

Vermont Income ATS Test Package for Tax Year 2025



Test 1: Cannabis with Farmer/Fisherman**Required Vermont Forms/Schedules:** IN-111, IN-112**Taxpayer(s) Information:**

Primary SSN:	400-00-8031
Name:	Joe B James
Residency Status:	Resident
Mailing Address:	57 Shoreline Dr
City:	Brookfield
State:	VT
Zip Code:	05036
Filing Status:	Married Filing Jointly
Spouse SSN:	400-00-8032
Spouse Name:	Jill James
School District Code:	030
911 Address:	57 Shoreline Dr
Date of Birth:	July 15, 1979
Spouse Date of Birth:	December 12, 1980

Return Information:

Federal AGI:	132,000
Additions to Federal AGI:	-3175
Dependents:	1
Tax-Deductible Charitable Contributions:	15000
Vermont Children's Trust Foundation:	100
Refundable Credits:	1292
Nontaxable interest and dividends:	1300
Interest and dividend from VT:	300
Bonus Depreciation:	1000
Interest from US Obligations:	150
Taxable Refunds of State and Local:	325
Medical Deduction:	4500
Bond- Build America:	200
VT Child and Dependent Care Credit:	432
Qualifying Children:	1
Qualifying Child #1:	Si B James 400-55-8033 04/15/2019
Child Tax Credit:	860
W-2 Box 14 Child Care Contribution:	168
Use Tax:	100
W-2 Withholding:	1200

Underpay Penalty & Interest use 90% current year tax year liability	1548
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Direct Debit Information:

Routing Number:	211672531
Checking Account Number:	75123123

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		First Name		MI	Social Security Number	<input type="checkbox"/> Check if Deceased
JAMES		JOE		B	400008031	
Spouse's/CU Partner's Last Name		First Name		MI	Social Security Number	<input type="checkbox"/> Check if Deceased
JAMES		JILL			400008032	
Mailing Address (Number and Street/Road or PO Box)					911/Physical Street Address on 12/31/2025	
57 SHORELINE DR					57 SHORELINE DR	
City		State	ZIP Code or Foreign Postal Code		Foreign Country	
BROOKFIELD		VT	05036			
Vermont School District Code	Vermont Residency Status as of 12/31/2025 (check one)					
030	<input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> PART-YEAR RESIDENT <input type="checkbox"/> NONRESIDENT					
Filing Status and Standard Deduction						
<input type="checkbox"/> Single (\$7,650) <input checked="" type="checkbox"/> Married/CU Filing Jointly (\$15,300) <input type="checkbox"/> Married/CU Filing Separately (\$7,650) <input type="checkbox"/> Head of Household (\$11,450) <input 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 type="checkbox"/> AMENDED Return	<input checked="" type="checkbox"/> CANNABIS With Recomputed Federal Return	<input type="checkbox"/> RECOMPUTED Return	<input type="checkbox"/> EXTENDED Return	<input checked="" type="checkbox"/> FARMER / FISHERMAN

1. Federal Adjusted Gross Income (federal Form 1040, Line 11a) 1. 132000 .00

2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 19) 2. -3175 .00

3. Federal AGI with Modifications (ADD Lines 1 and 2) 3. 128825 .00

4. 2025 Vermont Standard Deduction from filing status section above. 4. 15300 .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. <u>1</u>	5b. <u>1</u>	5c. <u>1</u>	5d. <u>3</u>

5e. MULTIPLY Line 5d by \$5,300 (2025 Personal Exemption) 5e. 15900 .00

6. ADD Lines 4 and 5e 6. 31200 .00

7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3.
If less than zero, enter -0-) 7. 97625 .00

8. Vermont Income Tax from tax table or tax rate schedule 8. 3762 .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. 0000 .00

10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9.
If less than zero, enter -0-) 10. 0000 .00

11. Tax-Deductible Charitable Contribution (See instructions) <u>15000</u> .00	12. Multiply Line 11 by 5% (0.05) <u>750</u> .00	13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 13. <u>750</u> .00
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14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 14. 3012 .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. 3012 .00

Taxpayer's Last Name	Social Security Number
JAMES	4 0 0 0 8 0 3 1



* 2 5 1 1 1 2 0 0 *

Amount from Line 16	3 0 1 2 .00
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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. .00 + 18. .00 = 19. .00

20. Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16.
If Line 19 is greater than Line 16, enter -0-). 20. 3 0 1 2 .00

21. Child Care Contributions for Self-Employed individuals
(see instructions for calculation). 21. .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. 1 0 0 .00

23. Total Vermont Taxes (ADD Lines 20 through 22). 23. 3 1 1 2 .00

Vermont Veterans Fund

Green Up Vermont

Nongame Wildlife Fund

Vermont Children's
Trust Foundation

Total Contributions

24a. .00 + 24b. .00 + 24c. .00 + 24d. 1 0 0 .00 = 24e. 1 0 0 .00

25. Total of Vermont Taxes and Voluntary Contributions (ADD Lines 23 and 24e). . . 25. 3 2 1 2 .00

26a. 2025 Vermont Tax Withheld from W-2, 1099 26a. 1 2 0 0 .00

26b. 2025 Estimated Tax payments, amount carried forward
from 2024, and/or payment made with 2025 extension . 26b. .00

26c. Refundable Credits (Schedule IN-112, Part II: Full-Year
Residents-Line 13; Part-Year Residents-Line 17). . . . 26c. 1 2 9 2 .00

26d. 2025 Vermont Real Estate Withholding from
Form RW-171 26d. .00

26e. 2025 Nonresident Estimated Tax payments (nonresident
withholding) allocated on Schedule K-1VT, Line 30. . . 26e. .00

26f. Total Payments and Credits (ADD Lines 26a through 26e). 26f. 2 4 9 2 .00

27. Overpayment. If Line 25 is less than Line 26f,
SUBTRACT Line 25 from Line 26f 27. .00

28a. Refund to be credited to 2026 Estimated Tax Payment . . 28a. .00

28b. Refund to be credited to 2026 Property Tax Bill 28b. .00

29. REFUND AMOUNT (SUBTRACT Lines 28a and 28b from Line 27) 29. .00

30. If Line 25 is more than Line 26f, subtract Line 26f from Line 25.
See instructions on tax due 30. 7 2 0 .00

31. Interest and Penalty on Underpayment of Estimated Tax (Worksheet IN-152 or IN-152A) 31. 4 7 .00
32. AMOUNT DUE (ADD Lines 30 & 31) . 32. 7 6 7 .00

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .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)	Date of Birth (MMDDYYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MMDDYYYY)	Date of Birth (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

☒ 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

2025 Schedule IN-112**Vermont Tax Adjustments and Credits**Please PRINT
in BLUE or
BLACK INK

* 2 5 1 1 2 1 1 0 0 *

INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
JAMES	JOE	B	400008031

PART I**ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME**

1. Total interest and dividend income from all state and local obligations exempt from federal tax (reported on federal Form 1040)1. 1300 .00
2. Interest and dividend income from Vermont state and local obligations included in Line 12. 300 .00
3. Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1)3. 1000 .00
4. Bonus Depreciation Allowed under Federal Law for 20254. 1000 .00
5. Other (reserved)5. RESERVED .00
6. Total Additions (ADD Line 3 and Line 4)6. 2000 .00

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

7. Interest Income from U.S. Obligations7. 150 .00
8. Capital Gains Exclusion (Schedule IN-153, Line 21)8. 0 .00
9. Adjustment for Prior Years' Bonus Depreciation. .9. 0 .00
10. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040)10. 325 .00
11. Medical Expense Deduction (see the worksheet in the instructions)11. 4500 .00
12. Retirement Benefits Exempt from Taxation (see the worksheet in the instructions)12. 0 .00
13. Military retirement and Survivor Benefit exempt from taxation. (see instructions for calculations) .13. 0 .00
14. Railroad Retirement income14. 0 .00
15. Bond/note interest income from (see to the right) 15. 200 .00
- 16a. For residents only - Enter the total student loan interest you paid in 2025 on qualified student loans. . . 16a. 0 .00
- 16b. For residents only - Enter any student loan interest already deducted on federal Form 1040, Schedule 1, Line 21.16b. 0 .00
- 16c. Subtract Line 16b from Line 16a. If filing jointly and AGI is greater than \$200,000, enter -0-. All other filers, if AGI is greater than \$120,000, enter -0-.....16c. 0 .00
17. Other (reserved)17. RESERVED .00
18. Total Subtractions (ADD Lines 7 through 15 and Line 16c)18. 5175 .00

VSAC

☐

Build America

☒

Vermont Telecom Authority

☐

Vermont Public Power Supply Authority

☐**NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME**

19. SUBTRACT Line 18 from Line 6. Enter on Form IN-111, Line 2.19. -3175 .00

This can be a negative number.

Schedule IN-112

Taxpayer's Last Name	Social Security Number
JAMES	400008031



PART II

REFUNDABLE CREDITS

Child and Dependent Care Credit - Resident and Part-Year Resident

1. Child and Dependent Care Credit (federal Form 2441, Line 11) **1.** 600.00
2. Vermont Child and Dependent Care Credit (**MULTIPLY Line 1 by 72% (0.72)**) **2.** 432.00

Child Tax Credit - Resident and Part-Year Resident

3. Number of qualifying children **3.** 1
List only children who qualify for Child Tax Credit (born 2019 through 2025) below

Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth
JAMES	SI	B	400558033	2019
Qualifying Child #2 - Last Name	First Name	MI	Social Security Number	Year of Birth
Qualifying Child #3 - Last Name	First Name	MI	Social Security Number	Year of Birth

4. Child Tax Credit (**MULTIPLY Line 3 by \$1,000**). See instructions for credit amount if your Adjusted Gross Income from Form IN-111, Line 1 is over \$125,000 **4.** 860.00

Earned Income Tax Credit - Resident and Part-Year Resident

5. Number of qualifying children from federal Schedule EIC **5.** _____
6. Federal Earned Income Tax Credit. Enter amount from federal Form 1040 **6.** .00
7. Vermont Earned Income Tax Credit. If Line 5 is GREATER than zero, **MULTIPLY Line 6 by 38% (0.38)**. If Line 5 is zero, enter the amount from Line 6. **7.** .00

Veteran Tax Credit - Resident and Part-Year Resident

8. Enter your AGI from Form IN-111, Line 1 **8.** _____
9. If Line 8 is \$25,000 or less, enter -0- and skip to Line 12.
Otherwise, **SUBTRACT \$25,000 from Line 8.** **9.** _____
10. **DIVIDE Line 9 by 100**, rounding down to the nearest whole number. **10.** _____
11. **MULTIPLY Line 10 by \$5.** **11.** _____
12. If Line 9 is zero, enter \$250. Otherwise, enter **\$250 MINUS Line 11.** **12.** _____

Refundable Tax Credits - Resident and Part-Year Resident

13. Total Vermont Refundable Tax Credits (**ADD Lines 2, 4, 7, and 12**). **13.** 1292.00
Full-Year Residents: Enter this amount on Form IN-111, Line 26c.
Part-Year Residents: Complete Lines 14 through 17.

Refundable Tax Credits Adjusted for Part-Year Residents

14. Enter amount from Schedule IN-113, Line 14B, Vermont Portion of Total Income **14.** .00
15. Enter amount from Schedule IN-113, Line 14A, Total Income **15.** .00
16. Refundable Tax Credits Adjustment Percentage. (**DIVIDE Line 14 by Line 15, then MULTIPLY the result by 100**) **16.** .00 %
17. Total Vermont Refundable Credits Adjusted for Part-Year Residents.
(**MULTIPLY Line 13 by Line 16.**) Enter this amount on Form IN-111, Line 26c. **17.** .00

Test 2:**Required Vermont Forms/Schedules:** IN-111, IN-112, HS-122, IN-113**Taxpayer(s) Information:**

Primary SSN:	400-00-8034
Name:	Amber P. Taxing
Residency Status:	Part-Year Resident
Mailing Address:	PO Box 205
City:	Middlebury
State:	VT
Zip Code:	05753
Date of Birth:	May 28, 1985
Filing Status:	Head of Household
School District Code:	120
911 Address:	97 Seminary St

Return Information:

Federal AGI:	60079
Wages:	58079
VT Wages:	57079
VT Pensions:	2000
Dependents:	2
Personal Exemptions:	3
Vermont Taxable Income:	0.00
Green Up Vermont:	10
Nongame Wildlife:	10
VT Children's Trust Foundation:	10
VT Veteran's Fund:	10
Tax Withheld from W-2	2000
Refundable Credits:	1967
Refund credited to 2026 Property Tax Bill:	1000
Refund credited to 2026 Estimated Tax Payment:	1000
Retirement Benefits Exempt:	490
Military Retirement Exempt:	1000
Child Tax Credit:	2000
Number of Qualifying Children:	2
Qualifying Child 1:	Lilly R Taxing 400-55-8036 03/19/2021
Qualifying Child 2:	Kelly S Taxing 400-55-8037 12/04/2020
Dates Moved to VT from MA	02/11/2025
SPAN:	387-120-65432
Business Use of Dwelling:	0.00%
Rental Use of Dwelling:	0.00%
Improvements:	Yes

Special Situations:	None
Housesite Value:	250,000
Housesite Education Tax:	3210
Housesite Municipal Tax:	1910
Ownership Percentage:	100.00%
Mobile Home Lot Rent:	None
Contiguous Property:	No

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

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

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ONLY
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Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name		First Name		MI	Social Security Number	<input type="checkbox"/> Check if Deceased
TAXING		AMBER		P	40008034	<input type="checkbox"/> Deceased
Spouse's/CU Partner's Last Name		First Name		MI	Social Security Number	<input type="checkbox"/> Check if Deceased
						<input type="checkbox"/> Deceased
Mailing Address (Number and Street/Road or PO Box)					911/Physical Street Address on 12/31/2025	
PO BOX 205					97 SEMINARY ST	
City		State	ZIP Code or Foreign Postal Code		Foreign Country	
MIDDLEBURY		VT	05753			
Vermont School District Code	Vermont Residency Status as of 12/31/2025 (check one)					
120	<input type="checkbox"/> RESIDENT <input checked="" type="checkbox"/> PART-YEAR RESIDENT <input type="checkbox"/> NONRESIDENT					
Filing Status and Standard Deduction		<input type="checkbox"/> Single (\$7,650)	<input type="checkbox"/> Married/CU Filing Jointly (\$15,300)	<input type="checkbox"/> Married/CU Filing Separately (\$7,650)	<input checked="" type="checkbox"/> Head of Household (\$11,450)	<input 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 type="checkbox"/> AMENDED Return	<input type="checkbox"/> CANNABIS With Recomputed Federal Return	<input type="checkbox"/> RECOMPUTED Return	<input type="checkbox"/> EXTENDED Return	<input type="checkbox"/> FARMER / FISHERMAN

1. Federal Adjusted Gross Income (federal Form 1040, Line 11a) 1. 60079 .00

2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 19) 2. -1490 .00

3. Federal AGI with Modifications (ADD Lines 1 and 2) 3. 58589 .00

4. 2025 Vermont Standard Deduction from filing status section above. 4. 11450 .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.	5c. 2	5d. 3

5e. MULTIPLY Line 5d by \$5,300 (2025 Personal Exemption) 5e. 15900 .00

6. ADD Lines 4 and 5e 6. 27350 .00

7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3.
If less than zero, enter -0-) 7. 31239 .00

8. Vermont Income Tax from tax table or tax rate schedule 8. 1047 .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. .00

10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9.
If less than zero, enter -0-) 10. 1047 .00

11. Tax-Deductible Charitable Contribution (See instructions)00	12. Multiply Line 11 by 5% (0.05)00	13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 13. .00
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14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 14. 1047 .00

15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%) 15. 98.3355 %

16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15) 16. 1030 .00

Taxpayer's Last Name	Social Security Number
TAXING	4 0 0 0 0 8 0 3 4



* 2 5 1 1 1 2 0 0 *

Amount from Line 16	1030 .00
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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. .00 + 18. .00 = 19. .00

20. Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16.

If Line 19 is greater than Line 16, enter -0-). 20. 1030 .00

21. Child Care Contributions for Self-Employed individuals

(see instructions for calculation). 21. .00

22. Use Tax for taxable items on which no sales tax

was charged, including online purchases. ☒ Check to certify OR 22. .00

(See instructions, worksheet, and chart)

23. Total Vermont Taxes (ADD Lines 20 through 22). 23. 1030 .00

Vermont Veterans Fund

Green Up Vermont

Nongame Wildlife Fund

Vermont Children's
Trust Foundation

Total Contributions

24a. 10 .00 + 24b. 10 .00 + 24c. 10 .00 + 24d. 10 .00 = 24e. 40 .00

25. Total of Vermont Taxes and Voluntary Contributions (ADD Lines 23 and 24e). . . 25. 1070 .00

26a. 2025 Vermont Tax Withheld from W-2, 1099 26a. 2000 .00

26b. 2025 Estimated Tax payments, amount carried forward
from 2024, and/or payment made with 2025 extension . 26b. .00

26c. Refundable Credits (Schedule IN-112, Part II: Full-Year
Residents-Line 13; Part-Year Residents-Line 17). . . . 26c. 1967 .00

26d. 2025 Vermont Real Estate Withholding from
Form RW-171 26d. .00

26e. 2025 Nonresident Estimated Tax payments (nonresident
withholding) allocated on Schedule K-1VT, Line 30. . . 26e. .00

26f. Total Payments and Credits (ADD Lines 26a through 26e). 26f. 3967 .00

27. Overpayment. If Line 25 is less than Line 26f,
SUBTRACT Line 25 from Line 26f 27. 2897 .00

28a. Refund to be credited to 2026 Estimated Tax Payment . . 28a. 1000 .00

28b. Refund to be credited to 2026 Property Tax Bill 28b. 1000 .00

29. REFUND AMOUNT (SUBTRACT Lines 28a and 28b from Line 27) 29. 897 .00

30. If Line 25 is more than Line 26f, subtract Line 26f from Line 25.

See instructions on tax due 30. .00

31. Interest and Penalty on

32. AMOUNT DUE

Underpayment of Estimated 31. .00 (ADD Lines 30 & 31) . 32. .00

Tax (Worksheet IN-152 or IN-152A)

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .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)	Date of Birth (MMDDYYYY) 05281985	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MMDDYYYY)	Date of Birth (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

☒ 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

2025 Schedule IN-112**Vermont Tax Adjustments and Credits**Please PRINT
in BLUE or
BLACK INK

* 2 5 1 1 2 1 1 0 0 *

INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
TAXING	AMBER	P	400008034

PART I**ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME**

1. Total interest and dividend income from all state and local obligations exempt from federal tax (reported on federal Form 1040) **1.** _____ **.00**
2. Interest and dividend income from Vermont state and local obligations included in Line 1 **2.** _____ **.00**
3. Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1) **3.** _____ **.00**
4. Bonus Depreciation Allowed under Federal Law for 2025 **4.** _____ **.00**
5. Other (reserved) **5.** **RESERVED** **.00**
6. Total Additions (ADD Line 3 and Line 4) **6.** _____ **.00**

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

7. Interest Income from U.S. Obligations **7.** _____ **.00**
8. Capital Gains Exclusion (Schedule IN-153, Line 21) **8.** _____ **.00**
9. Adjustment for Prior Years' Bonus Depreciation . **9.** _____ **.00**
10. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040) **10.** _____ **.00**
11. Medical Expense Deduction (see the worksheet in the instructions) **11.** _____ **.00**
12. Retirement Benefits Exempt from Taxation (see the worksheet in the instructions) **12.** 490 **.00**
13. Military retirement and Survivor Benefit exempt from taxation. (see instructions for calculations) **13.** 1000 **.00**
14. Railroad Retirement income **14.** _____ **.00**
15. Bond/note interest income from (see to the right) **15.** _____ **.00**
- 16a. **For residents only** - Enter the total student loan interest you paid in 2025 on qualified student loans. . . **16a.** _____ **.00**
- 16b. **For residents only** - Enter any student loan interest already deducted on federal Form 1040, Schedule 1, Line 21. **16b.** _____ **.00**
- 16c. Subtract Line 16b from Line 16a. If filing jointly and AGI is greater than \$200,000, enter -0-. All other filers, if AGI is greater than \$120,000, enter -0-. **16c.** _____ **.00**
17. Other (reserved) **17.** **RESERVED** **.00**
18. Total Subtractions (ADD Lines 7 through 15 and Line 16c) **18.** 1490 **.00**

VSAC
☐Build
America
☐Vermont
Telecom
Authority
☐Vermont
Public
Power
Supply
Authority
☐**NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME**

19. **SUBTRACT Line 18 from Line 6.** Enter on Form IN-111, Line 2. **19.** -1490 **.00**
This can be a negative number.

