Vermont Department of Taxes

2025 Schedule FIT-K-1VT-F

Vermont Beneficiary Information for Fiduciaries

25K1F1100

Include with Form FIT-161

Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)
12345678901234567890123456789012345678	123456789	MM DD YYYY

HEADER INFORMATION - REQUIRED ITEMS

Entity Name			FEIN	
OR 12345678901234567890123456789012345678			OR 123456789	
Individual Last Name (Beneficiary)	First Name	Initial	Social Security Number	
123456789012345678	123456789012345678	1	123456789	
Address			Recipient Type (I, C, S, L, P, X, or T)	I
12345678901234568790123456789012345678				
Address, Line 2 (if needed)			Residency Status	X Vermont Resident X Nonresident
12345678901234567890123456789012345678				
City	State	ZIP Code or Postal Code	X Check here if this your FINAL return	
123456789012345678901	12	1234567890		
Foreign Country (if not United States)			Percentage of Estate's or Trust's income or loss to this recipient. Calculate percentage to two places to the right of the decimal point.	100.00 %
12345678901234567890123456789012				

VERMONT RESIDENT BENEFICIARY

1. Beneficiary's share of distributed net income allocated to Vermont	1.	123456789012 .00
2. Interest / dividends from obligations of other states	2.	123456789012 .00
3. Interest / dividends from U.S. obligations	3.	123456789012 .00

VERMONT NONRESIDENT BENEFICIARY

4a. Vermont Business Income	4a.	123456789012 .00
4b. Capital gain or loss allocated to Vermont	4b.	123456789012 .00
4c. Partnership, S Corporation, LLC	4c.	123456789012 .00
4d. Rent, royalties, estates, trusts	4d.	123456789012 .00
4e. Farm income	4e.	123456789012 .00
4f. Other income	4f.	123456789012 .00
4g. Total nonresident income	4g.	123456789012 .00

PAYMENT INFORMATION

5. Total annual nonresident estimated payments allocated to this beneficiary	5.	123456789012 .00
6. Total annual real estate withholding payments allocated to this beneficiary	6.	123456789012 .00
7. Other payments allocated to this beneficiary (1099 withholding, estimates paid)	7.	123456789012 .00
8. Share of total federal bonus depreciation difference. Enter on Schedule IN-112, Line 4 or Line 9.	8.	123456789012 .00
9. Share of total state and local taxes deducted on federal filing	9.	123456789012 .00