Married/CU Filing Separately <input type="checkbox"/> Head of Household				Will you be using Renter Credit to pay Income Tax liability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

1. SPAN. To find your SPAN, please see instructions. 1. 063 - 019 - 10054

To determine eligibility, answer questions 2 through 4.

2. Were you domiciled in Vermont all of calendar year 2024? 2. Yes, Go to Question 3. No, STOP. You are not eligible.
3. Were you claimed as a dependent by another taxpayer in 2024? . . . 3. Yes, STOP. You are not eligible. No, Go to Question 4.
4. Did you rent in Vermont for six months or more in 2024? 4. Yes, Go to Question 5. No, STOP. You are not eligible.

If you are eligible for a Renter Credit, complete Lines 5 through 14.

5. Did you share your rental unit with another adult who was *not* your jointly filed spouse? 5. Yes No
6. Was your rent subsidized? 6. Yes No
- 6a. If "Yes", how many months was your rent subsidized in 2024? 6a. 3
7. Number of months rented in 2024 7. 12
8. Number of Personal Exemptions claimed (from Form IN-111, Line 5d)
 (See the instructions if you did not file Form IN-111) 8. 1
9. Did you file a federal income tax return? (See the instructions if you answered "No.") 9. Yes No
10. Total Income (from federal Form 1040, Line 9) 10. .00
11. 75% of nontaxable Social Security benefits
 (from federal Form 1040, Line 6a minus Line 6b. Multiply result by 0.75) 11. 20000.00
12. Tax-exempt interest (from federal Form 1040, Line 2a) 12. .00
13. Add back any negative amounts from federal Form 1040, Line 7 and Schedule 1, Lines 3, 4, 5, 6, and 8a.
 (See instructions) 13. .00
14. Total (ADD Lines 10 through 13) 14. 20000.00

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 (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

Test 11:

Required Vermont Forms/Schedules: IN-151

Taxpayer(s) Information:

Primary SSN:	400-00-8059
Name:	Winnie T Pooh
Mailing Address:	13 Main St
City:	Hardwick
State:	VT
Zip Code:	05843
Filing Status:	Single
Email:	winniepooh12@gmail.com

Return Information:

Estimated Tax Liability:	2500
Previous Payments Made:	1000
Amount Paid with Extension:	1500

Direct Debit Information for Vermont:

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

2024 Form IN-151



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

- This form must be filed if you are unable to file your Vermont Income Tax Return by the due date of April 15, 2025 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 penalty accrue on any tax due from April 16 to the date the Department receives your payment of tax.
- **NOTE:** This extension does *not* apply to Form HS-122, Vermont Homestead Declaration OR Property Tax Credit Claim. Form HS-122 is due April 15 of the current year. Late-filed Homestead Declarations will be charged a late filing penalty up to 8% of the corrected education tax by the town.
- **Did you know?** You can file an extension online. Visit us on the web at myvtax.vermont.gov.

Taxpayer's Last Name		First Name		MI	Taxpayer's Social Security Number	
POOH		WINNIE		T	4 0 0 0 0 8 0 5 9	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
Mailing Address (Number and Street/Road or PO Box)					For Department Use Only	
13 MAIN ST						
City	State	ZIP Code				
HARDWICK	VT	05843				
Foreign Country (if not United States)				Email Address		
				winniepooh12@gmail.com		

TAX CALCULATION WORKSHEET

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

1. Estimated individual income tax liability. **1.** 2500 **.00**
2. Previous payments **2.** 1000 **.00**
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:	Val E Ball
Mailing Address:	23 Court St
City:	Montpelier
State:	VT
Zip Code:	05602
Filing Status:	Married Filing Jointly
Spouse Name:	400-00-8070
Email:	doublebounce23@yahoo.com

Return Information:

Estimated Tax Liability:	600
Previous Payments Made:	600
Amount Paid with Extension:	0

2024 Form IN-151



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

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- 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 penalty accrue on any tax due from April 16 to the date the Department receives your payment of tax.
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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		
BALL		VAL		E	4 0 0 0 0 8 0 5 8		
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number		
BALL		SOCK		R	4 0 0 0 0 8 0 7 0		
Mailing Address (Number and Street/Road or PO Box)					For Department Use Only		
23 COURT ST							
City	State	ZIP Code					
MONTPELIER	VT	05601					
Foreign Country (if not United States)				Email Address			
				doublebounce23@yahoo.com			

TAX CALCULATION WORKSHEET

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

1. Estimated individual income tax liability. **1.** 600 **.00**
2. Previous payments **2.** 600 **.00**
3. Amount of tax paid with extension **3.** 0 **.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:	Oak Tree
Residency Status:	Resident
Mailing Address:	12 Spruce Lane
City:	Northfield
State:	VT
Zip Code:	05663
Filing Status:	Married Filing Jointly
Spouse SSN:	400-00-8061
Spouse Name:	Pine A Tree

Return Information:

Estimated Payment Requirement:	1100
April 15, 2025 Payment:	200
June 16, 2025 Payment :	300
September 15, 2025 Payment:	500
January 15, 2026 Payment:	100

Direct Debit Information for Vermont:

Routing Number:	211672531
Checking Account Number:	75123123

Form IN-114

**Vermont Individual Income Estimated
Tax Payment Voucher**

DEPT
USE
ONLY



Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name TREE		First Name OAK		MI	Taxpayer's Social Security Number 400008060
Spouse's/CU Partner's Last Name TREE		First Name PINE		MI A	Spouse's or CU Partner's Social Security Number 400008061
Mailing Address (Number and Street/Road or PO Box) 12 SPRUCE LANE					Tax Year 2025
City NORTHFIELD		State VT	ZIP Code or Postal Code 05663		
Foreign Country (if not United States)					Amount of this payment 200 .00

5454

Form IN-114
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 2024 Tax Liability divided by 4	\$ _____
	OR	
	90% of 2025 Tax Liability (calculated below)	
Line 1	Estimated 2025 Vermont Taxable Income	1. \$ _____
Line 2	Estimated 2025 Vermont Tax: Use 2025 preliminary tax schedules (See instructions)	2. \$ _____
Line 3	Estimated 2025 Vermont Tax with Adjustments. See instructions for Form IN-111, Line 10.	3. \$ _____
Line 4	Estimated Income Adjustment. See instructions for Form IN-111, Line 15.	4. _____ %
Line 5	Adjusted Vermont Tax (Multiply Line 3 by Line 4)	5. \$ _____
Line 5a	Expected 2025 Vermont Tax Withholding	5a. \$ _____
Line 6	2025 Estimated Tax Liability (Line 5 minus Line 5a)	6. \$ _____
Line 7	Quarterly payments due (Divide Line 6 by 4)	7. \$ _____

You can check the status of your estimated payments online at myVTax.vermont.gov under Payments, "Find my Estimated Payment."

Payment Due Dates

1st Quarter	APR 15, 2025
2nd Quarter	JUN 16, 2025
3rd Quarter	SEP 15, 2025
4th Quarter	JAN 15, 2026

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)
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