Taxpayer's Last Name	Social Security Number
TAXING	400008034



PART II

REFUNDABLE CREDITS

Child and Dependent Care Credit - Resident and Part-Year Resident

1. Child and Dependent Care Credit (federal Form 2441, Line 11) 1. _____ .00
2. Vermont Child and Dependent Care Credit (**MULTIPLY Line 1 by 72% (0.72)**) 2. _____ .00

Child Tax Credit - Resident and Part-Year Resident

3. Number of qualifying children 3. _____ 2
List only children who qualify for Child Tax Credit (born 2019 through 2025) below

Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth
TAXING	LILLY	R	400558036	2021
Qualifying Child #2 - Last Name	First Name	MI	Social Security Number	Year of Birth
TAXING	KELLY	S	400558037	2020
Qualifying Child #3 - Last Name	First Name	MI	Social Security Number	Year of Birth

4. Child Tax Credit (**MULTIPLY Line 3 by \$1,000**). See instructions for credit amount if your Adjusted Gross Income from Form IN-111, Line 1 is over \$125,000 4. _____ 2000 .00

Earned Income Tax Credit - Resident and Part-Year Resident

5. Number of qualifying children from federal Schedule EIC 5. _____
6. Federal Earned Income Tax Credit. Enter amount from federal Form 1040 6. _____ .00
7. Vermont Earned Income Tax Credit. If Line 5 is GREATER than zero, **MULTIPLY Line 6 by 38% (0.38)**. If Line 5 is zero, enter the amount from Line 6. 7. _____ .00

Veteran Tax Credit - Resident and Part-Year Resident

8. Enter your AGI from Form IN-111, Line 1 8. _____
9. If Line 8 is \$25,000 or less, enter -0- and skip to Line 12.
Otherwise, **SUBTRACT \$25,000 from Line 8**. 9. _____
10. **DIVIDE Line 9 by 100**, rounding down to the nearest whole number. 10. _____
11. **MULTIPLY Line 10 by \$5**. 11. _____
12. If Line 9 is zero, enter \$250. Otherwise, enter **\$250 MINUS Line 11**. 12. _____

Refundable Tax Credits - Resident and Part-Year Resident

13. Total Vermont Refundable Tax Credits (**ADD Lines 2, 4, 7, and 12**) 13. _____ 2000 .00
Full-Year Residents: Enter this amount on Form IN-111, Line 26c.
Part-Year Residents: Complete Lines 14 through 17.

Refundable Tax Credits Adjusted for Part-Year Residents

14. Enter amount from Schedule IN-113, Line 14B, Vermont Portion of Total Income 14. _____ 59079 .00
15. Enter amount from Schedule IN-113, Line 14A, Total Income 15. _____ 60079 .00
16. Refundable Tax Credits Adjustment Percentage. (**DIVIDE Line 14 by Line 15, then MULTIPLY the result by 100**) 16. _____ 98.34 %
17. Total Vermont Refundable Credits Adjusted for Part-Year Residents.
(**MULTIPLY Line 13 by Line 16**.) Enter this amount on Form IN-111, Line 26c. 17. _____ 1967 .00

MILITARY RETIREMENT INCOME EXEMPTION WORKSHEET

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS WORKSHEET.

Instructions: It is important that you answer the questions in Section I to determine if you qualify for a full or partial exemption. If you qualify for a partial exemption, you may move on to Section II to calculate the amount of the exemption.

SECTION I: Do you qualify for the Vermont Military Retirement Income full or partial exemption?

1. Did you report an amount on federal Form 1040, U.S. Individual Income Tax Return, Line 5b, that came from military retirement income or military survivor benefit income? This income would have been reported to you on a 1099-R from the Defense Finance and Accounting Service.
☐ **No, STOP.** You do not qualify for this exemption.
☒ **Yes.** Proceed to question 2.
2. Is your Adjusted Gross Income (AGI) on Form IN-111, Vermont Income Tax Return, Line 1, less than \$175,000?
☐ **No, STOP.** You do not qualify for this exemption.
☒ **Yes.** You qualify for Vermont's Military Retirement Income exemption. Proceed to question 3.
3. Is your AGI on Form IN-111, Line 1, less than or equal to \$125,000?
☐ **No.** Please proceed to Section II of this worksheet.
☒ **Yes.** You qualify for a **full exemption**. Enter your total taxable military retirement income and/or survivor benefit income included on Federal Form 1040, Line 5b on Schedule IN-112, Part 1, Line 13.

SECTION II: Calculating your Partial Military Retirement Income Exemption

This section is for filers with an Adjusted Gross Income (AGI) between \$125,000-\$175,000

4. Enter your AGI from Form IN-111, Line 1. **4.** _____
5. **Phaseout Threshold.** **5.** 175,000
6. Subtract Line 4 from Line 5. **6.** _____
7. Divide Line 6 by \$50,000. This value will be a decimal. Please round to the second decimal place (*Example:* .481 would round to .48). **7.** _____
8. Enter the lesser of Line 7 or the value 1 (This line should not be greater than 1). **8.** _____
9. Enter your taxable military retirement income and/or survivor benefit income included on Federal Form 1040. **9.** _____
10. Amount of **partial exemption**. Multiply Line 8 by Line 9.
Enter this amount on Schedule IN-112, Part I, Line 13. **10.** _____

RETIREMENT INCOME EXEMPTION WORKSHEET

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS WORKSHEET.

Instructions: It is important that you answer the questions in Section I to determine if you qualify for a full or partial exemption. If you qualify for a partial exemption, you may move on to Section II to calculate the amount of the exemption.

SECTION I: Do you qualify for the Vermont Retirement Income full or partial exemption?

1. Did you report an amount on federal Form 1040, U.S. Individual Income Tax Return, Line 6b, for Social Security benefits that were taxable in the current tax year or did you receive retirement income from another eligible retirement system? You can choose to exempt your taxable social security income OR the income you received from a contributory annuity, pension, endowment, or retirement system of the U.S. government or a state government, including the Civil Service Retirement System. *Note that the second exemption only applies to benefits that are based on earnings not covered by the Social Security Act (i.e., earnings that were not subject to the Social Security tax withholding).*
☐ **No, STOP.** You do not qualify for this exemption.
☒ **Yes.** Proceed to question 2.
2. If you are:
 - Married filing jointly, is your Adjusted Gross Income (AGI) on Form IN-111, Vermont Income Tax Return, Line 1, less than \$80,000?
 - Single, head of household, surviving spouse, or married filing separately, is your AGI on Form IN-111, Line 1, less than \$65,000?☐ **No, STOP.** You do not qualify for this exemption.
☒ **Yes.** You qualify for Vermont's Retirement Income exemption. Proceed to question 3.
3. If you are:
 - Married filing jointly, is your AGI less than \$70,000?
 - Single, head of household, surviving spouse, or married filing separately, is your AGI less than \$55,000?☒ **No.** Please proceed to Section II of this worksheet.
☐ **Yes.** You qualify for a **full exemption**. If you elected the exemption for social security, please enter the full amount from federal Form 1040, Line 6b, on Schedule IN-112, Part I, Line 12. If you elected one of the other retirement exemptions, enter your eligible retirement system income or \$10,000, whichever is less.

SECTION II: Calculating your Partial Retirement Income Exemption

This section is for married joint filers with an Adjusted Gross Income (AGI) between \$70,000-\$80,000 and for single, head of household, surviving spouse, or married separate filers with an AGI between \$55,000-\$65,000.

4. If you are:
 - Married filing jointly, enter \$80,000.
 - All other filing statuses, enter \$65,000
5. Enter your AGI from Form IN-111, Line 1.
6. Subtract Line 5 from Line 4. If Line 5 is greater than Line 4, enter -0-
7. Divide Line 6 by \$10,000. This value will be a decimal. Please round to the second decimal place (*Example:* .481 would round to .48).
8. Enter the lesser of Line 7 or the value 1 (This line should not be greater than 1).

Please complete Lines 9 & 10 OR 11 & 12. You may only elect one exclusion per taxable year.

If you elected to exempt your social security income:

9. Enter the amount from federal Form 1040, Line 6b.
10. Amount of **partial exemption**. Multiply Line 9 by Line 8.
Enter this amount on Schedule IN-112, Part I, Line 12.

If you elected one of the other allowable retirement income exemptions:

11. Enter the lesser of the retirement income you earned from that source or \$10,000.
12. Amount of **partial exemption**. Multiply Line 11 by Line 8.
Enter this amount on Schedule IN-112, Part I, Line 12.

Note about civil unions: If you are in a civil union and filing jointly, you should file for this exemption as married filing jointly. If you are a civil union and filing separately, you should file as married filing separately.

2025 Schedule IN-113**Vermont Income Adjustment Calculations**

* 2 5 1 1 3 1 1 0 0 *

Nonresidents and Part-Year Residents Must Complete Parts I and II
Full-Year Residents with Adjustments Complete only Part II

Please PRINT in BLUE or BLACK INK
INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
TAXING	AMBER	P	400008034

PART I. Enter figures as they appear on your federal return or recomputed federal return in Column A and list the Vermont portion in Column B. See instructions.

Dates of Vermont residency in 2025		Name of State(s), Canadian province, or country during non-Vermont residency (use standard 2-character abbreviation)
From (MMDDYYYY)	To (MMDDYYYY)	
02112025	12312025	MA

	A. Federal Amount \$	B. Vermont Portion \$
1. Wages, salaries, tips, etc. 1A.	58079 .00	1B. 57079 .00
2. Taxable interest. 2A.	.00	2B. .00
3. Ordinary dividends 3A.	.00	3B. .00
4. Taxable IRAs, pensions, and annuities 4A.	2000 .00	4B. 2000 .00
5. Taxable Social Security 5A.	.00	5B. .00
6. Taxable refunds of state and local income taxes 6A.	.00	6B. .00
7. Alimony received 7A.	.00	7B. .00
8. Business income or loss 8A.	.00	8B. .00
9. Capital gain or loss 9A.	.00	9B. .00
10. Rents, royalties, partnerships, S corporations, trusts, etc 10A.	.00	10B. .00
11. Farm income or loss 11A.	.00	11B. .00
12. Unemployment compensation 12A.	.00	12B. .00
13. Other: Specify. 13A.	.00	13B. .00
14. TOTAL INCOME (ADD Lines 1 through 13) 14A.	60079 .00	14B. 59079 .00

Taxpayer's Last Name	Social Security Number
TAXING	400008034



	A. Federal Amount \$	B. Vermont Portion \$
15. IRA, Keogh/SEP/SIMPLE (Reported on federal Form 1040) . . . 15A.	.00	15B. .00
Self _____ Spouse _____		
16. Student Loan Interest (Reported on Form 1040) 16A.	.00	16B. .00
17. Employee Deductions: Reservists, Performing Artists, Fee-basis Gov't Officials (Reported on Form 1040) . 17A.	.00	17B. .00
18. Self-Employment Deductions: Tax and Health Insurance (Reported on Form 1040) 18A.	.00	18B. .00
19. Health Savings Account (Reported on Form 1040) 19A.	.00	19B. .00
20. Moving Expenses (Reported on Form 1040) 20A.	.00	20B. .00
21. Penalty on Early Withdrawal of Savings (Reported on Form 1040) . . 21A.	.00	21B. .00
22. Alimony Paid (Reported on Form 1040) 22A.	.00	22B. .00
23. Other (reserved) 23A.	RESERVED .00	23B. RESERVED .00
24. Educator Expenses and Tuition & Fees (Reported on Form 1040) 24A.	.00	24B. .00
25. Deductions not listed above but reported on Form 1040 25A.	.00	25B. .00
26. TOTAL ADJUSTMENTS (ADD Lines 15 through 25) 26A.	0 .00	26B. 0 .00
27. Adjusted Gross Income (SUBTRACT Line 26A from Line 14A) 27.		60079 .00
28. Vermont Portion of AGI (SUBTRACT Line 26B from Line 14B) 28.		59079 .00
29. Non-Vermont Income (SUBTRACT Line 28 from Line 27) Also enter on Part II, Line 31 below 29.		1000 .00

PART II. Adjustment for Vermont Exempt Income and Military Exempt Income

30. Adjusted Gross Income. If Part I completed, enter Line 27 amount. Otherwise, enter amount from Form IN-111, Line 1 30.	60079 .00
31. Non-Vermont Income (Line 29 above) 31.	1000 .00
32. Military pay. Number of months on active duty _____ (See instructions) 32.	.00
33. Total (ADD Lines 31 and 32) 33.	1000 .00
34. Vermont Income (SUBTRACT Line 33 from Line 30) 34.	59079 .00
35. INCOME ADJUSTMENT % (DIVIDE Line 34 by Line 30, MULTIPLY the result by 100 and carry the result out to the fourth decimal place.) 35.	98 . 3355 %
Also enter on Form IN-111, Line 15 (See instructions)	

2026 Form HS-122**Vermont Homestead Declaration AND
Property Tax Credit Claim**

DUE DATE: April 15, 2026. You may file up to Oct. 15, 2026, but the town may assess a penalty.
For details on late filing, see instructions.

How to file a Homestead Declaration: Please complete Section A of this form, sign in the signature section at the bottom of page 2, and send the form to the Vermont Department of Taxes.

How to file a Property Tax Credit Claim: To be considered for a Property Tax Credit, you must file a **1)** Homestead Declaration (Section A of this form), **2)** Property Tax Credit Claim (Section B of this form), and **3)** Schedule HI-144, Household Income. Sign this form in the signature section at the bottom of page 2 and send the forms to the Department.

Tired of paper forms? It's fast and convenient to file your claim online at myVTax.vermont.gov.

Annual Vermont Homestead Declaration

SECTION A. This form must be filed each year by every Vermont resident whose property meets the definition of a homestead. A Vermont homestead is the principal dwelling and parcel of land surrounding the dwelling, owned and occupied by a resident individual as the individual's domicile on April 1, 2026. If your homestead is leased to a tenant on April 1, 2026, you may still claim it as a homestead if it is not leased for more than 182 days in the 2026 calendar year.

Please **PRINT** in **BLUE** or **BLACK** INK

Claimant's Last Name		First Name		MI	Claimant's Social Security Number	
TAXING		AMBER		P	4 0 0 0 0 8 0 3 4	
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)	
PO BOX 205					05281985	
City		State	ZIP Code			
MIDDLEBURY		VT	05753			
Location of Homestead (Use a number, street/road name. Do not use a PO Box or "same.")					City/Town of Legal Residence on April 1, 2026 and State	
97 SEMINARY ST					MIDDLEBURY VT	
Federal Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married/CU Filing Jointly <input type="checkbox"/> Married/CU Filing Separately <input checked="" type="checkbox"/> Head of Household						

A1. SPAN - REQUIRED (from the 2025/2026 property tax bill). **A1.** 387 - 120 - 65432

A2. Business Use of Dwelling. **A2.** 0 .00 %

A3. Rental Use of Dwelling. **A3.** 0 .00 %

A4. Business or Rental Use of **Improvements or Other Buildings.** Not including the dwelling, are improvements or other buildings located on your parcel used for business or rented? . . **A4.** ☒ Yes ☐ No

A5-A8 Special Situations (See instructions for more information). Check the following if it applies:

- | | |
|---|--|
| <input type="checkbox"/> A5. Grantor and sole beneficiary of a revocable trust owning the property | <input type="checkbox"/> A7. Homestead property crosses town boundaries (File a declaration for each town.) |
| <input type="checkbox"/> A6. Life estate holder of the property | <input type="checkbox"/> A8. Residing in a dwelling on the homestead parcel owned by a related farmer. |

Please continue to Page 2, Section B, for property tax credit. Sign on Page 2.

Mail to: Vermont Department of Taxes
PO Box 1881
Montpelier, VT 05601-1881

2026 Form HS-122

Page 1 of 2
Rev. 10/25

Claimant's Last Name	Social Security Number
TAXING	400008034



* 2 6 1 2 2 1 2 0 0 *

DUE DATE: April 15, 2026. Generally, claims cannot be accepted after Oct. 15, 2026.

SECTION B.

PROPERTY TAX CREDIT CLAIM

For Household Income up to \$115,400. Complete and attach Schedule HI-144.

To qualify, you must meet the requirements for filing a homestead declaration in addition to the following requirements. ALL eligibility questions must be answered.

- B1.** Were you domiciled in Vermont all of calendar year 2025? ☐ Yes, Go to Line B2. ☒ No, STOP.
- B2.** Were you claimed as a dependent in 2025 by another taxpayer? . . ☐ Yes, STOP. ☐ No, Go to Line B3.
- B3.** Do you anticipate selling this Vermont housesite on or before April 1, 2026? ☐ Yes, STOP. ☐ No, Continue

Amounts for Lines B4 through B6 are found on the 2025/2026 property tax bill. Round amounts to the nearest dollar.

- B4.** Housesite Value **B4.** _____ .00
- B5.** Housesite Education Tax **B5.** _____ .00
- B6.** Housesite Municipal Tax **B6.** _____ .00
- B7.** Ownership Interest **B7.** _____ %
- B8.** Household Income (Schedule HI-144, Line z).
You MUST attach Schedule HI-144. **B8.** _____ .00 ☐ Check here if amended Schedule HI-144, Household Income, is included.

Complete the following **ONLY if applicable** from Form LRC-147, Part B.

- B9.** For Profit Mobile Home Lot Rent (Allocable Rent from Form LRC-147) **B9.** _____ .00

Not-For-Profit Mobile Home Park, Cooperative, and Land Trust

- B10.** Allocated Education Tax. **B10.** _____ .00
- B11.** Allocated Municipal Tax **B11.** _____ .00

OR Property Tax from contiguous property if housesite has less than 2 acres (See instructions.)

