

Vermont Department of Taxes
2025 Form RCC-146
Vermont Renter Credit Claim

For the year
Jan. 1 - Dec. 31,
2025



Claimant's Last Name		First Name		MI	Claimant's Social Security Number	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
Mailing Address (Number and Street/Road or PO Box)					Claimant's Date of Birth (MMDDYYYY)	
City		State	ZIP Code		County of Rental Unit	
Vermont School District Code	Physical Address of Rental Unit on 12/31/2025			Unit	City/Town of Rental Unit on 12/31/2025 and State	
					VT	
Federal Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married/CU Filing Jointly <input type="checkbox"/> Married/CU Filing Separately <input type="checkbox"/> Head of Household					Will you be using Renter Credit to pay Income Tax liability? <input type="checkbox"/> Yes <input type="checkbox"/> No	

1. SPAN. To find your SPAN, please see instructions. 1. - -
- To determine eligibility, answer questions 2 through 4.
2. Were you domiciled in Vermont all of calendar year 2025? 2. ☐ Yes, Go to Question 3. ☐ No, STOP. You are not eligible.
3. Were you claimed as a dependent by another taxpayer in 2025? 3. ☐ Yes, STOP. You are not eligible. ☐ No, Go to Question 4.
4. Did you rent in Vermont for six months or more in 2025? 4. ☐ Yes, Go to Question 5. ☐ No, STOP. You are not eligible.
- If you are eligible for a Renter Credit, complete Lines 5 through 14.
5. Did you share your rental unit with another adult who was **not** your jointly filed spouse?. 5. ☐ Yes ☐ No
6. Was your rent subsidized? 6. ☐ Yes ☐ No
- 6a. If "Yes", how many months was your rent subsidized in 2025? 6a. _____
7. Number of months rented in 2025 7. _____
8. Number of Personal Exemptions claimed (from Form IN-111, Line 5d)
(See the instructions if you did not file Form IN-111). 8. _____
9. Did you file a federal income tax return? (See the instructions if you answered "No.") 9. ☐ Yes ☐ No
10. Total Income (from federal Form 1040, Line 9) 10. _____ .00
11. 75% of nontaxable Social Security benefits
(from federal Form 1040, Line 6a minus Line 6b. Multiply result by 0.75). 11. _____ .00
12. Tax-exempt interest (from federal Form 1040, Line 2a) 12. _____ .00
13. Add back any negative amounts from federal Form 1040, Line 7 and
Schedule 1, Lines 3, 4, 5, 6, and 8a. (See instructions). 13. _____ .00
14. Total (ADD Lines 10 through 13) 14. _____ .00

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)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MMDDYYYY)	Daytime Telephone Number
Paid Preparer's Signature	Date (MMDDYYYY)	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address	Preparer's SSN or PTIN	FEIN