

Vermont Department of Taxes
2025 Form IN-111
Vermont Income Tax Return

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

DEPT
USE
ONLY
☐



Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name 1234567890123 (17)		First Name 1234567890123 (17)		MI 1	Social Security Number 123456789	<input checked="" type="checkbox"/> Check if Deceased
Spouse's/CU Partner's Last Name 1234567890123 (17)		First Name 1234567890123 (17)		MI 1	Social Security Number 123456789	<input checked="" type="checkbox"/> Check if Deceased
Mailing Address (Number and Street/Road or PO Box) 1234567890123456789012345678					911/Physical Street Address on 12/31/2025 12345678901234567890123 (27)	
City 12345678901234567 (21)		State 12	ZIP Code or Foreign Postal Code 1234567890		Foreign Country 123456789012345678 (22)	
Vermont School District Code 123	Vermont Residency Status as of 12/31/2025 (check one)			<input checked="" type="checkbox"/> RESIDENT <input checked="" type="checkbox"/> PART-YEAR RESIDENT <input checked="" type="checkbox"/> NONRESIDENT		
Filing Status and Standard Deduction		<input checked="" type="checkbox"/> Single (\$7,650)	<input checked="" type="checkbox"/> Married/CU Filing Jointly (\$15,300)	<input checked="" type="checkbox"/> Married/CU Filing Separately (\$7,650)	<input checked="" type="checkbox"/> Head of Household (\$11,450)	<input checked="" type="checkbox"/> Qualifying Widow(er) (\$15,300)
<input checked="" type="checkbox"/> Enter Healthcare Coverage Code (See instructions for code options)	Check all that apply	<input checked="" type="checkbox"/> AMENDED Return	<input checked="" type="checkbox"/> CANNABIS With Recomputed Federal Return	<input checked="" type="checkbox"/> RECOMPUTED Return	<input checked="" type="checkbox"/> EXTENDED Return	<input checked="" type="checkbox"/> FARMER / FISHERMAN

1. Federal Adjusted Gross Income (federal Form 1040, Line 11a) 1. 123456789012345 .00
2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 19) 2. 123456789012345 .00
3. Federal AGI with Modifications (ADD Lines 1 and 2) 3. 123456789012345 .00
4. 2025 Vermont Standard Deduction from filing status section above. 4. 123456789012345 .00
Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.
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. 1 | 5c. 12 | 5d. 12 |
- 5e. MULTIPLY Line 5d by \$5,300 (2025 Personal Exemption) 5e. 123456789012345 .00
6. ADD Lines 4 and 5e 6. 123456789012345 .00
7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3.
If less than zero, enter -0-) 7. 123456789012345 .00
8. Vermont Income Tax from tax table or tax rate schedule 8. 123456789012345 .00
(If Line 1 is greater than \$150,000, see instructions)
9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 15) 9. 123456789012345 .00
10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9.
If less than zero, enter -0-) 10. 123456789012345 .00
- | | | |
|--|--|--|
| 11. Tax-Deductible Charitable Contribution (See instructions) 12345678 .00 | 12. Multiply Line 11 by 5% (0.05) 12345678 .00 | 13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 13. 123456789012345 .00 |
|--|--|--|
14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 14. 123456789012345 .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. 123456789012345 .00

Taxpayer's Last Name	Social Security Number
1234567890123 (17)	123456789



* 2 5 1 1 1 1 2 0 0 *

Amount from Line 16 **123456789012.00**

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. **123456789012.00** + 18. **123456789012.00** = 19. **123456789012345.00**

20. Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16.
If Line 19 is greater than Line 16, enter -0-). 20. **123456789012345.00**

21. Child Care Contributions for Self-Employed individuals
(see instructions for calculation). 21. **123456789012345.00**

22. Use Tax for taxable items on which no sales tax
was charged, including online purchases. ☒ Check to certify
(See instructions, worksheet, and chart) no Use Tax is due. OR 22. **1234567890.00**

23. Total Vermont Taxes (ADD Lines 20 through 22). 23. **123456789012345.00**

Vermont Veterans Fund

Green Up Vermont

Nongame Wildlife Fund

Vermont Children's
Trust Foundation

Total Contributions

24a. **1234.00** + 24b. **1234.00** + 24c. **1234.00** + 24d. **1234.00** = 24e. **12345.00**

25. Total of Vermont Taxes and Voluntary Contributions (ADD Lines 23 and 24e). . . 25. **123456789012345.00**

26a. 2025 Vermont Tax Withheld from W-2, 1099 26a. **12345678901.00**

26b. 2025 Estimated Tax payments, amount carried forward
from 2024, and/or payment made with 2025 extension . 26b. **12345678901.00**

26c. Refundable Credits (Schedule IN-112, Part II: Full-Year
Residents-Line 13; Part-Year Residents-Line 17). . . . 26c. **12345678901.00**

26d. 2025 Vermont Real Estate Withholding from
Form RW-171 26d. **12345678901.00**

26e. 2025 Nonresident Estimated Tax payments (nonresident
withholding) allocated on Schedule K-1VT, Line 30. . . 26e. **12345678901.00**

26f. Total Payments and Credits (ADD Lines 26a through 26e). 26f. **123456789012345.00**

27. Overpayment. If Line 25 is less than Line 26f,
SUBTRACT Line 25 from Line 26f 27. **123456789012345.00**

28a. Refund to be credited to 2026 Estimated Tax Payment . . 28a. **12345678901.00**

28b. Refund to be credited to 2026 Property Tax Bill 28b. **12345678901.00**

29. REFUND AMOUNT (SUBTRACT Lines 28a and 28b from Line 27). 29. **123456789012345.00**

30. If Line 25 is more than Line 26f, subtract Line 26f from Line 25.
See instructions on tax due 30. **123456789012345.00**

31. Interest and Penalty on Underpayment of Estimated Tax (Worksheet IN-152 or IN-152A) 31. **1234567890.00**
32. AMOUNT DUE (ADD Lines 30 & 31). 32. **123456789012345.00**

For Amended Returns Only:	Original refund received 1234567890.00	Refund due now 1234567890.00	Original payment 1234567890.00	Amount due now 1234567890.00
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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) MMDDYYYY	Date of Birth (MMDDYYYY) MMDDYYYY	Daytime Telephone Number 123-123-1234
Signature (If a joint return, BOTH must sign.)	Date (MMDDYYYY) MMDDYYYY	Date of Birth (MMDDYYYY) MMDDYYYY	Daytime Telephone Number 123-123-1234
Paid Preparer's Signature	Date (MMDDYYYY) MMDDYYYY	Preparer's Telephone Number 123-123-1234	
Firm's Name (or yours if self-employed) and address 123456789012345678901234567890123456	Preparer's SSN or PTIN 123456789	FEIN 123456789	

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

Keep a copy for your records.

Form IN-111
Page 2 of 2
Rev. 10/25