- B12.** Contiguous property Education Tax **B12.** _____ .00
- B13.** Contiguous property Municipal Tax **B13.** _____ .00

MAXIMUM CREDIT AMOUNT IS \$8,000.

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) 05281985	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

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

Test 3:**Required Vermont Forms/Schedules:** IN-111, IN-112, IN-119**Taxpayer(s) Information:**

Primary SSN:	400-00-8038
Name:	Buff A Low
Residency Status:	Resident
Mailing Address:	25 Plymouth Rd
City:	Randolph
State:	VT
Zip Code:	05038
Date of Birth:	November 30, 1980
Filing Status:	Single
School District Code:	159
911 Address:	25 Plymouth Rd
Federal Extension:	Yes

Return Information:

Federal AGI:	44376
Use Tax:	45
VT Schedule C Net Profit:	47750
VT Business Self Employment Tax:	6747
Federal Schedule SE Line 6:	44097
Nontaxable Interest and Dividends:	1000
Nontaxable VT Interest and Dividends:	500
Bonus Depreciation:	400
Bond- Vermont Telecom Authority:	500
VT Higher Education Credit:	250
2025 Estimated Payments:	600
Child Care Contribution:	49

Direct Debit Information:

Routing Number:	211672531
Checking Account Number:	75123123

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		First Name		MI	Social Security Number	<input type="checkbox"/> Check if Deceased
LOW		BUFF		A	4 0 0 0 8 0 3 8	<input type="checkbox"/>
Spouse's/CU Partner's Last Name		First Name		MI	Social Security Number	<input type="checkbox"/> Check if Deceased
						<input type="checkbox"/>
Mailing Address (Number and Street/Road or PO Box)					911/Physical Street Address on 12/31/2025	
25 PLYMOUTH RD					25 PLYMOUTH RD	
City		State	ZIP Code or Foreign Postal Code		Foreign Country	
RANDOLPH		VT	0 5 0 3 8			
Vermont School District Code	Vermont Residency Status as of 12/31/2025 (check one)					
1 5 9	<input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> PART-YEAR RESIDENT <input type="checkbox"/> NONRESIDENT					
Filing Status and Standard Deduction						
<input checked="" type="checkbox"/> Single (\$7,650)		<input type="checkbox"/> Married/CU Filing Jointly (\$15,300)		<input type="checkbox"/> Married/CU Filing Separately (\$7,650)		<input type="checkbox"/> Head of Household (\$11,450)
						<input type="checkbox"/> Qualifying Widow(er) (\$15,300)
<input type="checkbox"/> Enter Healthcare Coverage Code (See instructions for code options)	Check all that apply					
<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> AMENDED Return	<input type="checkbox"/> CANNABIS With Recomputed Federal Return		<input type="checkbox"/> RECOMPUTED Return	<input type="checkbox"/> EXTENDED Return	<input type="checkbox"/> FARMER / FISHERMAN

1. Federal Adjusted Gross Income (federal Form 1040, Line 11a) 1. 44376 .00

2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 19) 2. 400 .00

3. Federal AGI with Modifications (ADD Lines 1 and 2) 3. 44776 .00

4. 2025 Vermont Standard Deduction from filing status section above. 4. 7650 .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. <u>1</u>	5b. <u>0</u>	5c. <u>0</u>	5d. <u>1</u>

5e. MULTIPLY Line 5d by \$5,300 (2025 Personal Exemption) 5e. 5300 .00

6. ADD Lines 4 and 5e 6. 12950 .00

7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3.
If less than zero, enter -0-) 7. 31826 .00

8. Vermont Income Tax from tax table or tax rate schedule 8. 1067 .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. 0 .00

10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9.
If less than zero, enter -0-) 10. 1067 .00

11. Tax-Deductible Charitable Contribution (See instructions) <u>0</u> .00	12. Multiply Line 11 by 5% (0.05) <u>0</u> .00	13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) <u>0</u> .00
--	--	---

14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 14. 1067 .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. 1067 .00

Taxpayer's Last Name	Social Security Number
LOW	4 0 0 0 0 8 0 3 8



* 2 5 1 1 1 2 0 0 *

Amount from Line 16	1067 .00
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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. .00 + 18. 250 .00 = 19. 250 .00

20. Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16.
If Line 19 is greater than Line 16, enter -0-). 20. 817 .00

21. Child Care Contributions for Self-Employed individuals
(see instructions for calculation). 21. 49 .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. 45 .00

23. Total Vermont Taxes (ADD Lines 20 through 22). 23. 911 .00

Vermont Veterans Fund

Green Up Vermont

Nongame Wildlife Fund

Vermont Children's
Trust Foundation

Total Contributions

24a. .00 + 24b. .00 + 24c. .00 + 24d. .00 = 24e. 0 .00

25. Total of Vermont Taxes and Voluntary Contributions (ADD Lines 23 and 24e). . . 25. 911 .00

26a. 2025 Vermont Tax Withheld from W-2, 1099 26a. .00

26b. 2025 Estimated Tax payments, amount carried forward
from 2024, and/or payment made with 2025 extension . 26b. 600 .00

26c. Refundable Credits (Schedule IN-112, Part II: Full-Year
Residents-Line 13; Part-Year Residents-Line 17). . . . 26c. .00

26d. 2025 Vermont Real Estate Withholding from
Form RW-171 26d. .00

26e. 2025 Nonresident Estimated Tax payments (nonresident
withholding) allocated on Schedule K-1VT, Line 30. . . 26e. .00

26f. Total Payments and Credits (ADD Lines 26a through 26e). 26f. 600 .00

27. Overpayment. If Line 25 is less than Line 26f,
SUBTRACT Line 25 from Line 26f 27. .00

28a. Refund to be credited to 2026 Estimated Tax Payment . . 28a. .00

28b. Refund to be credited to 2026 Property Tax Bill 28b. .00

29. REFUND AMOUNT (SUBTRACT Lines 28a and 28b from Line 27) 29. .00

30. If Line 25 is more than Line 26f, subtract Line 26f from Line 25.
See instructions on tax due 30. 311 .00

31. Interest and Penalty on Underpayment of Estimated Tax (Worksheet IN-152 or IN-152A) 31. .00
32. AMOUNT DUE (ADD Lines 30 & 31) . 32. 311 .00

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .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)	Date of Birth (MMDDYYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MMDDYYYY)	Date of Birth (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

☐ 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

CHILD CARE CONTRIBUTION WORKSHEET

Complete this worksheet if you have self-employment income reported on federal Form 1040, Schedule SE.

- | | | | |
|----|--|----|------------------|
| 1. | Enter the amount from federal Form 1040, Schedule SE, Line 6 | 1. | <u>44,097.00</u> |
| 2. | Enter the amount of income reported on Line 1 that was earned for work performed outside of Vermont. | 2. | <u>0.00</u> |
| 3. | Subtract Line 2 from Line 1 | 3. | <u>44,097.00</u> |
| 4. | Multiply Line 3 by 0.11% (0.0011).
Enter this amount on Form IN-111, Line 21 | 4. | <u>49.00</u> |

2025 Schedule IN-112**Vermont Tax Adjustments and Credits**Please PRINT
in BLUE or
BLACK INK

* 2 5 1 1 2 1 1 0 0 *

INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
LOW	BUFF	A	400008038

PART I**ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME**

1. Total interest and dividend income from all state and local obligations exempt from federal tax (reported on federal Form 1040) **1.** 1000 .00
2. Interest and dividend income from Vermont state and local obligations included in Line 1 **2.** 500 .00
3. Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1) **3.** 500 .00
4. Bonus Depreciation Allowed under Federal Law for 2025 **4.** 400 .00
5. Other (reserved) **5.** RESERVED .00
6. Total Additions (ADD Line 3 and Line 4) **6.** 900 .00

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

7. Interest Income from U.S. Obligations **7.** .00
8. Capital Gains Exclusion (Schedule IN-153, Line 21) **8.** .00
9. Adjustment for Prior Years' Bonus Depreciation **9.** .00
10. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040) **10.** .00
11. Medical Expense Deduction (see the worksheet in the instructions) **11.** .00
12. Retirement Benefits Exempt from Taxation (see the worksheet in the instructions) **12.** .00
13. Military retirement and Survivor Benefit exempt from taxation. (see instructions for calculations) . **13.** .00
14. Railroad Retirement income **14.** .00
15. Bond/note interest income from (see to the right) **15.** 500 .00
- 16a. **For residents only** - Enter the total student loan interest you paid in 2025 on qualified student loans. . . **16a.** .00
- 16b. **For residents only** - Enter any student loan interest already deducted on federal Form 1040, Schedule 1, Line 21. **16b.** .00
- 16c. Subtract Line 16b from Line 16a. If filing jointly and AGI is greater than \$200,000, enter -0-. All other filers, if AGI is greater than \$120,000, enter -0-. **16c.** .00
17. Other (reserved) **17.** RESERVED .00
18. Total Subtractions (ADD Lines 7 through 15 and Line 16c) **18.** 500 .00

VSAC
☐Build
America
☐Vermont
Telecom
Authority
☒Vermont
Public
Power
Supply
Authority
☐**NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME**

19. **SUBTRACT Line 18 from Line 6.** Enter on Form IN-111, Line 2. **19.** 400 .00
This can be a negative number.

Taxpayer's Last Name	Social Security Number
LOW	400008038



PART II

REFUNDABLE CREDITS

Child and Dependent Care Credit - Resident and Part-Year Resident

1. Child and Dependent Care Credit (federal Form 2441, Line 11) **1.** _____ .00
2. Vermont Child and Dependent Care Credit (**MULTIPLY Line 1 by 72% (0.72)**) **2.** _____ .00

Child Tax Credit - Resident and Part-Year Resident

3. Number of qualifying children **3.** _____
List only children who qualify for Child Tax Credit (born 2019 through 2025) below

Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth
Qualifying Child #2 - Last Name	First Name	MI	Social Security Number	Year of Birth
Qualifying Child #3 - Last Name	First Name	MI	Social Security Number	Year of Birth

4. Child Tax Credit (**MULTIPLY Line 3 by \$1,000**). See instructions for credit amount if your Adjusted Gross Income from Form IN-111, Line 1 is over \$125,000 **4.** _____ .00

Earned Income Tax Credit - Resident and Part-Year Resident

5. Number of qualifying children from federal Schedule EIC **5.** _____
6. Federal Earned Income Tax Credit. Enter amount from federal Form 1040 **6.** _____ .00
7. Vermont Earned Income Tax Credit. If Line 5 is GREATER than zero, **MULTIPLY Line 6 by 38% (0.38)**. If Line 5 is zero, enter the amount from Line 6. **7.** _____ .00

Veteran Tax Credit - Resident and Part-Year Resident

8. Enter your AGI from Form IN-111, Line 1 **8.** _____
9. If Line 8 is \$25,000 or less, enter -0- and skip to Line 12.
Otherwise, **SUBTRACT \$25,000 from Line 8.** **9.** _____
10. **DIVIDE Line 9 by 100**, rounding down to the nearest whole number. **10.** _____
11. **MULTIPLY Line 10 by \$5.** **11.** _____
12. If Line 9 is zero, enter \$250. Otherwise, enter **\$250 MINUS Line 11.** **12.** _____

Refundable Tax Credits - Resident and Part-Year Resident

13. Total Vermont Refundable Tax Credits (**ADD Lines 2, 4, 7, and 12**). **13.** _____ .00
Full-Year Residents: Enter this amount on Form IN-111, Line 26c.
Part-Year Residents: Complete Lines 14 through 17.

Refundable Tax Credits Adjusted for Part-Year Residents

14. Enter amount from Schedule IN-113, Line 14B, Vermont Portion of Total Income **14.** _____ .00
15. Enter amount from Schedule IN-113, Line 14A, Total Income **15.** _____ .00
16. Refundable Tax Credits Adjustment Percentage. (**DIVIDE Line 14 by Line 15, then MULTIPLY the result by 100**) **16.** _____ %
17. Total Vermont Refundable Credits Adjusted for Part-Year Residents.
(**MULTIPLY Line 13 by Line 16.**) Enter this amount on Form IN-111, Line 26c. **17.** _____ .00

2025 Schedule IN-119**Vermont Tax Adjustments and
Nonrefundable Credits**

* 2 5 1 1 9 1 1 0 0 *

INCLUDE WITH FORM IN-111
Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
LOW	BUFF	A	400008038

PART I ADJUSTMENTS TO VERMONT INCOME TAX**ADDITIONS TO VERMONT TAX**

1. Tax on Qualified Plans including IRA, HSA, and MSA (reported on federal Form 1040, U.S. Individual Income Tax Return) **1.** _____ **.00**
2. Recapture of Federal Investment Tax Credit (reported on Form 1040) **2.** _____ **.00**
3. Tax from federal Form 4972, Tax on Lump-Sum Distributions **3.** _____ **.00**
4. **ADD Lines 1 through 3** **4.** _____ **.00**
5. **MULTIPLY Line 4 by 24% (0.24)** **5.** _____ **.00**
6. Recapture of Vermont Credits (See instructions). . . **6.** _____ **.00**
7. **ADD Lines 5 and 6.** **7.** _____ **.00**

SUBTRACTIONS FROM VERMONT TAX

8. Credit for the Elderly or the Disabled (federal Schedule R) **8.** _____ **.00**
9. Investment Tax Credit - Vermont-based only (See instructions) **9.** _____ **.00**
10. Vermont Farm Income Averaging Credit (from worksheet in instructions) **10.** _____ **.00**
11. **ADD Lines 8 through 10** **11.** _____ **.00**
12. **MULTIPLY Line 11 by 24% (0.24)** **12.** _____ **.00**
13. Vermont-based Solar Energy Credit carryforward . **13.** _____ **.00**
14. **ADD Lines 12 and 13** **14.** _____ **.00**

NET ADJUSTMENTS TO VERMONT TAX

15. **SUBTRACT Line 14 from Line 7.** Enter on Form IN-111, Vermont Income Tax Return, Line 9. This can be a negative number. **15.** _____ **.00**

Taxpayer's Last Name	Social Security Number
LOW	400008038



PART II VERMONT INCOME TAX CREDITS

INCLUDE WITH FORM IN-111

2025 Contribution
eligible for credit

Credit

1. Vermont Higher Education
Investment (32 V.S.A. § 5825a)
See instructions. 2500 .00 TIMES (X) .10 = 250 .00

For credits earned through an S-Corporation, LLC, or Partnership, enter name and FEIN of the entity.

Name of Entity	FEIN

If credits from more than one business entity, fill out a separate IN-119 for each entity.

	<u>Column A</u> Earned in 2025	PLUS (+)	<u>Column B</u> Carryforward	EQUALS (=)	<u>Column C</u>
2. Charitable Housing (32 V.S.A. § 5830c) 2A.	.00		2B. .00		2C. .00
3. Qualified Sale of Mobile Home Park (32 V.S.A. § 5828) . . . 3A.	.00		3B. .00		3C. .00
4. Research & Development (32 V.S.A. § 5930ii) 4A.	.00		4B. .00		4C. .00
Prior approval required from Vermont Housing Finance Agency for Line 5					
5. Affordable Housing (32 V.S.A. § 5930u) 5A.	.00		5B. .00		5C. .00
6. Historic Rehabilitation (32 V.S.A. § 5930cc(a)) . . . 6A.	.00		6B. .00		6C. .00
7. Facade Improvement (32 V.S.A. § 5930cc(b)) . . . 7A.	.00		7B. .00		7C. .00
8. Code Improvements (32 V.S.A. § 5930cc(c)) . . . 8A.	.00		8B. .00		8C. .00
9. ADD Column C, Lines 1 through 8. Enter this amount on Form IN-111, Line 18 9.					250 .00

Test 4: Cannabis with Recomputed Federal Return**Required Vermont Forms/Schedules:** IN-111, IN-112, IN-117**Taxpayer(s) Information:**

Primary SSN:	400-00-8041
Name:	Can E Biss
Residency Status:	Resident
Mailing Address:	PO Box 6161
City:	Williston
State:	VT
Zip Code:	05495
Filing Status:	Single
School District Code:	241
911 Address:	54 Douglas Rd
Date of Birth:	December 25, 1980

Return Information:

Federal AGI:	260,000
Wages:	260,000
Other State Credit:	8802
2025 VT Estimated Tax Payments:	7000
Name of State:	NY
Gross Income Taxes in Another State:	150,000
Total interest and dividend income from all state and local obligations exempt from federal tax :	2000
Charitable Contributions Deduction:	1000
VT Child Trust Fund:	200
Bond- VSAC	2000

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 BISS		First Name CAN		MI E	Social Security Number 4 0 0 0 0 8 0 4 1	<input type="checkbox"/> Check if Deceased
Spouse's/CU Partner's Last Name		First Name		MI	Social Security Number	<input type="checkbox"/> Check if Deceased
Mailing Address (Number and Street/Road or PO Box) PO BOX 6161					911/Physical Street Address on 12/31/2025 54 DOUGLAS RD	
City WILLISTON		State VT	ZIP Code or Foreign Postal Code 05495		Foreign Country	
Vermont School District Code 241	Vermont Residency Status as of 12/31/2025 (check one)			<input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> PART-YEAR RESIDENT <input type="checkbox"/> NONRESIDENT		
Filing Status and Standard Deduction		<input checked="" type="checkbox"/> Single (\$7,650)	<input type="checkbox"/> Married/CU Filing Jointly (\$15,300)	<input type="checkbox"/> Married/CU Filing Separately (\$7,650)	<input type="checkbox"/> Head of Household (\$11,450)	<input 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 type="checkbox"/> RECOMPUTED Return	<input type="checkbox"/> EXTENDED Return	<input type="checkbox"/> FARMER / FISHERMAN

1. Federal Adjusted Gross Income (federal Form 1040, Line 11a) 1. 260000 .00
2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 19) 2. 0 .00
3. Federal AGI with Modifications (ADD Lines 1 and 2) 3. 260000 .00
4. 2025 Vermont Standard Deduction from filing status section above. 4. 7650 .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. + 5c. = 5d. 1
- 5e. MULTIPLY Line 5d by \$5,300 (2025 Personal Exemption) 5e. 5300 .00
6. ADD Lines 4 and 5e 6. 12950 .00
7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3.
If less than zero, enter -0-) 7. 247050 .00
8. Vermont Income Tax from tax table or tax rate schedule 8. 15974 .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. .00
10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9.
If less than zero, enter -0-) 10. 15974 .00
- | | | |
|--|---|--|
| 11. Tax-Deductible Charitable Contribution (See instructions) <u>23000</u> .00 | 12. Multiply Line 11 by 5% (0.05) <u>1150</u> .00 | 13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 13. <u>1000</u> .00 |
|--|---|--|
14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 14. 14974 .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. 14974 .00

Taxpayer's Last Name	Social Security Number
BISS	4 0 0 0 0 8 0 4 1



* 2 5 1 1 1 2 0 0 *

Amount from Line 16	14974 .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. 8687 .00 + 18. .00 = 19. 8687 .00

20. Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16.
If Line 19 is greater than Line 16, enter -0-). 20. 6287 .00

21. Child Care Contributions for Self-Employed individuals
(see instructions for calculation). 21. .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. .00

