

2025 Schedule FIT-K-1VT-F**Vermont Beneficiary Information
for Fiduciaries**

* 2 5 K 1 F 1 1 0 0 *

Include with Form FIT-161

Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)
123456789012345678901234567890123456	123456789	MM DD YYYY

HEADER INFORMATION - REQUIRED ITEMS

Entity Name 123456789012345678901234567890123456			FEIN 123456789		
OR	Individual Last Name (Beneficiary) 12345678901234567	First Name 12345678901234567	Initial 1	OR	Social Security Number 123456789
Address 123456789012345678901234567890123456			Recipient Type (I, C, S, L, P, X, or T) ☐ I		
Address, Line 2 (if needed) 123456789012345678901234567890123456			Residency Status ☒ Vermont Resident ☒ Nonresident		
City 123456789012345678901		State 12	ZIP Code or Postal Code 1234567890		☒ Check here if this your FINAL return
Foreign Country (if not United States) 12345678901234567890123456789012		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 %			

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