

Vermont Department of Taxes

2025 Form FIT-161

Vermont Fiduciary Return of Income



\* 2 5 1 6 1 1 0 0 \*

|                                                                 |  |       |                                                                                                                                                                                                                                                              |                                |
|-----------------------------------------------------------------|--|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Name of Estate or Trust                                         |  |       | FEIN                                                                                                                                                                                                                                                         | Date of Death (MMDDYYYY)       |
| 123456789012345678901234567890123456                            |  |       | 123456789                                                                                                                                                                                                                                                    | MMDDYYYY                       |
| Name of Fiduciary                                               |  |       | Title of Fiduciary                                                                                                                                                                                                                                           | Tax year BEGIN date (MMDDYYYY) |
| 123456789012345678901234567890123456                            |  |       | 123456789012345                                                                                                                                                                                                                                              | MMDDYYYY                       |
| Mailing Address of Fiduciary (Number and Street/Road or PO Box) |  |       | State of Domicile at Death<br>and/or Creation of Trust                                                                                                                                                                                                       | Tax year END date (MMDDYYYY)   |
| 123456789012345678901234567890123456                            |  |       | 12                                                                                                                                                                                                                                                           | MMDDYYYY                       |
| Additional Line for Mailing Address of Fiduciary, if needed     |  |       | Check ONE                                                                                                                                                                                                                                                    |                                |
| 123456789012345678901234567890123456                            |  |       | <input checked="" type="checkbox"/> Estate <input checked="" type="checkbox"/> Revocable Trust <input checked="" type="checkbox"/> Bankruptcy Estate <input checked="" type="checkbox"/> Grantor Trust <input checked="" type="checkbox"/> Irrevocable Trust |                                |
| City                                                            |  | State | ZIP Code                                                                                                                                                                                                                                                     |                                |
| 12345678901234567890123                                         |  | 12    | 1234567890                                                                                                                                                                                                                                                   |                                |
| Foreign Country                                                 |  |       | <input checked="" type="checkbox"/> Check here if this is an EXTENDED return <input checked="" type="checkbox"/> Check here if this is an AMENDED return <input checked="" type="checkbox"/> Check here if this is your FINAL return                         |                                |
| 12345678901234567890123456789012                                |  |       |                                                                                                                                                                                                                                                              |                                |

A. Were any distributions reported on federal Form 1041, Line 18, made to nonresident beneficiaries? A. ☒ Yes ☒ No

B. Did the estate or trust have non-Vermont municipal bond income?  
If "Yes," see instructions for both Line 2a and Schedule FIT-166, Part I . . . . . B. ☒ Yes ☒ No

C. Are any present or future trust beneficiaries skip persons? . . . . . C. ☒ Yes ☒ No

D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? . . . . . D. ☒ Yes ☒ No

|                                                                                                                                                   |     |                |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------|-----|
| 1. Federal taxable income from Form 1041, Line 23, or modified gross income of<br>Qualified Settlement Fund (from federal Form 1120-SF) . . . . . | 1.  | 12345678901234 | .00 |
| 2a. Income from Non-Vermont state and local obligations<br>(from Schedule FIT-166, Part I, Line 3) . . . . .                                      | 2a. | 12345678901234 | .00 |
| 2b. Bonus Depreciation allowed under federal law for 2025 . . . . .                                                                               | 2b. | 12345678901234 | .00 |
| 2c. State and local income taxes included on federal Form 1041, Line 11.<br>(See instructions) . . . . .                                          | 2c. | 12345678901234 | .00 |
| 3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.) . . . . .                                                                 | 3.  | 12345678901234 | .00 |
| 4a. Interest income from U.S. Obligations . . . . .                                                                                               | 4a. | 12345678901234 | .00 |
| 4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21.<br>If less than zero, enter -0-.) . . . . .                                          | 4b. | 12345678901234 | .00 |
| 4c. Adjustment for prior years' Bonus Depreciation . . . . .                                                                                      | 4c. | 12345678901234 | .00 |
| 4d. Add Lines 4a, 4b, and 4c . . . . .                                                                                                            | 4d. | 12345678901234 | .00 |
| 5. Vermont taxable income (Line 3 minus Line 4d) . . . . .                                                                                        | 5.  | 12345678901234 | .00 |
| 6. Vermont Tax from the tax rate schedule on page 2 of this form . . . . .                                                                        | 6.  | 12345678901234 | .00 |
| 7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c) . . . . .                                                                   | 7.  | 12345678901234 | .00 |
| 8. Subtractions from Vermont Tax (from Schedule FIT-166, Part II, Line 2e) . . . . .                                                              | 8.  | 12345678901234 | .00 |
| 9. Vermont Tax with Additions and Subtractions<br>(Add Lines 6 and 7, then subtract Line 8) . . . . .                                             | 9.  | 12345678901234 | .00 |
| 10. Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%) . . . . .                                                               | 10. | 123 1234       | %   |