23. Total Vermont Taxes (ADD Lines 20 through 22). 23. 6287 .00

Vermont Veterans Fund

Green Up Vermont

Nongame Wildlife Fund

Vermont Children's
Trust Foundation

Total Contributions

24a. .00 + 24b. .00 + 24c. .00 + 24d. 200 .00 = 24e. 200 .00

25. Total of Vermont Taxes and Voluntary Contributions (ADD Lines 23 and 24e). . . 25. 6487 .00

26a. 2025 Vermont Tax Withheld from W-2, 1099 26a. .00

26b. 2025 Estimated Tax payments, amount carried forward
from 2024, and/or payment made with 2025 extension . 26b. 7000 .00

26c. Refundable Credits (Schedule IN-112, Part II: Full-Year
Residents-Line 13; Part-Year Residents-Line 17). . . . 26c. .00

26d. 2025 Vermont Real Estate Withholding from
Form RW-171 26d. .00

26e. 2025 Nonresident Estimated Tax payments (nonresident
withholding) allocated on Schedule K-1VT, Line 30. . . 26e. .00

26f. Total Payments and Credits (ADD Lines 26a through 26e). 26f. 7000 .00

27. Overpayment. If Line 25 is less than Line 26f,
SUBTRACT Line 25 from Line 26f 27. 513 .00

28a. Refund to be credited to 2026 Estimated Tax Payment . . 28a. .00

28b. Refund to be credited to 2026 Property Tax Bill 28b. .00

29. REFUND AMOUNT (SUBTRACT Lines 28a and 28b from Line 27) 29. 513 .00

30. If Line 25 is more than Line 26f, subtract Line 26f from Line 25.
See instructions on tax due 30. .00

31. Interest and Penalty on Underpayment of Estimated 31. .00
Tax (Worksheet IN-152 or IN-152A) 32. AMOUNT DUE
(ADD Lines 30 & 31) . 32. .00

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .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)	Date of Birth (MMDDYYYY) 12251980	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MMDDYYYY)	Date of Birth (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

☒ 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

2025 Schedule IN-112**Vermont Tax Adjustments and Credits**Please PRINT
in BLUE or
BLACK INK

* 2 5 1 1 2 1 1 0 0 *

INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
BISS	CAN	E	400008041

PART I**ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME**

1. Total interest and dividend income from all state and local obligations exempt from federal tax (reported on federal Form 1040)1. 2000 .00
2. Interest and dividend income from Vermont state and local obligations included in Line 12. .00
3. Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1)3. 2000 .00
4. Bonus Depreciation Allowed under Federal Law for 20254. .00
5. Other (reserved)5. RESERVED .00
6. Total Additions (ADD Line 3 and Line 4)6. 2000 .00

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

7. Interest Income from U.S. Obligations7. .00
8. Capital Gains Exclusion (Schedule IN-153, Line 21)8. .00
9. Adjustment for Prior Years' Bonus Depreciation . .9. .00
10. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040)10. .00
11. Medical Expense Deduction (see the worksheet in the instructions)11. .00
12. Retirement Benefits Exempt from Taxation (see the worksheet in the instructions)12. .00
13. Military retirement and Survivor Benefit exempt from taxation. (see instructions for calculations) .13. .00
14. Railroad Retirement income14. .00
15. Bond/note interest income from (see to the right) 15. 2000 .00
- 16a. For residents only - Enter the total student loan interest you paid in 2025 on qualified student loans. . . .16a. .00
- 16b. For residents only - Enter any student loan interest already deducted on federal Form 1040, Schedule 1, Line 21.16b. .00
- 16c. Subtract Line 16b from Line 16a. If filing jointly and AGI is greater than \$200,000, enter -0-. All other filers, if AGI is greater than \$120,000, enter -0-.....16c. .00
17. Other (reserved)17. RESERVED .00
18. Total Subtractions (ADD Lines 7 through 15 and Line 16c)18. 2000 .00

**NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME**

19. SUBTRACT Line 18 from Line 6. Enter on Form IN-111, Line 2.19. 0 .00

This can be a negative number.

Schedule IN-112

Page 1 of 2, Rev. 10/25

Taxpayer's Last Name	Social Security Number
BISS	400008041



PART II

REFUNDABLE CREDITS

Child and Dependent Care Credit - Resident and Part-Year Resident

1. Child and Dependent Care Credit (federal Form 2441, Line 11) **1.** _____ **.00**
2. Vermont Child and Dependent Care Credit (**MULTIPLY Line 1 by 72% (0.72)**) **2.** _____ **.00**

Child Tax Credit - Resident and Part-Year Resident

3. Number of qualifying children **3.** _____
List only children who qualify for Child Tax Credit (born 2019 through 2025) below

Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth
Qualifying Child #2 - Last Name	First Name	MI	Social Security Number	Year of Birth
Qualifying Child #3 - Last Name	First Name	MI	Social Security Number	Year of Birth

4. Child Tax Credit (**MULTIPLY Line 3 by \$1,000**). See instructions for credit amount if your Adjusted Gross Income from Form IN-111, Line 1 is over \$125,000 **4.** _____ **.00**

Earned Income Tax Credit - Resident and Part-Year Resident

5. Number of qualifying children from federal Schedule EIC **5.** _____
6. Federal Earned Income Tax Credit. Enter amount from federal Form 1040 **6.** _____ **.00**
7. Vermont Earned Income Tax Credit. If Line 5 is GREATER than zero, **MULTIPLY Line 6 by 38% (0.38)**. If Line 5 is zero, enter the amount from Line 6. **7.** _____ **.00**

Veteran Tax Credit - Resident and Part-Year Resident

8. Enter your AGI from Form IN-111, Line 1 **8.** _____
9. If Line 8 is \$25,000 or less, enter -0- and skip to Line 12.
Otherwise, **SUBTRACT \$25,000 from Line 8.** **9.** _____
10. **DIVIDE Line 9 by 100**, rounding down to the nearest whole number. **10.** _____
11. **MULTIPLY Line 10 by \$5.** **11.** _____
12. If Line 9 is zero, enter \$250. Otherwise, enter **\$250 MINUS Line 11.** **12.** _____

Refundable Tax Credits - Resident and Part-Year Resident

13. Total Vermont Refundable Tax Credits (**ADD Lines 2, 4, 7, and 12**). **13.** _____ **.00**
Full-Year Residents: Enter this amount on Form IN-111, Line 26c.
Part-Year Residents: Complete Lines 14 through 17.

Refundable Tax Credits Adjusted for Part-Year Residents

14. Enter amount from Schedule IN-113, Line 14B, Vermont Portion of Total Income **14.** _____ **.00**
15. Enter amount from Schedule IN-113, Line 14A, Total Income **15.** _____ **.00**
16. Refundable Tax Credits Adjustment Percentage. (**DIVIDE Line 14 by Line 15, then MULTIPLY the result by 100**) **16.** _____ **%**
17. Total Vermont Refundable Credits Adjusted for Part-Year Residents.
(**MULTIPLY Line 13 by Line 16.**) Enter this amount on Form IN-111, Line 26c. **17.** _____ **.00**

2025 Schedule IN-117

* 2 5 1 1 7 1 1 0 0 *

**Vermont Credit for Income Tax Paid to
Other State or Canadian Province**

For Residents and Some Part-Year Residents ONLY.

INCLUDE WITH FORM IN-111

Please PRINT in BLUE or BLACK INK

You must complete a separate Schedule IN-117 for each state or Canadian province and include a copy of the other state return(s). Please see instructions.

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
BISS	CAN	E	400008041

1. Name of state or Canadian province. Use standard two-letter abbreviation **1.** NY
2. Enter Adjusted Gross Income taxed in another state or Canadian province that is also subject to Vermont income tax.
This entry cannot be more than the entry on
Form IN-111, Line 1. (If less than zero, enter -0-) .. **2.** 150000 **.00**
3. 2025 Bonus Depreciation addback taxed in another
state or Canadian province AND taxed in Vermont. . **3.** **.00**
4. Non-Vermont state/local obligations taxed in another
state or Canadian province AND taxed in Vermont. . **4.** 2000 **.00**
- 5. ADD Lines 2 through 4** **5.** 152000 **.00**
6. Bonus Depreciation subtracted from income in
another state or Canadian province in tax year 2025 . **6.** **.00**
7. U.S. Government interest income subtracted from income in
another state or Canadian province in tax year 2025 . **7.** **.00**
- 8. ADD Lines 6 and 7** **8.** **.00**
9. Modified Adjusted Gross Income for income taxed in another state or Canadian
province AND taxed in Vermont (**SUBTRACT Line 8 from Line 5**)..... **9.** 152000 **.00**
10. Adjusted Gross Income from Form IN-111, Line 1.
(If less than zero, enter -0-) **10.** 260000 **.00**
11. Non-Vermont state/local obligations from
Schedule IN-112, Part I, Line 3 **11.** 2000 **.00**
12. Bonus Depreciation from
Schedule IN-112, Part I, Line 4 **12.** **.00**
- 13. ADD Lines 10 through 12** **13.** 262000 **.00**
14. U.S. Government interest income from
Schedule IN-112, Part I, Line 7 **14.** **.00**
15. Bonus Depreciation from
Schedule IN-112, Part I, Line 9 **15.** **.00**
- 16. ADD Lines 14 and 15** **16.** **.00**
- 17. SUBTRACT Line 16 from Line 13**..... **17.** 262000 **.00**
18. Vermont income tax from Form IN-111, Line 14 .. **18.** 14974 **.00**
19. Computed tax credit (**DIVIDE Line 9 by Line 17. MULTIPLY the result by Line 18.**)
Result cannot be more than 100% of Vermont tax.

Line 9	<u>152000</u>	x Line 18	<u>14974</u>	
Line 17	<u>262000</u>			19. <u>8687</u> .00
20. Income tax paid to another state or Canadian province based on
modified Adjusted Gross Income from Line 9 above **20.** 10000 **.00**
21. **VERMONT CREDIT** for income tax paid to another state or Canadian province.
Enter the lesser of Line 19 or Line 20. Also enter on Form IN-111, Line 17 **21.** 8687 **.00**

2025 Form IN-117

Page 1 of 1

Rev. 10/25

Test 5:**Required Vermont Forms/Schedules:** IN-111, IN-112, IN-119, IN-153**Taxpayer(s) Information:**

Primary SSN:	400-00-8042
Name:	Kay Oss
Residency Status:	Resident
Mailing Address:	1 Main Street
City:	Dover
State:	VT
Zip Code:	05302
Filing Status:	Qualified Widower
School District Code:	058
911 Address:	1 Main Street
Date of Birth	October 31, 1970

Return Information:

Federal AGI:	70,000
Net Modifications to AGI:	2300
Personal Exemptions:	2
2025 Estimated Tax Payments:	2000
Total Interest & Dividend income from state and local obligations as reported on federal 1040:	6000
Interest & dividend income from state and local obligations included in line 1:	500
Capital Gain Exclusion:	2000
Student Loan Interest Paid in 2025:	8300
Student Loan Interest already deducted on federal 1040:	2500
Number of qualifying children:	1
Child Information:	Cell E Brate 400-55-8044
Year of Birth:	2024
Child Tax Credit:	1000
Vermont Higher Education Investment:	2500
Green Up Vermont:	25
Vermont Veteran's Fund:	50

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 OSS		First Name KAY		MI	Social Security Number 4 0 0 0 8 0 4 2	<input type="checkbox"/> Check if Deceased
Spouse's/CU Partner's Last Name		First Name		MI	Social Security Number	<input type="checkbox"/> Check if Deceased
Mailing Address (Number and Street/Road or PO Box) 1 MAIN STREET					911/Physical Street Address on 12/31/2025 1 MAIN STREET	
City DOVER		State VT	ZIP Code or Foreign Postal Code 05302		Foreign Country	
Vermont School District Code 058	Vermont Residency Status as of 12/31/2025 (check one)			<input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> PART-YEAR RESIDENT <input type="checkbox"/> NONRESIDENT		
Filing Status and Standard Deduction		<input type="checkbox"/> Single (\$7,650)	<input type="checkbox"/> Married/CU Filing Jointly (\$15,300)	<input type="checkbox"/> Married/CU Filing Separately (\$7,650)	<input 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 type="checkbox"/> AMENDED Return	<input type="checkbox"/> CANNABIS With Recomputed Federal Return	<input type="checkbox"/> RECOMPUTED Return	<input type="checkbox"/> EXTENDED Return	<input type="checkbox"/> FARMER / FISHERMAN

1. Federal Adjusted Gross Income (federal Form 1040, Line 11a) 1. 70000 .00
2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 19) 2. -2300 .00
3. Federal AGI with Modifications (ADD Lines 1 and 2) 3. 67700 .00
4. 2025 Vermont Standard Deduction from filing status section above. 4. 15300 .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. + 5c. 1 = 5d. 2
- 5e. MULTIPLY Line 5d by \$5,300 (2025 Personal Exemption) 5e. 10600 .00
6. ADD Lines 4 and 5e 6. 25900 .00
7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3.
If less than zero, enter -0-) 7. 41800 .00
8. Vermont Income Tax from tax table or tax rate schedule 8. 1402 .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. .00
10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9.
If less than zero, enter -0-) 10. 1402 .00
- | | | |
|---|---|--|
| 11. Tax-Deductible Charitable Contribution (See instructions) <u> </u> .00 | 12. Multiply Line 11 by 5% (0.05) <u> </u> .00 | 13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 13. <u> </u> .00 |
|---|---|--|
14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 14. 1402 .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. 1402 .00

Taxpayer's Last Name	Social Security Number
OSS	4 0 0 0 8 0 4 2



* 2 5 1 1 1 2 0 0 *

Amount from Line 16	1 4 0 2 .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. .00 + 18. 250 .00 = 19. 250 .00

20. Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16.
If Line 19 is greater than Line 16, enter -0-). 20. 1152 .00

21. Child Care Contributions for Self-Employed individuals
(see instructions for calculation). 21. .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. .00

23. Total Vermont Taxes (ADD Lines 20 through 22). 23. 1152 .00

Vermont Veterans Fund

Green Up Vermont

Nongame Wildlife Fund

Vermont Children's
Trust Foundation

Total Contributions

24a. 50 .00 + 24b. 25 .00 + 24c. .00 + 24d. .00 = 24e. 75 .00

25. Total of Vermont Taxes and Voluntary Contributions (ADD Lines 23 and 24e). . . 25. 1227 .00

26a. 2025 Vermont Tax Withheld from W-2, 1099 26a. .00

26b. 2025 Estimated Tax payments, amount carried forward
from 2024, and/or payment made with 2025 extension . 26b. 2000 .00

26c. Refundable Credits (Schedule IN-112, Part II: Full-Year
Residents-Line 13; Part-Year Residents-Line 17). . . . 26c. 1000 .00

26d. 2025 Vermont Real Estate Withholding from
Form RW-171 26d. .00

26e. 2025 Nonresident Estimated Tax payments (nonresident
withholding) allocated on Schedule K-1VT, Line 30. . . 26e. .00

26f. Total Payments and Credits (ADD Lines 26a through 26e). 26f. 3000 .00

27. Overpayment. If Line 25 is less than Line 26f,
SUBTRACT Line 25 from Line 26f 27. 1773 .00

28a. Refund to be credited to 2026 Estimated Tax Payment . . 28a. .00

28b. Refund to be credited to 2026 Property Tax Bill 28b. .00

29. REFUND AMOUNT (SUBTRACT Lines 28a and 28b from Line 27). 29. 1773 .00

30. If Line 25 is more than Line 26f, subtract Line 26f from Line 25.
See instructions on tax due 30. .00

31. Interest and Penalty on Underpayment of Estimated 31. .00
Tax (Worksheet IN-152 or IN-152A) 32. AMOUNT DUE
(ADD Lines 30 & 31) . 32. .00

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .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)	Date of Birth (MMDDYYYY) 1 0 3 1 1 9 7 0	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MMDDYYYY)	Date of Birth (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	

☐ 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

2025 Schedule IN-112**Vermont Tax Adjustments and Credits**Please PRINT
in BLUE or
BLACK INK

* 2 5 1 1 2 1 1 0 0 *

INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
OSS	KAY		400008042

PART I**ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME**

1. Total interest and dividend income from all state and local obligations exempt from federal tax (reported on federal Form 1040) **1.** 6000 **.00**
2. Interest and dividend income from Vermont state and local obligations included in Line 1 **2.** 500 **.00**
3. Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1) **3.** 5500 **.00**
4. Bonus Depreciation Allowed under Federal Law for 2025 **4.** **.00**
5. Other (reserved) **5.** RESERVED **.00**
6. Total Additions (ADD Line 3 and Line 4) **6.** 5500 **.00**

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

7. Interest Income from U.S. Obligations **7.** **.00**
8. Capital Gains Exclusion (Schedule IN-153, Line 21) **8.** 2000 **.00**
9. Adjustment for Prior Years' Bonus Depreciation **9.** **.00**
10. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040) **10.** **.00**
11. Medical Expense Deduction (see the worksheet in the instructions) **11.** **.00**
12. Retirement Benefits Exempt from Taxation (see the worksheet in the instructions) **12.** **.00**
13. Military retirement and Survivor Benefit exempt from taxation. (see instructions for calculations) . **13.** **.00**
14. Railroad Retirement income **14.** **.00**
15. Bond/note interest income from (see to the right) **15.** **.00**
- 16a. For residents only - Enter the total student loan interest you paid in 2025 on qualified student loans. . . **16a.** 8300 **.00**
- 16b. For residents only - Enter any student loan interest already deducted on federal Form 1040, Schedule 1, Line 21. **16b.** 2500 **.00**
- 16c. Subtract Line 16b from Line 16a. If filing jointly and AGI is greater than \$200,000, enter -0-. All other filers, if AGI is greater than \$120,000, enter -0-. **16c.** 5800 **.00**
17. Other (reserved) **17.** RESERVED **.00**
18. Total Subtractions (ADD Lines 7 through 15 and Line 16c) **18.** 7800 **.00**

VSAC
☐Build
America
☐Vermont
Telecom
Authority
☐Vermont
Public
Power
Supply
Authority
☐**NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME**

19. SUBTRACT Line 18 from Line 6. Enter on Form IN-111, Line 2. **19.** -2300 **.00**
This can be a negative number.

Taxpayer's Last Name	Social Security Number
OSS	400008042



PART II

REFUNDABLE CREDITS

Child and Dependent Care Credit - Resident and Part-Year Resident

1. Child and Dependent Care Credit (federal Form 2441, Line 11) 1. _____ .00
2. Vermont Child and Dependent Care Credit (**MULTIPLY Line 1 by 72% (0.72)**) 2. _____ .00

Child Tax Credit - Resident and Part-Year Resident

3. Number of qualifying children 3. _____ 1
List only children who qualify for Child Tax Credit (born 2019 through 2025) below

Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth
BRATE	CELL	E	400558044	2024
Qualifying Child #2 - Last Name	First Name	MI	Social Security Number	Year of Birth
Qualifying Child #3 - Last Name	First Name	MI	Social Security Number	Year of Birth

4. Child Tax Credit (**MULTIPLY Line 3 by \$1,000**). See instructions for credit amount if your Adjusted Gross Income from Form IN-111, Line 1 is over \$125,000 4. _____ 1000 .00

Earned Income Tax Credit - Resident and Part-Year Resident

5. Number of qualifying children from federal Schedule EIC 5. _____
6. Federal Earned Income Tax Credit. Enter amount from federal Form 1040 6. _____ .00
7. Vermont Earned Income Tax Credit. If Line 5 is GREATER than zero, **MULTIPLY Line 6 by 38% (0.38)**. If Line 5 is zero, enter the amount from Line 6. 7. _____ .00

Veteran Tax Credit - Resident and Part-Year Resident

8. Enter your AGI from Form IN-111, Line 1 8. _____
9. If Line 8 is \$25,000 or less, enter -0- and skip to Line 12.
Otherwise, **SUBTRACT \$25,000 from Line 8**. 9. _____
10. **DIVIDE Line 9 by 100**, rounding down to the nearest whole number. 10. _____
11. **MULTIPLY Line 10 by \$5**. 11. _____
12. If Line 9 is zero, enter \$250. Otherwise, enter **\$250 MINUS Line 11**. 12. _____

Refundable Tax Credits - Resident and Part-Year Resident

13. Total Vermont Refundable Tax Credits (**ADD Lines 2, 4, 7, and 12**) 13. _____ 1000 .00
Full-Year Residents: Enter this amount on Form IN-111, Line 26c.
Part-Year Residents: Complete Lines 14 through 17.

