

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)

HEADER INFORMATION - REQUIRED ITEMS

Entity Name			FEIN	
OR	Individual Last Name (Beneficiary)		First Name	Initial
Address			Recipient Type (I, C, S, L, P, X, or T) <input type="checkbox"/>	
Address, Line 2 (if needed)			Residency Status <input type="checkbox"/> Vermont Resident <input type="checkbox"/> Nonresident	
City	State	ZIP Code or Postal Code		<input type="checkbox"/> Check here if this your FINAL return
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. %		

VERMONT RESIDENT BENEFICIARY

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

VERMONT NONRESIDENT BENEFICIARY

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

PAYMENT INFORMATION

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