|                                      |
|--------------------------------------|
| Name of Estate or Trust              |
| 123456789012345678901234567890123456 |
| FEIN                                 |
| 123456789                            |



11. Adjusted tax (Multiply Line 9 by Line 10).....11. 12345678901234 .00
12. Other states credit (from Schedule FIT-167, Line 21) .....12. 12345678901234 .00
13. Total Vermont taxes (Line 11 minus Line 12) .....13. 12345678901234 .00
14. Payment
- 14a. Vermont Tax Withheld on 1099..... 14a. 12345678901234 .00
- 14b. Estimated Tax or Extension Payments..... 14b. 12345678901234 .00
- 14c. Vermont Real Estate Withholding. Attach copy of Form RW-171 or Schedule K-1VT ... 14c. 12345678901234 .00
- 14d. Nonresident Payments from Form WH-435.... 14d. 12345678901234 .00
- 14e. 2024 Overpayment Applied ..... 14e. 12345678901234 .00
- 14f. Total Payments (Add Lines 14a, 14b, 14c, 14d, and 14e) ..... 14f. 12345678901234 .00
15. Overpayment: If Line 13 is less than Line 14f, subtract Line 13 from Line 14f ..... 15. 12345678901234 .00
16. Amount of overpayment to be credited to 2026 taxes ..... 16. 12345678901234 .00
17. Amount of overpayment to be REFUNDED (Line 15 minus Line 16) ..... 17. 12345678901234 .00
18. BALANCE DUE: If Line 14f is less than Line 13, subtract Line 14f from Line 13... 18. 12345678901234 .00

Vermont 2025 Tax Schedule

| If Taxable income is over | But not over | The Vermont Tax is | of the amount over |
|---------------------------|--------------|--------------------|--------------------|
| \$0                       | \$3,300      | 3.35%              | \$0                |
| \$3,300                   | \$7,750      | \$111.00 + 6.60%   | \$3,300            |
| \$7,750                   | \$11,900     | \$404.00 + 7.60%   | \$7,750            |
| \$11,900                  | ---          | \$720.00 + 8.75%   | \$11,900           |

If filing for a Qualified Settlement Fund, tax is 8.95% of taxable income.

File this return no later than the 15th day of the fourth month following the close of the operating or income year. Attach a legible copy of the federal Form 1041, U.S. Income Tax Return for Estates and Trusts, or federal Form 1120-SF for the same taxable period.

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration further provides under 32 V.S.A. §§ 5901-5903 that this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

|                                                     |  |                                                            |                             |
|-----------------------------------------------------|--|------------------------------------------------------------|-----------------------------|
| Signature of Responsible Officer                    |  | Date                                                       | Daytime Telephone Number    |
|                                                     |  | MMDDYYYY                                                   | 123-123-1234                |
| Printed Name                                        |  | Email Address (optional)                                   |                             |
| 1234567890123456789012345678901                     |  | 123456789012345678901234567890123456789                    |                             |
| Paid Preparer's Signature                           |  | <input checked="" type="checkbox"/> Check if self-employed | Preparer's Telephone Number |
|                                                     |  | MMDDYYYY                                                   | 123-123-1234                |
| Preparer's Printed Name                             |  | Preparer's Email Address (optional)                        |                             |
| 1234567890123456789012345678901                     |  | 123456789012345678901234567890123456789                    |                             |
| Firm's Name (or yours if self-employed) and address |  | Preparer's SSN or PTIN                                     | FEIN                        |
| 123456789012345678901234567890123456789012          |  | 123456789                                                  | 123456789                   |

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

Form FIT-161  
Page 2 of 2  
Rev. 10/25

5454 Keep a copy for your records.