Refundable Tax Credits Adjusted for Part-Year Residents

14. Enter amount from Schedule IN-113, Line 14B, Vermont Portion of Total Income 14. _____ .00
15. Enter amount from Schedule IN-113, Line 14A, Total Income 15. _____ .00
16. Refundable Tax Credits Adjustment Percentage. (**DIVIDE Line 14 by Line 15, then MULTIPLY the result by 100**) 16. _____ %
17. Total Vermont Refundable Credits Adjusted for Part-Year Residents.
(**MULTIPLY Line 13 by Line 16**.) Enter this amount on Form IN-111, Line 26c. 17. _____ .00

2025 Schedule IN-119**Vermont Tax Adjustments and
Nonrefundable Credits**

* 2 5 1 1 9 1 1 0 0 *

INCLUDE WITH FORM IN-111
Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
OSS	KAY		400008042

PART I ADJUSTMENTS TO VERMONT INCOME TAX**ADDITIONS TO VERMONT TAX**

1. Tax on Qualified Plans including IRA, HSA, and MSA (reported on federal Form 1040, U.S. Individual Income Tax Return) 1. _____ .00
2. Recapture of Federal Investment Tax Credit (reported on Form 1040) 2. _____ .00
3. Tax from federal Form 4972, Tax on Lump-Sum Distributions 3. _____ .00
4. **ADD Lines 1 through 3** 4. _____ .00
5. **MULTIPLY Line 4 by 24% (0.24)** 5. _____ .00
6. Recapture of Vermont Credits (See instructions). . . 6. _____ .00
7. **ADD Lines 5 and 6.** 7. _____ .00

SUBTRACTIONS FROM VERMONT TAX

8. Credit for the Elderly or the Disabled (federal Schedule R) 8. _____ .00
9. Investment Tax Credit - Vermont-based only (See instructions) 9. _____ .00
10. Vermont Farm Income Averaging Credit (from worksheet in instructions) 10. _____ .00
11. **ADD Lines 8 through 10** 11. _____ .00
12. **MULTIPLY Line 11 by 24% (0.24)** 12. _____ .00
13. Vermont-based Solar Energy Credit carryforward . 13. _____ .00
14. **ADD Lines 12 and 13** 14. _____ .00

NET ADJUSTMENTS TO VERMONT TAX

15. **SUBTRACT Line 14 from Line 7.** Enter on Form IN-111, Vermont Income Tax Return, Line 9. This can be a negative number. 15. _____ .00

Taxpayer's Last Name	Social Security Number
OSS	400008042



PART II VERMONT INCOME TAX CREDITS

INCLUDE WITH FORM IN-111

2025 Contribution
eligible for credit

Credit

1. Vermont Higher Education
Investment (32 V.S.A. § 5825a)
See instructions. 2500 .00 TIMES (X) .10 = 250 .00

For credits earned through an S-Corporation, LLC, or Partnership, enter name and FEIN of the entity.

Name of Entity	FEIN

If credits from more than one business entity, fill out a separate IN-119 for each entity.

	<u>Column A</u> Earned in 2025	PLUS (+)	<u>Column B</u> Carryforward	EQUALS (=)	<u>Column C</u>
2. Charitable Housing (32 V.S.A. § 5830c) 2A.	.00		2B. .00		2C. .00
3. Qualified Sale of Mobile Home Park (32 V.S.A. § 5828) . . . 3A.	.00		3B. .00		3C. .00
4. Research & Development (32 V.S.A. § 5930ii) 4A.	.00		4B. .00		4C. .00
Prior approval required from Vermont Housing Finance Agency for Line 5					
5. Affordable Housing (32 V.S.A. § 5930u) 5A.	.00		5B. .00		5C. .00
6. Historic Rehabilitation (32 V.S.A. § 5930cc(a)) . . . 6A.	.00		6B. .00		6C. .00
7. Facade Improvement (32 V.S.A. § 5930cc(b)) . . . 7A.	.00		7B. .00		7C. .00
8. Code Improvements (32 V.S.A. § 5930cc(c)) . . . 8A.	.00		8B. .00		8C. .00
9. ADD Column C, Lines 1 through 8. Enter this amount on Form IN-111, Line 18 9.					250 .00

2025 Schedule IN-153**Vermont Capital Gains Exclusion
Calculation**

* 2 5 1 5 3 1 1 0 0 *

INCLUDE WITH FORM IN-111
Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
OSS	KAY		400008042

PART I. FLAT EXCLUSION

1. Enter smaller of Line 15 or 16 from federal Form 1040, Schedule D **1.** 2000 **.00**
2. Enter amount from:
- 2a.** Federal Form 1040, Schedule D, Line 18 . . **2a.** **.00**
- 2b.** Federal Form 1040, Schedule D, Line 19. . **2b.** **.00**
3. Add Lines 2a and 2b. **3.** **.00**
4. Subtract Line 3 from Line 1. **4.** 2000 **.00**

If you filed federal Form 4952, complete Lines 5 through 7

5. Enter amount from:
- 5a.** Federal Form 4952, Line 4g **5a.** **.00**
- 5b.** Federal Form 4952, Line 4e **5b.** **.00**
- 5c.** Multiply Line 5a by Line 5b and enter result here **5c.** **.00**
- 5d.** Federal Form 4952, Line 4b **5d.** **.00**
- 5e.** Federal Form 4952, Line 4e **5e.** **.00**
6. Add Lines 5d and 5e; enter result here. **6.** **.00**
7. Divide Line 5c by Line 6; enter result here **7.** **.00**
8. Subtract Line 7 from Line 4. Entry cannot be less than zero **8.** 2000 **.00**
9. Enter the smaller of Line 8 or \$5,000. **9.** 2000 **.00**

Taxpayer's Last Name	Social Security Number
OSS	400008042



PART II. PERCENTAGE EXCLUSION

(Use this section only if you have eligible gains. See Technical Bulletin 60, Taxation of Gain on the Sale of Capital Assets, for more information or continue on to Part III.)

10. Enter the amount from Part I, Line 4 10. .00
11. Enter amount of adjusted net capital gain from
the sale of assets held for three years or less 11. .00
12. Assets held for more than three years.
Subtract Line 11 from Line 10.
Entry cannot be less than zero 12. .00

Enter the amount of net adjusted capital gain from the sale of the following assets held for more than three years

- 13a. Real estate or portion of real estate used as
a primary or nonprimary home 13a. .00
- 13b. Depreciable personal property
(except for farm property or standing timber) 13b. .00
- 13c. Stocks or bonds publicly traded or traded on an
exchange or any other financial instruments. . 13c. .00
14. Add Lines 13a through 13c 14. .00
15. Subtract Line 14 from Line 12; enter result here.
Entry cannot be less than zero. This is the amount
of net adjusted capital gain eligible for exclusion . . 15. .00

Line 16 Federal Form 4952 information. If no investment interest expense for ineligible assets was reported on federal Form 4952, enter Line 7 from Part I of this form. Otherwise, you may need to recompute Form 4952 to reflect only investment interest income for assets eligible for the capital gains exclusion.

16. Enter amount from Part I, Line 7 or recomputed
federal Form 4952 16. .00
17. Subtract Line 16 from Line 15 17. .00
18. Multiply Line 17 by 40%; enter result or \$350,000, whichever is less. 18. .00

PART III. CAPITAL GAINS EXCLUSION

19. Enter the *greater of* Line 9 or Line 18 19. 2000 .00
20. Multiply 38500.00 x 40% and enter result here. 20. 15400 .00
Federal Taxable Income
21. Enter the *smaller of* Line 19 or Line 20. This is your capital gains exclusion.
Enter on Schedule IN-112, Part I, Line 8. 21. 2000 .00

Test 6:**Required Vermont Forms/Schedules:** IN-111, IN-112, HS-122, HI-144**Taxpayer(s) Information:**

Primary SSN:	400-00-8045
Name:	Choc A Holic
Residency Status:	Resident
Mailing Address:	133 State St
City:	Montpelier
State:	VT
Zip Code:	05601
Date of Birth:	May 5, 1978
Filing Status:	Married Filing Jointly
School District Code:	126
911 Address:	133 State Street
Spouse Name:	Milk A Holic
Spouse SSN:	400-00-8080
Spouse Date of Birth:	June 18, 1975

Return Information:

Federal AGI:	39032
Total VT Taxes:	263
VT Business Schedule C Profit:	32000
NH Business Schedule C Profit:	10000
Federal Schedule SE Line 6:	38787
2025 Estimated Payments:	600
Refundable Credits:	1943
Refund to 2026 Property Tax Bill:	500
Refund Amount:	1628
Qualifying Child:	1
Qualifying Child #1:	Mon E Holic 400-55-8047 09/23/2019
Qualifying Child from Federal EIC:	1
Child Care Contribution:	32
Use Tax:	120
SPAN:	405-126-12001
Business Use:	0.00%
Rental Use:	0.00%
Improvements:	None
Domicile:	Yes
Claimed:	No
Selling:	No
Housesite Value:	350,000

Housesite Education Tax:	5,100
Housesite Municipal Tax:	3,200
Ownership Percentage:	100.00%
Household Income:	44065
Other Person:	Sam I Am 400-00-8048
Other Person Income Child Support:	8000

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 HOLIC		First Name CHOC		MI A	Social Security Number 4 0 0 0 8 0 4 5	<input type="checkbox"/> Check if Deceased
Spouse's/CU Partner's Last Name HOLIC		First Name MILK		MI A	Social Security Number 4 0 0 0 8 0 8 0	<input type="checkbox"/> Check if Deceased
Mailing Address (Number and Street/Road or PO Box) 133 STATE STREET					911/Physical Street Address on 12/31/2025 133 STATE STREET	
City MONTPELIER		State VT	ZIP Code or Foreign Postal Code 05601		Foreign Country	
Vermont School District Code 126	Vermont Residency Status as of 12/31/2025 (check one) <input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> PART-YEAR RESIDENT <input type="checkbox"/> NONRESIDENT					
Filing Status and Standard Deduction <input type="checkbox"/> Single (\$7,650) <input checked="" type="checkbox"/> Married/CU Filing Jointly (\$15,300) <input type="checkbox"/> Married/CU Filing Separately (\$7,650) <input type="checkbox"/> Head of Household (\$11,450) <input type="checkbox"/> Qualifying Widow(er) (\$15,300)						
<input checked="" type="checkbox"/> Enter Healthcare Coverage Code (See instructions for code options)		<input type="checkbox"/> Check all that apply <input type="checkbox"/> AMENDED Return <input type="checkbox"/> CANNABIS With Recomputed Federal Return <input type="checkbox"/> RECOMPUTED Return <input type="checkbox"/> EXTENDED Return <input type="checkbox"/> FARMER / FISHERMAN				

1. Federal Adjusted Gross Income (federal Form 1040, Line 11a) 1. 39032 .00
2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 19) 2. _____ .00
3. Federal AGI with Modifications (ADD Lines 1 and 2) 3. 39032 .00
4. 2025 Vermont Standard Deduction from filing status section above. 4. 15300 .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. 1 = 5d. 3
- 5e. MULTIPLY Line 5d by \$5,300 (2025 Personal Exemption) 5e. 15900 .00
6. ADD Lines 4 and 5e 6. 31200 .00
7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3.
If less than zero, enter -0-) 7. 7832 .00
8. Vermont Income Tax from tax table or tax rate schedule 8. 263 .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. _____ .00
10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9.
If less than zero, enter -0-) 10. 263 .00
- | | | |
|--|--|---|
| 11. Tax-Deductible Charitable Contribution (See instructions) <u>.00</u> | 12. Multiply Line 11 by 5% (0.05) <u>.00</u> | 13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) <u>.00</u> |
|--|--|---|
14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 14. 263 .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. 263 .00

Taxpayer's Last Name	Social Security Number
HOLIC	400008045



* 2 5 1 1 1 1 2 0 0 *

Amount from Line 16	263 .00
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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. .00 + 18. .00 = 19. .00

20. Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16.
If Line 19 is greater than Line 16, enter -0-). 20. 263 .00

21. Child Care Contributions for Self-Employed individuals
(see instructions for calculation). 21. 32 .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. 120 .00

23. Total Vermont Taxes (ADD Lines 20 through 22). 23. 415 .00

Vermont Veterans Fund

Green Up Vermont

Nongame Wildlife Fund

Vermont Children's
Trust Foundation

Total Contributions

24a. .00 + 24b. .00 + 24c. .00 + 24d. .00 = 24e. .00

25. Total of Vermont Taxes and Voluntary Contributions (ADD Lines 23 and 24e). . . 25. 415 .00

26a. 2025 Vermont Tax Withheld from W-2, 1099 26a. .00

26b. 2025 Estimated Tax payments, amount carried forward
from 2024, and/or payment made with 2025 extension . 26b. 600 .00

26c. Refundable Credits (Schedule IN-112, Part II: Full-Year
Residents-Line 13; Part-Year Residents-Line 17). . . . 26c. 1943 .00

26d. 2025 Vermont Real Estate Withholding from
Form RW-171 26d. .00

26e. 2025 Nonresident Estimated Tax payments (nonresident
withholding) allocated on Schedule K-1VT, Line 30. . . 26e. .00

26f. Total Payments and Credits (ADD Lines 26a through 26e). 26f. 2543 .00

27. Overpayment. If Line 25 is less than Line 26f,
SUBTRACT Line 25 from Line 26f 27. 2128 .00

28a. Refund to be credited to 2026 Estimated Tax Payment . . 28a. .00

28b. Refund to be credited to 2026 Property Tax Bill 28b. 500 .00

29. REFUND AMOUNT (SUBTRACT Lines 28a and 28b from Line 27). 29. 1628 .00

30. If Line 25 is more than Line 26f, subtract Line 26f from Line 25.
See instructions on tax due 30. .00

31. Interest and Penalty on Underpayment of Estimated 31. .00
Tax (Worksheet IN-152 or IN-152A) 32. AMOUNT DUE
(ADD Lines 30 & 31) . 32. .00

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .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)	Date of Birth (MMDDYYYY) 05051978	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MMDDYYYY)	Date of Birth (MMDDYYYY) 06181975	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

☐ 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

CHILD CARE CONTRIBUTION WORKSHEET

Complete this worksheet if you have self-employment income reported on federal Form 1040, Schedule SE.

- | | | | |
|----|--|----|------------------|
| 1. | Enter the amount from federal Form 1040, Schedule SE, Line 6 | 1. | <u>38,787.00</u> |
| 2. | Enter the amount of income reported on Line 1 that was earned for work performed outside of Vermont. | 2. | <u>10,000.00</u> |
| 3. | Subtract Line 2 from Line 1 | 3. | <u>28,787.00</u> |
| 4. | Multiply Line 3 by 0.11% (0.0011).
Enter this amount on Form IN-111, Line 21 | 4. | <u>32.00</u> |

2025 Schedule IN-112**Vermont Tax Adjustments and Credits**Please PRINT
in BLUE or
BLACK INK

* 2 5 1 1 2 1 1 0 0 *

INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
HOLIC	CHOC	A	400008045

PART I**ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME**

1. Total interest and dividend income from all state and local obligations exempt from federal tax (reported on federal Form 1040) **1.** _____ **.00**
2. Interest and dividend income from Vermont state and local obligations included in Line 1 **2.** _____ **.00**
3. Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1) **3.** _____ **.00**
4. Bonus Depreciation Allowed under Federal Law for 2025 **4.** _____ **.00**
5. Other (reserved) **5.** **RESERVED** **.00**
6. Total Additions (ADD Line 3 and Line 4) **6.** _____ **.00**

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

7. Interest Income from U.S. Obligations **7.** _____ **.00**
8. Capital Gains Exclusion (Schedule IN-153, Line 21) **8.** _____ **.00**
9. Adjustment for Prior Years' Bonus Depreciation **9.** _____ **.00**
10. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040) **10.** _____ **.00**
11. Medical Expense Deduction (see the worksheet in the instructions) **11.** _____ **.00**
12. Retirement Benefits Exempt from Taxation (see the worksheet in the instructions) **12.** _____ **.00**
13. Military retirement and Survivor Benefit exempt from taxation. (see instructions for calculations) . **13.** _____ **.00**
14. Railroad Retirement income **14.** _____ **.00**
15. Bond/note interest income from (see to the right) **15.** _____ **.00**
- 16a. **For residents only** - Enter the total student loan interest you paid in 2025 on qualified student loans. . . **16a.** _____ **.00**
- 16b. **For residents only** - Enter any student loan interest already deducted on federal Form 1040, Schedule 1, Line 21. **16b.** _____ **.00**
- 16c. Subtract Line 16b from Line 16a. If filing jointly and AGI is greater than \$200,000, enter -0-. All other filers, if AGI is greater than \$120,000, enter -0-. **16c.** _____ **.00**
17. Other (reserved) **17.** **RESERVED** **.00**
18. Total Subtractions (ADD Lines 7 through 15 and Line 16c) **18.** _____ **.00**

VSAC
☐Build
America
☐Vermont
Telecom
Authority
☐Vermont
Public
Power
Supply
Authority
☐**NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME**

19. **SUBTRACT Line 18 from Line 6.** Enter on Form IN-111, Line 2. **19.** _____ **.00**
This can be a negative number.

Taxpayer's Last Name	Social Security Number
HOLIC	400008045



PART II

REFUNDABLE CREDITS

Child and Dependent Care Credit - Resident and Part-Year Resident

1. Child and Dependent Care Credit (federal Form 2441, Line 11) 1. _____ .00
2. Vermont Child and Dependent Care Credit (**MULTIPLY Line 1 by 72% (0.72)**) 2. _____ .00

Child Tax Credit - Resident and Part-Year Resident

3. Number of qualifying children 3. _____
List only children who qualify for Child Tax Credit (born 2019 through 2025) below

Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth
HOLIC	MON	E	400558047	2019
Qualifying Child #2 - Last Name	First Name	MI	Social Security Number	Year of Birth
Qualifying Child #3 - Last Name	First Name	MI	Social Security Number	Year of Birth

4. Child Tax Credit (**MULTIPLY Line 3 by \$1,000**). See instructions for credit amount if your Adjusted Gross Income from Form IN-111, Line 1 is over \$125,000 4. 1000 .00

Earned Income Tax Credit - Resident and Part-Year Resident

5. Number of qualifying children from federal Schedule EIC 5. 1
6. Federal Earned Income Tax Credit. Enter amount from federal Form 1040 6. 2482 .00
7. Vermont Earned Income Tax Credit. If Line 5 is GREATER than zero, **MULTIPLY Line 6 by 38% (0.38)**. If Line 5 is zero, enter the amount from Line 6. 7. 943 .00

Veteran Tax Credit - Resident and Part-Year Resident

8. Enter your AGI from Form IN-111, Line 1 8. _____
9. If Line 8 is \$25,000 or less, enter -0- and skip to Line 12.
Otherwise, **SUBTRACT \$25,000 from Line 8**. 9. _____
10. **DIVIDE Line 9 by 100**, rounding down to the nearest whole number. 10. _____
11. **MULTIPLY Line 10 by \$5**. 11. _____
12. If Line 9 is zero, enter \$250. Otherwise, enter **\$250 MINUS Line 11**. 12. _____

Refundable Tax Credits - Resident and Part-Year Resident

13. Total Vermont Refundable Tax Credits (**ADD Lines 2, 4, 7, and 12**) 13. 1943 .00
Full-Year Residents: Enter this amount on Form IN-111, Line 26c.
Part-Year Residents: Complete Lines 14 through 17.

Refundable Tax Credits Adjusted for Part-Year Residents

14. Enter amount from Schedule IN-113, Line 14B, Vermont Portion of Total Income 14. _____ .00
15. Enter amount from Schedule IN-113, Line 14A, Total Income 15. _____ .00
16. Refundable Tax Credits Adjustment Percentage. (**DIVIDE Line 14 by Line 15, then MULTIPLY the result by 100**) 16. _____ %
17. Total Vermont Refundable Credits Adjusted for Part-Year Residents.
(**MULTIPLY Line 13 by Line 16**.) Enter this amount on Form IN-111, Line 26c. 17. _____ .00

2026 Form HS-122**Vermont Homestead Declaration AND
Property Tax Credit Claim**

DUE DATE: April 15, 2026. You may file up to Oct. 15, 2026, but the town may assess a penalty.
For details on late filing, see instructions.

How to file a Homestead Declaration: Please complete Section A of this form, sign in the signature section at the bottom of page 2, and send the form to the Vermont Department of Taxes.

How to file a Property Tax Credit Claim: To be considered for a Property Tax Credit, you must file a **1)** Homestead Declaration (Section A of this form), **2)** Property Tax Credit Claim (Section B of this form), and **3)** Schedule HI-144, Household Income. Sign this form in the signature section at the bottom of page 2 and send the forms to the Department.

Tired of paper forms? It's fast and convenient to file your claim online at myVTax.vermont.gov.

Annual Vermont Homestead Declaration

SECTION A. This form must be filed each year by every Vermont resident whose property meets the definition of a homestead. A Vermont homestead is the principal dwelling and parcel of land surrounding the dwelling, owned and occupied by a resident individual as the individual's domicile on April 1, 2026. If your homestead is leased to a tenant on April 1, 2026, you may still claim it as a homestead if it is not leased for more than 182 days in the 2026 calendar year.

Please **PRINT** in **BLUE** or **BLACK INK**

Claimant's Last Name		First Name		MI	Claimant's Social Security Number	
HOLIC		CHOC		A	4 0 0 0 0 8 0 4 5	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
HOLIC		MILK		A	4 0 0 0 0 8 0 8 0	
Mailing Address (Number and Street/Road or PO Box)					Claimant's Date of Birth (MMDDYYYY)	
133 STATE STREET					05051978	
City		State	ZIP Code			
MONTPELIER		VT	05601			
Location of Homestead (Use a number, street/road name. Do not use a PO Box or "same.")					City/Town of Legal Residence on April 1, 2026 and State	
133 STATE STREET					MONTPELIER VT	
Federal Filing Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married/CU Filing Jointly <input type="checkbox"/> Married/CU Filing Separately <input type="checkbox"/> Head of Household						

A1. SPAN - REQUIRED (from the 2025/2026 property tax bill). **A1.** 405 - 126 - 12001

A2. Business Use of Dwelling. **A2.** _____ . _____ %

A3. Rental Use of Dwelling. **A3.** _____ . _____ %

A4. Business or Rental Use of **Improvements or Other Buildings.** Not including the dwelling, are improvements or other buildings located on your parcel used for business or rented? . . **A4.** ☐ Yes ☐ No

A5-A8 Special Situations (See instructions for more information). Check the following if it applies:

- | | |
|---|--|
| <input type="checkbox"/> A5. Grantor and sole beneficiary of a revocable trust owning the property | <input type="checkbox"/> A7. Homestead property crosses town boundaries (File a declaration for each town.) |
| <input type="checkbox"/> A6. Life estate holder of the property | <input type="checkbox"/> A8. Residing in a dwelling on the homestead parcel owned by a related farmer. |

Please continue to Page 2, Section B, for property tax credit. Sign on Page 2.

Mail to: Vermont Department of Taxes
PO Box 1881
Montpelier, VT 05601-1881

2026 Form HS-122

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Claimant's Last Name	Social Security Number
HOLIC	400008045



DUE DATE: April 15, 2026. Generally, claims cannot be accepted after Oct. 15, 2026.

* 2 6 1 2 2 1 2 0 0 *

SECTION B.

PROPERTY TAX CREDIT CLAIM

For Household Income up to \$115,400. Complete and attach Schedule HI-144.

To qualify, you must meet the requirements for filing a homestead declaration in addition to the following requirements. ALL eligibility questions must be answered.

- B1.** Were you domiciled in Vermont all of calendar year 2025? ☒ Yes, Go to Line B2. ☐ No, STOP.
- B2.** Were you claimed as a dependent in 2025 by another taxpayer? . . ☐ Yes, STOP. ☒ No, Go to Line B3.
- B3.** Do you anticipate selling this Vermont housesite on or before April 1, 2026? ☐ Yes, STOP. ☒ No, Continue

Amounts for Lines B4 through B6 are found on the 2025/2026 property tax bill. Round amounts to the nearest dollar.

- B4.** Housesite Value **B4.** 350000 .00
- B5.** Housesite Education Tax **B5.** 5100 .00
- B6.** Housesite Municipal Tax **B6.** 3200 .00
- B7.** Ownership Interest **B7.** 100 .00 %
- B8.** Household Income (Schedule HI-144, Line z).
You MUST attach Schedule HI-144. **B8.** 44065 .00 ☐ Check here if amended Schedule HI-144, Household Income, is included.

Complete the following **ONLY if applicable** from Form LRC-147, Part B.

- B9.** For Profit Mobile Home Lot Rent (Allocable Rent from Form LRC-147) **B9.** _____ .00

Not-For-Profit Mobile Home Park, Cooperative, and Land Trust

- B10.** Allocated Education Tax. **B10.** _____ .00
- B11.** Allocated Municipal Tax **B11.** _____ .00

OR Property Tax from contiguous property if housesite has less than 2 acres (See instructions.)

- B12.** Contiguous property Education Tax **B12.** _____ .00
- B13.** Contiguous property Municipal Tax **B13.** _____ .00

MAXIMUM CREDIT AMOUNT IS \$8,000.

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

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

2025 Schedule HI-144Please PRINT in BLUE
or BLACK INK

* 2 5 1 4 4 1 1 0 0 *

Household Income

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

This schedule must be included with the 2026 Property Tax Credit Claim
(Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name	First Name	MI	Claimant's Social Security Number
HOLIC	CHOC	A	4 0 0 0 8 0 4 5
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY)
HOLIC	MILK	A	0 5 0 5 1 9 7 8

List the names and Social Security Numbers of all other people (in addition to a Spouse or CU Partner) who had income and lived with you during 2025. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other People" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

☐ Check this box if you temporarily hosted a refugee, asylee, or asylum seeker
in your home during 2025. Do not include their income on this form.

Other Person #1 Last Name	First Name	MI	Other Person #1 Social Security Number
AM	SAM	I	4 0 0 0 8 0 4 8
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household	1. Claimant / Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other People
a. Cash public assistance and relief (See instructions for exclusions). a.	.00	.00	.00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable. b.	.00	.00	.00
c. Unemployment compensation/worker's compensation . . c.	.00	.00	.00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.) d.	.00	.00	.00
e. Interest and dividends. e.	.00	.00	.00
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable f.	.00	.00	.00
g. Alimony and support money g.	.00	.00	.00
h. Child support and cash gifts Please specify CHILD SUPPORT h.	.00	.00	8 0 0 0 .00
i. Business income. If the amount is a loss, enter -0-. See instructions for offsetting a loss i.	4 2 0 0 0 .00	.00	.00
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-. See instructions for offsetting a loss . . j.	.00	.00	.00
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions k.	.00	.00	.00
l. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss l.	.00	.00	.00
m. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0-. See Line m instructions for only exception to offset a loss. m.	.00	.00	.00
n. Other income (See instructions for examples of other income) Please specify n.	.00	.00	.00
o. Total Income: ADD Lines a through n. o.	4 2 0 0 0 .00	.00	8 0 0 0 .00

2025 Schedule HI-144

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Claimant's Last Name	Social Security Number
HOLIC	400008045



* 2 5 1 4 4 1 2 0 0 *

Carried forward from Line o 42000 .00 .00 8000 .00

p. See instructions. Enter Social Security and Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment tax from federal Schedule SE. This entry may differ from W-2/1099 or federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or federal Schedule SE if not included with income tax filing p.	1. Claimant / Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other People
5935 .00	.00	.00	.00
q. Child support paid. You must include proof of payment. See instructions . q.	.00	.00	.00

Support paid to: Last Name	First Name	MI	Social Security Number

r. Allowable adjustments from federal Form 1040

r1. Business expenses for Reservists r1.	.00	.00	.00
r2. Alimony paid r2.	.00	.00	.00
r3. Self-employed health insurance deduction r3.	.00	.00	.00
r4. Health Savings Account deduction r4.	.00	.00	.00
s. ADD Lines p, q, and total of Lines r1 through r4 for each column. s.	5935 .00	.00	.00
t. SUBTRACT Line s from Line o of each column. If a negative amount, enter -0- t.	36065 .00	.00	8000 .00

u. ADD all three amounts from Line t. If a negative amount, enter -0- **u.** 44065 .00

v. Complete if born Jan. 1, 1961 and after.

Enter interest and dividend income from Lines e and f. v.	.00	.00	.00
--	-----	-----	-----

w. ADD all three amounts from Line v w. .00

x. Asset Adjustment of Interest and Dividend Income (Lines e and f). Per 32 V.S.A. § 6061E **x.** 10000 .00

y. SUBTRACT Line x from Line w. If Line x is more than Line w, enter -0- **y.** .00

z. HOUSEHOLD INCOME. ADD Line u and Line y. (Enter here and on Form HS-122, Line B8.) **z.** 44065 .00

HOMEOWNERS Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year.

Homeowners with Household Income up to \$115,400 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. Schedule HI-144 must be filed with Form HS-122.

The due date to file Form HS-122 is April 15, 2026. Homeowners filing a property tax credit, Form HS-122, Section B, and Schedule HI-144, between April 16 and Oct. 15, 2026, may still qualify for a Property Tax Credit. Generally, claims cannot be accepted after Oct. 15, 2026.

2025 Schedule HI-144

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Test 7:**Required Vermont Forms/Schedules:** HS-122, HI-144**Taxpayer(s) Information:**

Primary SSN:	400-00-8051
Name:	Frank N Stein
Spouse SSN:	400-00-8090
Spouse Name:	Annetta Stein
Mailing Address:	33 Spooky Lane
City:	Woodstock
State:	VT
Zip Code:	05035
Date of Birth:	October 31, 1955
Filing Status:	Married
911 Address:	33 Spooky Lane Woodstock, VT

Return Information:

SPAN:	786-250-10501
Business Use:	0%
Rental Use:	30%
Improvements:	Yes
Housesite Value:	425,000
Housesite Education Tax:	6700
Housesite Municipal Tax:	3550
Ownership Percentage:	100.00%
Household Income:	110000
Social Security:	50000
Unemployment:	24000
Pensions:	9000
Lottery Winnings:	25000

2026 Form HS-122**Vermont Homestead Declaration AND
Property Tax Credit Claim**

DUE DATE: April 15, 2026. You may file up to Oct. 15, 2026, but the town may assess a penalty.
For details on late filing, see instructions.

How to file a Homestead Declaration: Please complete Section A of this form, sign in the signature section at the bottom of page 2, and send the form to the Vermont Department of Taxes.

How to file a Property Tax Credit Claim: To be considered for a Property Tax Credit, you must file a **1)** Homestead Declaration (Section A of this form), **2)** Property Tax Credit Claim (Section B of this form), and **3)** Schedule HI-144, Household Income. Sign this form in the signature section at the bottom of page 2 and send the forms to the Department.

Tired of paper forms? It's fast and convenient to file your claim online at myVTax.vermont.gov.

Annual Vermont Homestead Declaration

SECTION A. This form must be filed each year by every Vermont resident whose property meets the definition of a homestead. A Vermont homestead is the principal dwelling and parcel of land surrounding the dwelling, owned and occupied by a resident individual as the individual's domicile on April 1, 2026. If your homestead is leased to a tenant on April 1, 2026, you may still claim it as a homestead if it is not leased for more than 182 days in the 2026 calendar year.

Please **PRINT** in **BLUE** or **BLACK** INK

Claimant's Last Name		First Name		MI	Claimant's Social Security Number	
STEIN		FRANK		N	4 0 0 0 0 8 0 5 1	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
STEIN		ANNETTA			4 0 0 0 0 8 0 9 0	
Mailing Address (Number and Street/Road or PO Box)					Claimant's Date of Birth (MMDDYYYY)	
33 SPOOKY LANE					1 0 3 1 1 9 5 5	
City		State	ZIP Code			
WOODSTOCK		VT	0 5 0 3 5			
Location of Homestead (Use a number, street/road name. Do not use a PO Box or "same.")					City/Town of Legal Residence on April 1, 2026 and State	
33 SPOOKY LANE					WOODSTOCK VT	
Federal Filing Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married/CU Filing Jointly <input type="checkbox"/> Married/CU Filing Separately <input type="checkbox"/> Head of Household						

A1. SPAN - REQUIRED (from the 2025/2026 property tax bill). **A1.** 786 - 250 - 10501

A2. Business Use of Dwelling. **A2.** _____ %

A3. Rental Use of Dwelling. **A3.** 30 .00 %

A4. Business or Rental Use of Improvements or Other Buildings. Not including the dwelling, are improvements or other buildings located on your parcel used for business or rented? . . **A4.** ☒ Yes ☐ No

A5-A8 Special Situations (See instructions for more information). Check the following if it applies:

- | | |
|---|--|
| <input type="checkbox"/> A5. Grantor and sole beneficiary of a revocable trust owning the property | <input type="checkbox"/> A7. Homestead property crosses town boundaries (File a declaration for each town.) |
| <input type="checkbox"/> A6. Life estate holder of the property | <input type="checkbox"/> A8. Residing in a dwelling on the homestead parcel owned by a related farmer. |

Please continue to Page 2, Section B, for property tax credit. Sign on Page 2.

Mail to: Vermont Department of Taxes
PO Box 1881
Montpelier, VT 05601-1881

2026 Form HS-122

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Claimant's Last Name	Social Security Number
STEIN	400008051



DUE DATE: April 15, 2026. Generally, claims cannot be accepted after Oct. 15, 2026.

* 2 6 1 2 2 1 2 0 0 *

SECTION B.

PROPERTY TAX CREDIT CLAIM

For Household Income up to \$115,400. Complete and attach Schedule HI-144.

To qualify, you must meet the requirements for filing a homestead declaration in addition to the following requirements. ALL eligibility questions must be answered.

- B1.** Were you domiciled in Vermont all of calendar year 2025? ☒ Yes, Go to Line B2. ☐ No, STOP.
- B2.** Were you claimed as a dependent in 2025 by another taxpayer? . . ☐ Yes, STOP. ☒ No, Go to Line B3.
- B3.** Do you anticipate selling this Vermont housesite on or before April 1, 2026? ☐ Yes, STOP. ☒ No, Continue

Amounts for Lines B4 through B6 are found on the 2025/2026 property tax bill. Round amounts to the nearest dollar.

- B4.** Housesite Value **B4.** 425000 .00
- B5.** Housesite Education Tax **B5.** 6700 .00
- B6.** Housesite Municipal Tax **B6.** 3550 .00
- B7.** Ownership Interest **B7.** 100 .00 %
- B8.** Household Income (Schedule HI-144, Line z).
You MUST attach Schedule HI-144. **B8.** 110000 .00 ☐ Check here if amended Schedule HI-144, Household Income, is included.

Complete the following **ONLY if applicable** from Form LRC-147, Part B.

- B9.** For Profit Mobile Home Lot Rent (Allocable Rent from Form LRC-147) **B9.** _____ .00

Not-For-Profit Mobile Home Park, Cooperative, and Land Trust

- B10.** Allocated Education Tax. **B10.** _____ .00
- B11.** Allocated Municipal Tax **B11.** _____ .00

OR Property Tax from contiguous property if housesite has less than 2 acres (See instructions.)

- B12.** Contiguous property Education Tax **B12.** _____ .00
- B13.** Contiguous property Municipal Tax **B13.** _____ .00

MAXIMUM CREDIT AMOUNT IS \$8,000.

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

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

2025 Schedule HI-144Please PRINT in BLUE
or BLACK INK

* 2 5 1 4 4 1 1 0 0 *

Household Income

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

This schedule must be included with the 2026 Property Tax Credit Claim
(Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name	First Name	MI	Claimant's Social Security Number
STEIN	FRANK	N	4 0 0 0 8 0 5 1
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY)
STEIN	ANNETTA		1 0 3 1 1 9 5 5

List the names and Social Security Numbers of all other people (in addition to a Spouse or CU Partner) who had income and lived with you during 2025. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other People" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

☒ Check this box if you temporarily hosted a refugee, asylee, or asylum seeker
in your home during 2025. Do not include their income on this form.

Other Person #1 Last Name	First Name	MI	Other Person #1 Social Security Number
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household	1. Claimant / Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other People
a. Cash public assistance and relief (See instructions for exclusions). a. _____ .00	_____ .00	_____ .00	_____ .00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable. b. 50000 .00	_____ .00	_____ .00	_____ .00
c. Unemployment compensation/worker's compensation . . c. 24000 .00	_____ .00	_____ .00	_____ .00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.) d. _____ .00	_____ .00	_____ .00	_____ .00
e. Interest and dividends. e. 2000 .00	_____ .00	_____ .00	_____ .00
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable f. _____ .00	_____ .00	_____ .00	_____ .00
g. Alimony and support money g. _____ .00	_____ .00	_____ .00	_____ .00
h. Child support and cash gifts Please specify _____ h. _____ .00	_____ .00	_____ .00	_____ .00
i. Business income. If the amount is a loss, enter -0-. See instructions for offsetting a loss i. _____ .00	_____ .00	_____ .00	_____ .00
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-. See instructions for offsetting a loss . . j. _____ .00	_____ .00	_____ .00	_____ .00
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions k. 9000 .00	_____ .00	_____ .00	_____ .00
l. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss l. _____ .00	_____ .00	_____ .00	_____ .00
m. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0-. See Line m instructions for only exception to offset a loss. m. _____ .00	_____ .00	_____ .00	_____ .00
n. Other income (See instructions for examples of other income) Please specify LOTTERY n. 25000 .00	_____ .00	_____ .00	_____ .00
o. Total Income: ADD Lines a through n. o. 110000 .00	_____ .00	_____ .00	_____ .00

2025 Schedule HI-144

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Claimant's Last Name	Social Security Number
STEIN	400008051



* 2 5 1 4 4 1 2 0 0 *

Carried forward from Line o 110000 .00 .00 .00

p. See instructions. Enter Social Security and Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment tax from federal Schedule SE. This entry may differ from W-2/1099 or federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or federal Schedule SE if not included with income tax filing p.	1. Claimant / Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other People
	.00	.00	.00
q. Child support paid. You must include proof of payment. See instructions . q.	.00	.00	.00

Support paid to: Last Name	First Name	MI	Social Security Number

r. Allowable adjustments from federal Form 1040

r1. Business expenses for Reservists r1.	.00	.00	.00
r2. Alimony paid r2.	.00	.00	.00
r3. Self-employed health insurance deduction r3.	.00	.00	.00
r4. Health Savings Account deduction r4.	.00	.00	.00
s. ADD Lines p, q, and total of Lines r1 through r4 for each column. s.	.00	.00	.00
t. SUBTRACT Line s from Line o of each column. If a negative amount, enter -0- t.	110000 .00	.00	.00

u. ADD all three amounts from Line t. If a negative amount, enter -0- **u.** 110000 .00

v. Complete if born Jan. 1, 1961 and after.

Enter interest and dividend income from Lines e and f. **v.** .00 .00 .00

w. ADD all three amounts from Line v w. .00

x. Asset Adjustment of Interest and Dividend Income (Lines e and f). Per 32 V.S.A. § 6061E **x.** 10000 .00

y. SUBTRACT Line x from Line w. If Line x is more than Line w, enter -0- **y.** .00

z. HOUSEHOLD INCOME. ADD Line u and Line y. (Enter here and on Form HS-122, Line B8.) **z.** 110000 .00

HOMEOWNERS Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year.

Homeowners with Household Income up to \$115,400 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. Schedule HI-144 must be filed with Form HS-122.

The due date to file Form HS-122 is April 15, 2026. Homeowners filing a property tax credit, Form HS-122, Section B, and Schedule HI-144, between April 16 and Oct. 15, 2026, may still qualify for a Property Tax Credit. Generally, claims cannot be accepted after Oct. 15, 2026.

2025 Schedule HI-144

Page 2 of 2

Rev. 10/25

Test 8:**Required Vermont Forms/Schedules:** IN-111, IN-112**Taxpayer(s) Information:**

Primary SSN:	400-00-8052
Name:	Tom A Too
Residency Status:	Resident
Mailing Address:	244 Bartlett St
City:	Berlin
State:	VT
Zip Code:	05602
Filing Status:	Married Filing Separately
School District Code:	018
911 Address:	244 Bartlett St
Date of Birth:	July 4, 1970

Return Information:

Federal AGI:	24,000
Personal Exemptions:	1
Use Tax:	None
Bond – VSAC:	100
2025 VT Tax Withheld:	0
Veteran Tax Credit:	250

Direct Debit Information:

Routing Number:	211672531
Checking Account Number:	75123123

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 TOO		First Name TOM		MI A	Social Security Number 4 0 0 0 8 0 5 2	<input type="checkbox"/> Check if Deceased
Spouse's/CU Partner's Last Name		First Name		MI	Social Security Number	<input type="checkbox"/> Check if Deceased
Mailing Address (Number and Street/Road or PO Box) 244 BARTLETT ST					911/Physical Street Address on 12/31/2025 244 BARTLETT ST	
City BERLIN		State VT	ZIP Code or Foreign Postal Code 05602		Foreign Country	
Vermont School District Code 018	Vermont Residency Status as of 12/31/2025 (check one) <input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> PART-YEAR RESIDENT <input type="checkbox"/> NONRESIDENT					
Filing Status and Standard Deduction <input type="checkbox"/> Single (\$7,650) <input type="checkbox"/> Married/CU Filing Jointly (\$15,300) <input checked="" type="checkbox"/> Married/CU Filing Separately (\$7,650) <input type="checkbox"/> Head of Household (\$11,450) <input type="checkbox"/> Qualifying Widow(er) (\$15,300)						
<input checked="" type="checkbox"/> Enter Healthcare Coverage Code (See instructions for code options)		<input type="checkbox"/> Check all that apply <input type="checkbox"/> AMENDED Return <input type="checkbox"/> CANNABIS With Recomputed Federal Return <input type="checkbox"/> RECOMPUTED Return <input type="checkbox"/> EXTENDED Return <input type="checkbox"/> FARMER / FISHERMAN				

1. Federal Adjusted Gross Income (federal Form 1040, Line 11a) 1. 24000 .00
2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 19) 2. -100 .00
3. Federal AGI with Modifications (ADD Lines 1 and 2) 3. 23900 .00
4. 2025 Vermont Standard Deduction from filing status section above. 4. 7650 .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. + 5c. = 5d. 1
- 5e. MULTIPLY Line 5d by \$5,300 (2025 Personal Exemption) 5e. 5300 .00
6. ADD Lines 4 and 5e 6. 12950 .00
7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3.
If less than zero, enter -0-) 7. 10950 .00
8. Vermont Income Tax from tax table or tax rate schedule 8. 367 .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. .00
10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9.
If less than zero, enter -0-) 10. 367 .00
- | | | |
|---|---|--|
| 11. Tax-Deductible Charitable Contribution (See instructions) <u> </u> .00 | 12. Multiply Line 11 by 5% (0.05) <u> </u> .00 | 13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) <u> </u> .00 |
|---|---|--|
14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 14. 367 .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. 367 .00

Taxpayer's Last Name	Social Security Number
TOO	4 0 0 0 0 8 0 5 2



* 2 5 1 1 1 2 0 0 *

Amount from Line 16	3 6 7 .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. .00 + 18. .00 = 19. .00

20. Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16.
If Line 19 is greater than Line 16, enter -0-). 20. 3 6 7 .00

21. Child Care Contributions for Self-Employed individuals
(see instructions for calculation). 21. .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. .00

23. Total Vermont Taxes (ADD Lines 20 through 22). 23. 3 6 7 .00

Vermont Veterans Fund

Green Up Vermont

Nongame Wildlife Fund

Vermont Children's
Trust Foundation

Total Contributions

24a. .00 + 24b. .00 + 24c. .00 + 24d. .00 = 24e. .00

25. Total of Vermont Taxes and Voluntary Contributions (ADD Lines 23 and 24e). . . 25. 3 6 7 .00

26a. 2025 Vermont Tax Withheld from W-2, 1099 26a. .00

26b. 2025 Estimated Tax payments, amount carried forward
from 2024, and/or payment made with 2025 extension . 26b. .00

26c. Refundable Credits (Schedule IN-112, Part II: Full-Year
Residents-Line 13; Part-Year Residents-Line 17). . . . 26c. 2 5 0 .00

26d. 2025 Vermont Real Estate Withholding from
Form RW-171 26d. .00

26e. 2025 Nonresident Estimated Tax payments (nonresident
withholding) allocated on Schedule K-1VT, Line 30. . . 26e. .00

26f. Total Payments and Credits (ADD Lines 26a through 26e). 26f. 2 5 0 .00

27. Overpayment. If Line 25 is less than Line 26f,
SUBTRACT Line 25 from Line 26f 27. .00

28a. Refund to be credited to 2026 Estimated Tax Payment . . 28a. .00

28b. Refund to be credited to 2026 Property Tax Bill 28b. .00

29. REFUND AMOUNT (SUBTRACT Lines 28a and 28b from Line 27) 29. .00

30. If Line 25 is more than Line 26f, subtract Line 26f from Line 25.
See instructions on tax due 30. 1 1 7 .00

31. Interest and Penalty on Underpayment of Estimated 31. .00 32. AMOUNT DUE
Tax (Worksheet IN-152 or IN-152A) (ADD Lines 30 & 31) . 32. 1 1 7 .00

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .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)	Date of Birth (MMDDYYYY) 0 7 0 4 1 9 7 0	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MMDDYYYY)	Date of Birth (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

☒ 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

2025 Schedule IN-112**Vermont Tax Adjustments and Credits**Please PRINT
in BLUE or
BLACK INK

* 2 5 1 1 2 1 1 0 0 *

INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
TOO	TOM	A	400008052

PART I**ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME**

1. Total interest and dividend income from all state and local obligations exempt from federal tax (reported on federal Form 1040) **1.** _____ **.00**
2. Interest and dividend income from Vermont state and local obligations included in Line 1 **2.** _____ **.00**
3. Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1) **3.** _____ **.00**
4. Bonus Depreciation Allowed under Federal Law for 2025 **4.** _____ **.00**
5. Other (reserved) **5.** **RESERVED** **.00**
6. Total Additions (ADD Line 3 and Line 4) **6.** _____ **.00**

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

7. Interest Income from U.S. Obligations **7.** _____ **.00**
8. Capital Gains Exclusion (Schedule IN-153, Line 21) **8.** _____ **.00**
9. Adjustment for Prior Years' Bonus Depreciation **9.** _____ **.00**
10. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040) **10.** _____ **.00**
11. Medical Expense Deduction (see the worksheet in the instructions) **11.** _____ **.00**
12. Retirement Benefits Exempt from Taxation (see the worksheet in the instructions) **12.** _____ **.00**
13. Military retirement and Survivor Benefit exempt from taxation. (see instructions for calculations) . **13.** _____ **.00**
14. Railroad Retirement income **14.** _____ **.00**
15. Bond/note interest income from (see to the right) **15.** _____ **100** **.00**
- 16a. **For residents only** - Enter the total student loan interest you paid in 2025 on qualified student loans. . . **16a.** _____ **.00**
- 16b. **For residents only** - Enter any student loan interest already deducted on federal Form 1040, Schedule 1, Line 21. **16b.** _____ **.00**
- 16c. Subtract Line 16b from Line 16a. If filing jointly and AGI is greater than \$200,000, enter -0-. All other filers, if AGI is greater than \$120,000, enter -0-. **16c.** _____ **.00**
17. Other (reserved) **17.** **RESERVED** **.00**
18. Total Subtractions (ADD Lines 7 through 15 and Line 16c) **18.** _____ **100** **.00**

**NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME**

19. **SUBTRACT Line 18 from Line 6.** Enter on Form IN-111, Line 2. **19.** _____ **-100** **.00**
This can be a negative number.

Taxpayer's Last Name	Social Security Number
TOO	400008052



PART II

REFUNDABLE CREDITS

Child and Dependent Care Credit - Resident and Part-Year Resident

1. Child and Dependent Care Credit (federal Form 2441, Line 11) 1. _____ .00
2. Vermont Child and Dependent Care Credit (**MULTIPLY Line 1 by 72% (0.72)**) 2. _____ .00

Child Tax Credit - Resident and Part-Year Resident

3. Number of qualifying children 3. _____
List only children who qualify for Child Tax Credit (born 2019 through 2025) below

Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth
Qualifying Child #2 - Last Name	First Name	MI	Social Security Number	Year of Birth
Qualifying Child #3 - Last Name	First Name	MI	Social Security Number	Year of Birth

4. Child Tax Credit (**MULTIPLY Line 3 by \$1,000**). See instructions for credit amount if your Adjusted Gross Income from Form IN-111, Line 1 is over \$125,000 4. _____ .00

Earned Income Tax Credit - Resident and Part-Year Resident

5. Number of qualifying children from federal Schedule EIC 5. _____
6. Federal Earned Income Tax Credit. Enter amount from federal Form 1040 6. _____ .00
7. Vermont Earned Income Tax Credit. If Line 5 is GREATER than zero, **MULTIPLY Line 6 by 38% (0.38)**. If Line 5 is zero, enter the amount from Line 6. 7. _____ .00

Veteran Tax Credit - Resident and Part-Year Resident

8. Enter your AGI from Form IN-111, Line 1 8. 24000
9. If Line 8 is \$25,000 or less, enter -0- and skip to Line 12.
Otherwise, **SUBTRACT \$25,000 from Line 8**. 9. 0
10. **DIVIDE Line 9 by 100**, rounding down to the nearest whole number. 10. _____
11. **MULTIPLY Line 10 by \$5**. 11. _____
12. If Line 9 is zero, enter \$250. Otherwise, enter **\$250 MINUS Line 11**. 12. 250

Refundable Tax Credits - Resident and Part-Year Resident

13. Total Vermont Refundable Tax Credits (**ADD Lines 2, 4, 7, and 12**). 13. 250 .00
Full-Year Residents: Enter this amount on Form IN-111, Line 26c.
Part-Year Residents: Complete Lines 14 through 17.

Refundable Tax Credits Adjusted for Part-Year Residents

14. Enter amount from Schedule IN-113, Line 14B, Vermont Portion of Total Income 14. _____ .00
15. Enter amount from Schedule IN-113, Line 14A, Total Income 15. _____ .00
16. Refundable Tax Credits Adjustment Percentage. (**DIVIDE Line 14 by Line 15, then MULTIPLY the result by 100**) 16. _____ %
17. Total Vermont Refundable Credits Adjusted for Part-Year Residents.
(**MULTIPLY Line 13 by Line 16**.) Enter this amount on Form IN-111, Line 26c. 17. _____ .00

Test 9:**Required Vermont Forms/Schedules:** IN-111,IN-112, RCC-146**Taxpayer(s) Information:**

Primary SSN:	400-00-8053
Name:	Tax Payer
Mailing Address:	12 Hideaway Lane Apt 1
City:	Bennington
State:	VT
Zip Code:	05201
911 Address:	12 Hideaway Lane Apt 1
School District Code:	015
Filing Status:	Single
Residency Status:	Resident
Date of Birth:	March 4, 1991

Return Information:

Federal AGI:	15000
Personal Exemptions:	1
Vermont Tax from Table:	69
Use Tax:	60
W-2 Withholding:	115

Renter Credit:

Pay Income Tax Liability:	No
SPAN	051-015-12111
Domiciled:	Yes
Claimed:	No
Rented in VT 6 months or more:	Yes
Share Rental:	No
Rent Subsidized:	No
Months Rented:	12

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		First Name		MI	Social Security Number	<input type="checkbox"/> Check if Deceased
PAYER		TAX			4 0 0 0 8 0 5 3	<input type="checkbox"/> Deceased
Spouse's/CU Partner's Last Name		First Name		MI	Social Security Number	<input type="checkbox"/> Check if Deceased
						<input type="checkbox"/> Deceased
Mailing Address (Number and Street/Road or PO Box)					911/Physical Street Address on 12/31/2025	
12 HIDEAWAY LANE APT 1					12 HIDEAWAY LANE	
City		State	ZIP Code or Foreign Postal Code		Foreign Country	
BENNINGTON		VT	05201			
Vermont School District Code	Vermont Residency Status as of 12/31/2025 (check one)					
015	<input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> PART-YEAR RESIDENT <input type="checkbox"/> NONRESIDENT					
Filing Status and Standard Deduction						
<input checked="" type="checkbox"/> Single (\$7,650)		<input type="checkbox"/> Married/CU Filing Jointly (\$15,300)		<input type="checkbox"/> Married/CU Filing Separately (\$7,650)		<input type="checkbox"/> Head of Household (\$11,450)
		<input type="checkbox"/> Qualifying Widow(er) (\$15,300)				
<input type="checkbox"/> Enter Healthcare Coverage Code (See instructions for code options)		Check all that apply				
1		<input type="checkbox"/> AMENDED Return		<input type="checkbox"/> CANNABIS With Recomputed Federal Return		<input type="checkbox"/> RECOMPUTED Return
				<input type="checkbox"/> EXTENDED Return		<input type="checkbox"/> FARMER / FISHERMAN

1. Federal Adjusted Gross Income (federal Form 1040, Line 11a) 1. 15000 .00
2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 19) 2. .00
3. Federal AGI with Modifications (ADD Lines 1 and 2) 3. 15000 .00
4. 2025 Vermont Standard Deduction from filing status section above. 4. 7650 .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. | 5c. | 5d. 1 |
- 5e. MULTIPLY Line 5d by \$5,300 (2025 Personal Exemption) 5e. 5300 .00
6. ADD Lines 4 and 5e 6. 12950 .00
7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3.
If less than zero, enter -0-) 7. 2050 .00
8. Vermont Income Tax from tax table or tax rate schedule 8. 69 .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. .00
10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9.
If less than zero, enter -0-) 10. 69 .00
- | | | |
|--|--|---|
| 11. Tax-Deductible Charitable Contribution (See instructions) 00 | 12. Multiply Line 11 by 5% (0.05) 00 | 13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 00 |
|--|--|---|
14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) 14. 69 .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. 69 .00

Taxpayer's Last Name	Social Security Number
PAYER	4 0 0 0 0 8 0 5 3



* 2 5 1 1 1 1 2 0 0 *

Amount from Line 16	69 .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. .00 + 18. .00 = 19. .00

20. Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16.

If Line 19 is greater than Line 16, enter -0-). 20. 69 .00

21. Child Care Contributions for Self-Employed individuals

(see instructions for calculation). 21. .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. 60 .00

23. Total Vermont Taxes (ADD Lines 20 through 22). 23. 129 .00

Vermont Veterans Fund

Green Up Vermont

Nongame Wildlife Fund

Vermont Children's
Trust Foundation

Total Contributions

24a. .00 + 24b. .00 + 24c. .00 + 24d. .00 = 24e. .00

25. Total of Vermont Taxes and Voluntary Contributions (ADD Lines 23 and 24e). . . 25. 129 .00

26a. 2025 Vermont Tax Withheld from W-2, 1099 26a. 115 .00

26b. 2025 Estimated Tax payments, amount carried forward
from 2024, and/or payment made with 2025 extension . 26b. .00

26c. Refundable Credits (Schedule IN-112, Part II: Full-Year
Residents-Line 13; Part-Year Residents-Line 17). . . . 26c. 273 .00

26d. 2025 Vermont Real Estate Withholding from
Form RW-171 26d. .00

26e. 2025 Nonresident Estimated Tax payments (nonresident
withholding) allocated on Schedule K-1VT, Line 30. . . 26e. .00

26f. Total Payments and Credits (ADD Lines 26a through 26e). 26f. 388 .00

27. Overpayment. If Line 25 is less than Line 26f,
SUBTRACT Line 25 from Line 26f 27. 259 .00

28a. Refund to be credited to 2026 Estimated Tax Payment . . 28a. .00

28b. Refund to be credited to 2026 Property Tax Bill 28b. .00

29. REFUND AMOUNT (SUBTRACT Lines 28a and 28b from Line 27) 29. 259 .00

30. If Line 25 is more than Line 26f, subtract Line 26f from Line 25.

See instructions on tax due 30. .00

31. Interest and Penalty on

32. AMOUNT DUE

Underpayment of Estimated 31. .00 (ADD Lines 30 & 31) . 32. .00

Tax (Worksheet IN-152 or IN-152A)

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .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)	Date of Birth (MMDDYYYY) 03041991	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MMDDYYYY)	Date of Birth (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

☐ 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

2025 Schedule IN-112**Vermont Tax Adjustments and Credits**Please PRINT
in BLUE or
BLACK INK

* 2 5 1 1 2 1 1 0 0 *

INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
PAYER	TAX		400008053

PART I**ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME**

1. Total interest and dividend income from all state and local obligations exempt from federal tax (reported on federal Form 1040) **1.** _____ **.00**
2. Interest and dividend income from Vermont state and local obligations included in Line 1 **2.** _____ **.00**
3. Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1) **3.** _____ **.00**
4. Bonus Depreciation Allowed under Federal Law for 2025 **4.** _____ **.00**
5. Other (reserved) **5.** **RESERVED** **.00**
6. Total Additions (ADD Line 3 and Line 4) **6.** _____ **.00**

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

7. Interest Income from U.S. Obligations **7.** _____ **.00**
8. Capital Gains Exclusion (Schedule IN-153, Line 21) **8.** _____ **.00**
9. Adjustment for Prior Years' Bonus Depreciation . **9.** _____ **.00**
10. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040) **10.** _____ **.00**
11. Medical Expense Deduction (see the worksheet in the instructions) **11.** _____ **.00**
12. Retirement Benefits Exempt from Taxation (see the worksheet in the instructions) **12.** _____ **.00**
13. Military retirement and Survivor Benefit exempt from taxation. (see instructions for calculations) . **13.** _____ **.00**
14. Railroad Retirement income **14.** _____ **.00**
15. Bond/note interest income from (see to the right) **15.** _____ **.00**
- 16a. **For residents only** - Enter the total student loan interest you paid in 2025 on qualified student loans. . . **16a.** _____ **.00**
- 16b. **For residents only** - Enter any student loan interest already deducted on federal Form 1040, Schedule 1, Line 21. **16b.** _____ **.00**
- 16c. Subtract Line 16b from Line 16a. If filing jointly and AGI is greater than \$200,000, enter -0-. All other filers, if AGI is greater than \$120,000, enter -0-. **16c.** _____ **.00**
17. Other (reserved) **17.** **RESERVED** **.00**
18. Total Subtractions (ADD Lines 7 through 15 and Line 16c) **18.** _____ **.00**

VSAC
☐Build
America
☐Vermont
Telecom
Authority
☐Vermont
Public
Power
Supply
Authority
☐**NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME**

19. **SUBTRACT Line 18 from Line 6.** Enter on Form IN-111, Line 2. **19.** _____ **.00**
This can be a negative number.

Taxpayer's Last Name	Social Security Number
PAYER	400008053



PART II

REFUNDABLE CREDITS

Child and Dependent Care Credit - Resident and Part-Year Resident

1. Child and Dependent Care Credit (federal Form 2441, Line 11) **1.** _____ **.00**
2. Vermont Child and Dependent Care Credit (**MULTIPLY Line 1 by 72% (0.72)**) **2.** _____ **.00**

Child Tax Credit - Resident and Part-Year Resident

3. Number of qualifying children **3.** _____
List only children who qualify for Child Tax Credit (born 2019 through 2025) below

Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth
Qualifying Child #2 - Last Name	First Name	MI	Social Security Number	Year of Birth
Qualifying Child #3 - Last Name	First Name	MI	Social Security Number	Year of Birth

4. Child Tax Credit (**MULTIPLY Line 3 by \$1,000**). See instructions for credit amount if your Adjusted Gross Income from Form IN-111, Line 1 is over \$125,000 **4.** _____ **.00**

Earned Income Tax Credit - Resident and Part-Year Resident

5. Number of qualifying children from federal Schedule EIC **5.** _____ **0**
6. Federal Earned Income Tax Credit. Enter amount from federal Form 1040 **6.** _____ **273 .00**
7. Vermont Earned Income Tax Credit. If Line 5 is GREATER than zero, **MULTIPLY Line 6 by 38% (0.38)**. If Line 5 is zero, enter the amount from Line 6. **7.** _____ **273 .00**

Veteran Tax Credit - Resident and Part-Year Resident

8. Enter your AGI from Form IN-111, Line 1 **8.** _____
9. If Line 8 is \$25,000 or less, enter -0- and skip to Line 12.
Otherwise, **SUBTRACT \$25,000 from Line 8.** **9.** _____
10. **DIVIDE Line 9 by 100**, rounding down to the nearest whole number. **10.** _____
11. **MULTIPLY Line 10 by \$5.** **11.** _____
12. If Line 9 is zero, enter \$250. Otherwise, enter **\$250 MINUS Line 11.** **12.** _____

Refundable Tax Credits - Resident and Part-Year Resident

13. Total Vermont Refundable Tax Credits (**ADD Lines 2, 4, 7, and 12**). **13.** _____ **273 .00**
Full-Year Residents: Enter this amount on Form IN-111, Line 26c.
Part-Year Residents: Complete Lines 14 through 17.

Refundable Tax Credits Adjusted for Part-Year Residents

14. Enter amount from Schedule IN-113, Line 14B, Vermont Portion of Total Income **14.** _____ **.00**
15. Enter amount from Schedule IN-113, Line 14A, Total Income **15.** _____ **.00**
16. Refundable Tax Credits Adjustment Percentage. (**DIVIDE Line 14 by Line 15, then MULTIPLY the result by 100**) **16.** _____ **%**
17. Total Vermont Refundable Credits Adjusted for Part-Year Residents.
(**MULTIPLY Line 13 by Line 16.**) Enter this amount on Form IN-111, Line 26c. **17.** _____ **.00**

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	
PAYER		TAX			4 0 0 0 8 0 5 3	
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)	
12 HIDEAWAY LANE APT 1					03041991	
City		State	ZIP Code		County of Rental Unit	
BENNINGTON		VT	05201		BENNINGTON	
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	
015	12 HIDEAWAY LANE			1	BENNINGTON VT	
Federal Filing Status <input checked="" 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 checked="" type="checkbox"/> No	

1. SPAN. To find your SPAN, please see instructions. 1. 051 - 015 - 12111
- 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. 12
8. Number of Personal Exemptions claimed (from Form IN-111, Line 5d)
(See the instructions if you did not file Form IN-111). 8. 1
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. 15000 .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. 15000 .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

Test 10:**Required Vermont Forms/Schedules:** RCC-146**Taxpayer(s) Information:**

Primary SSN:	400-00-8056
Name:	Snow C Flake
Residency Status:	Resident
Mailing Address:	PO Box 300
City:	Bethel
State:	VT
Zip Code:	05032
Date of Birth:	September 12, 2002
Filing Status:	Head of Household
School District Code:	019
911 Address:	11 N Rd Apt A
Town of Legal Residence:	Bethel

Return Information:

Total Income:	20,000
SPAN:	063-019-10054
Number of Months Rented:	12
Exemptions:	1
Subsidized Rent:	Yes
Months Subsidized:	12

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	
FLAKE		SNOW		C	4 0 0 0 8 0 5 6	
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)	
PO BOX 300					09122002	
City		State	ZIP Code		County of Rental Unit	
BETHEL		VT	05032		WINDSOR	
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	
019	11 N RD			A	BETHEL VT	
Federal Filing Status <input checked="" 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. 063 - 019 - 10054

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. 12

7. Number of months rented in 2025 7. 12

8. Number of Personal Exemptions claimed (from Form IN-111, Line 5d)
(See the instructions if you did not file Form IN-111). 8. 1

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. 20000 .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. 20000 .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

Test 11:**Required Vermont Forms/Schedules:** IN-151**Taxpayer(s) Information:**

Primary SSN:	400-00-8059
Name:	Winnie T Pooh
Mailing Address:	13 Main St
City:	Hardwick
State:	VT
Zip Code:	05843
Filing Status:	Single
Email:	winniepooh12@gmail.com

Return Information:

Estimated Tax Liability:	4200
Previous Payments Made:	2200
Amount Paid with Extension:	2000

Direct Debit Information for Vermont:

Routing Number:	211672531
Checking Account Number:	75123123
Payment Date:	Same as return

2025 Form IN-151**Vermont Application for Extension
of Time to File Form IN-111**

- **Did you know?** You can file an extension online. Visit us on the web at **myvtax.vermont.gov**.
- This form must be filed if you are unable to file your Vermont Income Tax Return by the due date of April 15, 2026, and you are not filing a federal extension or if you are required to make an extension payment.
- An extension only allows additional time to file the Vermont Income Tax Return and avoids a late filing penalty. If tax is due, you must pay it by the April due date. Interest and penalty accrue on any tax due from April 16 to the date the Department receives your payment of tax.
- **NOTE:** This extension does **not** apply to Form HS-122, Vermont Homestead Declaration OR Property Tax Credit Claim. Form HS-122 is due April 15 of the current year. Late-filed Homestead Declarations will be charged a late filing penalty up to 8% of the corrected education tax by the town.

Taxpayer's Last Name		First Name		MI	Taxpayer's Social Security Number
POOH		WINNIE		T	4 0 0 0 0 8 0 5 9
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)					For Department Use Only
13 MAIN ST					
City	State	ZIP Code			
HARDWICK	VT	05843			
Foreign Country (if not United States)				Email Address	
				winniepooh12@gmail.com	

TAX CALCULATION WORKSHEET

Use this worksheet to determine if you may owe Vermont tax.

- Estimated individual income tax liability. **1.** 4200 .00
- Previous payments **2.** 2200 .00
- Amount of tax paid with extension **3.** 2000 .00

VERMONT PAYMENT OPTION

Vermont Department of Taxes
PO Box 1779
Montpelier, VT 05601-1779

Phone: (866) 828-2865 toll-free in Vermont or (802) 828-2865

Filing by Paper: Make check payable to **Vermont Department of Taxes** and mail with this form to the address above.

Test 12:**Required Vermont Forms/Schedules:** IN-151**Taxpayer(s) Information:**

Primary SSN:	400-00-8058
Name:	Val E Ball
Mailing Address:	23 Court St
City:	Montpelier
State:	VT
Zip Code:	05602
Filing Status:	Married Filing Jointly
Spouse Name:	Bounce E. Ball
Spouse SSN:	400-00-8070
Email:	doublebounce23@yahoo.com

Return Information:

Estimated Tax Liability:	500
Previous Payments Made:	500
Amount Paid with Extension:	0

2025 Form IN-151**Vermont Application for Extension
of Time to File Form IN-111**

- **Did you know?** You can file an extension online. Visit us on the web at **myvtax.vermont.gov**.
- This form must be filed if you are unable to file your Vermont Income Tax Return by the due date of April 15, 2026, and you are not filing a federal extension or if you are required to make an extension payment.
- An extension only allows additional time to file the Vermont Income Tax Return and avoids a late filing penalty. If tax is due, you must pay it by the April due date. Interest and penalty accrue on any tax due from April 16 to the date the Department receives your payment of tax.
- **NOTE:** This extension does **not** apply to Form HS-122, Vermont Homestead Declaration OR Property Tax Credit Claim. Form HS-122 is due April 15 of the current year. Late-filed Homestead Declarations will be charged a late filing penalty up to 8% of the corrected education tax by the town.

Taxpayer's Last Name		First Name		MI	Taxpayer's Social Security Number
BALL		VAL		E	4 0 0 0 8 0 5 8
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number
BALL		BOUNCE		E	4 0 0 0 8 0 7 0
Mailing Address (Number and Street/Road or PO Box)					For Department Use Only
23 COURT ST					
City	State	ZIP Code			
MONTPELIER	VT	05602			
Foreign Country (if not United States)				Email Address	
				doublebounce23@yahoo.com	

TAX CALCULATION WORKSHEET

Use this worksheet to determine if you may owe Vermont tax.

1. Estimated individual income tax liability. **1.** 500 .00
2. Previous payments **2.** 500 .00
3. Amount of tax paid with extension **3.** 0 .00

VERMONT PAYMENT OPTION

Vermont Department of Taxes
PO Box 1779
Montpelier, VT 05601-1779

Phone: (866) 828-2865 toll-free in Vermont or (802) 828-2865

Filing by Paper: Make check payable to **Vermont Department of Taxes** and mail with this form to the address above.

Test 13:**Required Vermont Forms/Schedules:** IN-114**Taxpayer(s) Information:**

Primary SSN:	400-00-8060
Name:	Oak Tree
Residency Status:	Resident
Mailing Address:	12 Spruce Lane
City:	Northfield
State:	VT
Zip Code:	05663
Filing Status:	Married Filing Jointly
Spouse SSN:	400-00-8061
Spouse Name:	Pine A Tree

Return Information:

Estimated Payment Requirement:	1200
April 15, 2026 Payment:	300
June 15, 2026 Payment :	300
September 15, 2026 Payment:	400
January 15, 2027 Payment:	200

Direct Debit Information for Vermont:

Routing Number:	211672531
Checking Account Number:	75123123

Form IN-114**Vermont Individual Income Estimated****Tax Payment Voucher**

Please PRINT in BLUE or BLACK INK



* 2 6 1 1 4 1 1 0 0 *

Taxpayer's Last Name TREE		First Name OAK	MI	Taxpayer's Social Security Number 400008060
Spouse's/CU Partner's Last Name TREE		First Name PINE	MI A	Spouse's or CU Partner's Social Security Number 400008061
Mailing Address (Number and Street/Road or PO Box) 12 SPRUCE LANE				Tax Year 2026
City NORTHFIELD	State VT	ZIP Code or Postal Code 05663		
Foreign Country (if not United States)				Amount of this payment .. 200 .00

5454

Form IN-114

Rev.10/25

Pay your income taxes online

Did you know? You can make your estimated income tax payment online using ACH debit or your credit card. Visit us on the web at myVTax.vermont.gov and select "Make a Payment" to get started.

Underpayment Interest and Penalties

Vermont law states that you must pay during the calendar year through withholding, timely made estimated payments, or a combination of both, an amount equal to 100% of your prior year tax liability or 90% of your current year tax liability, whichever is less.

If you do not meet this requirement and owe more than \$500 when you file your personal income tax return, you will be assessed penalties and interest. The underpayment in each quarter is assessed from the estimated payment due date to the date the tax is paid.

Calculate your payment using the "Taxpayer's Worksheet." Record your payments.

Taxpayer's Worksheet - Keep for your records

100% of 2025 Tax Liability divided by 4 _____ \$	
OR	
90% of 2026 Tax Liability (calculated below)	
Line 1	Estimated 2026 Vermont Taxable Income 1. \$ _____
Line 2	Estimated 2026 Vermont Tax: Use 2026 preliminary tax schedules (See instructions) 2. \$ _____
Line 3	Estimated 2026 Vermont Tax with Adjustments. See instructions for Form IN-111, Line 10 3. \$ _____
Line 4	Estimated Income Adjustment. See instructions for Form IN-111, Line 15 4. _____ %
Line 5	Adjusted Vermont Tax (Multiply Line 3 by Line 4) 5. \$ _____
Line 5a	Expected 2026 Vermont Tax Withholding 5a. \$ _____
Line 6	2026 Estimated Tax Liability (Line 5 minus Line 5a) 6. \$ _____
Line 7	Quarterly payments due (Divide Line 6 by 4) 7. \$ _____

You can check the status of your estimated payments online at myVTax.vermont.gov under Payments,
"Find my Estimated Payment."

Form IN-114**Vermont Individual Income Estimated****Tax Payment Voucher**

Please PRINT in BLUE or BLACK INK



* 2 6 1 1 4 1 1 0 0 *

Taxpayer's Last Name TREE		First Name OAK	MI	Taxpayer's Social Security Number 400008060
Spouse's/CU Partner's Last Name TREE		First Name PINE	MI A	Spouse's or CU Partner's Social Security Number 400008061
Mailing Address (Number and Street/Road or PO Box) 12 SPRUCE LANE				Tax Year 2026
City NORTHFIELD	State VT	ZIP Code or Postal Code 05663		
Foreign Country (if not United States)				Amount of this payment .. 300 .00

5454

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Rev.10/25

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Line 3	Estimated 2026 Vermont Tax with Adjustments. See instructions for Form IN-111, Line 10 3. \$ _____
Line 4	Estimated Income Adjustment. See instructions for Form IN-111, Line 15 4. _____ %
Line 5	Adjusted Vermont Tax (Multiply Line 3 by Line 4) 5. \$ _____
Line 5a	Expected 2026 Vermont Tax Withholding 5a. \$ _____
Line 6	2026 Estimated Tax Liability (Line 5 minus Line 5a) 6. \$ _____
Line 7	Quarterly payments due (Divide Line 6 by 4) 7. \$ _____

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Form IN-114**Vermont Individual Income Estimated****Tax Payment Voucher**

Please PRINT in BLUE or BLACK INK



* 2 6 1 1 4 1 1 0 0 *

Taxpayer's Last Name TREE		First Name OAK	MI	Taxpayer's Social Security Number 400008060
Spouse's/CU Partner's Last Name TREE		First Name PINE	MI A	Spouse's or CU Partner's Social Security Number 400008061
Mailing Address (Number and Street/Road or PO Box) 12 SPRUCE LANE				Tax Year 2026
City NORTHFIELD	State VT	ZIP Code or Postal Code 05663		
Foreign Country (if not United States)				Amount of this payment .. 400 .00

5454

Form IN-114

Rev.10/25

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Line 4	Estimated Income Adjustment. See instructions for Form IN-111, Line 15 4. _____ %
Line 5	Adjusted Vermont Tax (Multiply Line 3 by Line 4) 5. \$ _____
Line 5a	Expected 2026 Vermont Tax Withholding 5a. \$ _____
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Line 7	Quarterly payments due (Divide Line 6 by 4) 7. \$ _____

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"Find my Estimated Payment."

Form IN-114**Vermont Individual Income Estimated****Tax Payment Voucher**

Please PRINT in BLUE or BLACK INK



* 2 6 1 1 4 1 1 0 0 *

Taxpayer's Last Name TREE		First Name OAK	MI	Taxpayer's Social Security Number 4 0 0 0 8 0 6 0
Spouse's/CU Partner's Last Name TREE		First Name PINE	MI A	Spouse's or CU Partner's Social Security Number 4 0 0 0 8 0 6 1
Mailing Address (Number and Street/Road or PO Box) 12 SPRUCE LANE				Tax Year 2026
City NORTHFIELD	State VT	ZIP Code or Postal Code 05663		
Foreign Country (if not United States)				Amount of this payment .. 300 .00

5454

Form IN-114

Rev.10/25

Pay your income taxes online

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Underpayment Interest and Penalties

Vermont law states that you must pay during the calendar year through withholding, timely made estimated payments, or a combination of both, an amount equal to 100% of your prior year tax liability or 90% of your current year tax liability, whichever is less.

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Taxpayer's Worksheet - Keep for your records

100% of 2025 Tax Liability divided by 4 _____ \$	
OR	
90% of 2026 Tax Liability (calculated below)	
Line 1	Estimated 2026 Vermont Taxable Income 1. \$ _____
Line 2	Estimated 2026 Vermont Tax: Use 2026 preliminary tax schedules (See instructions) 2. \$ _____
Line 3	Estimated 2026 Vermont Tax with Adjustments. See instructions for Form IN-111, Line 10 3. \$ _____
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