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 1000 Bonus Depreciation: 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:

Qualifying Child #1: Si B James 400-55-8033 04/15/2019

Child Tax Credit:860W-2 Box 14 Child Care Contribution:168Use Tax:100W-2 Withholding:1200

Underpay Penalty & Interest use 90% current year tax year liability

1548

Direct Debit Information:

Routing Number: 211672531 Checking Account Number: 75123123

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							
	_	_			0	_	

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name	MI Social Security Number	er Check if
JAMES	JOE	B 400008031	Deceased
Spouse's/CU Partner's Last Name	First Name	MI Social Security Number	er Check if
JAMES	JILL	400008032	Deceased
	and Street/Road or PO Box)	911/Physical Street Ad	
57 SHORELINE DR		57 SHORELINE D	
City	State ZIP Code or Foreign Postal Code	Foreign (Country
BROOKFIELD Vermont School District Code Vermont Reside	VT 05036		
030 Vermont Reside 12/31/2025 (che	ency Status as of ck one) RESIDENT	PART-YEAR RESIDENT	NONRESIDENT
Filing Status and Single (\$7,650)	Married/CU Filing Married/CU Filing Separately (\$7,6		Qualifying Widow(er) (\$15,300)
Enter Healthcare Coverage Code (See instructions for code options) Check all that apply	AMENDED With Recomputed Federal Return	RECOMPUTED EXTE	FARMER / FISHERMAN
deduction boxes on federal Forms. 5. Personal Exemptions: 5a. Enter "1" for yourself if no one can claim you as a dependent 5b. spot	(Schedule IN-112, Part I, Line 19). ADD Lines 1 and 2)	2	-317500 12882500 1530000 5d. Total Exemptions (ADD Lines 5a through 5c) 5d3
 6. ADD Lines 4 and 5e	e or tax rate schedule		31200 .00 97625 .00 3762 .00
10. Vermont Income Tax with Adjustn If less than zero, enter -0-)		10	.00.
11. Tax-Deductible Charitable Contribution (See instructions) 15000 .00	Deducti	ble Contribution on (Enter the lesser 12 or \$1,000) 13.	750 .00
14. Vermont Income Tax (Line 10 MI	NUS Line 13. If less than zero, en	ter -0-) 14.	3012.00
15. Income Adjustment (Schedule IN-	113, Line 35, or 100.0000%)	15.	100.0000 %
16. Adjusted Vermont Income Tax (M	ULTIPLY Line 14 by Line 15)	16	3012 .00
5454	Amount Due (from Line 32)	767.00	Form IN-111 Page 1 of 2 Rev. 10/25

		ast Name		Security Number	_				
JAME	ES		400	008031					
A: Li	mount from ine 16	3012	2 .00					 	
Oth	er State Credit (Schedule IN-117, Line	e 21)	Vermont	Tax Credits	(Schedule IN	I-119, Part II)	Total	Vermont Credits (Add Lines 17 and 18)
17.		.00	+	18.		.0	0 =	19.	.00
20. V	ermont Inco	ome Tax after	credits (S	SUBTRAC	Γ Line 19	9 from L	Line 16.		
								20.	3012.00
(-		ontributions for	4:					21	.00
22. IJ	see msu ucus	axable items of	mon) m which i	no sales tax				21	00
-2. W	as charged,	including onl	ine purcha	ases		Check t	to certify	OR 22.	100.00
(S	See instructi	ons, workshee	et, and cha	art)		- no ose	iax is due.		
23. To	otal Vermoi	nt Taxes (ADI	D Lines 2	0 through 2	22)			23.	3112.00
Vermo	ont Veterans Fund	d Gre	en Up Vermon	t N	ongame Wild	life Fund	ve Tı	rust Foundation	Total Contributions
24a	.0	0 + 24b		.00 + 24c	•	00	+ 24d	00	= 24e
25. To	tal of Verm	ont Taxes and	l Voluntar	y Contribut	ions (AD	D Lines	23 and 24	e) 25	3212.00
		nt Tax Withhe ed Tax payme				26a	<u>_</u>	200 .00	
		nd/or payment				26b.		.00	
26c. R	efundable C	Credits (Sched	ule IN-11	2, Part II: F t	ull-Year				
		ne 13; Part-Y			17)	26c	1	<u> 292</u> .00	
26d. 20	025 Vermor	nt Real Estate	Withhold	ing from				0.0	
160 20	0rm KW-1/ 025 Norresi	1dent Estimate	d Toy por	monts (non	rosident	26a			
200. 20 W	ithholding)	allocated on S	Schedule I	X-1VT, Line	e 30	26e		.00	
									2492 .0 0
27. O	verpayment	t. If Line 25 is	s less thar	ı Line 26f.					
S	UBTŘACT	Line 25 from	n Line 26	f				27	.00
28a. R	efund to be	credited to 20	26 Estima	ated Tax Pay	yment?	28a		.00	
28b. R	efund to be	credited to 20	26 Prope	ty Tax Bill		28b		.00	
29. R	EFUND AN	MOUNT (SUI	BTRACT	Lines 28a a	and 28b	from Li	ne 27)	29	.00
		more than Li							
		ons on tax due					OUNT D		720 .0 0
		Penalty on ent of Estima	ted 31	1	7 00			31).32.	767 .0 0
		eet IN-152 or			<u>- 7</u> .00	(ADD I	Lines 50 Q	. 51) . 52.	707.00
		iginal refund received	d	Refund due now	V		riginal payment		Amount due now
	ns Only:		.00			.00		.00	
									s, and to the best of my knowledg preparing returns.
Signatur		ac, correct and c	ompiete. 1 1	cparcio camio		IMDDYYYY)	Date of B	irth (MMDDYYYY)	Daytime Telephone Number
Signatur	re (If a joint return	, BOTH must sign.)			Date (M	IMDDYYYY)	Date of B	irth (MMDDYYYY)	Daytime Telephone Number
Paid Pre	eparer's Signature	;			ı			MDDYYYY)	Preparer's Telephone Number
Firm's N	lame (or yours if s	self-employed) and ad	ddress				Preparer*	's SSN or PTIN	FEIN
		Chook if the D	- 10 a ml 100 a 11 l	of Toyon may	diaguas				Form IN-111

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or BLACK INK



INCLUDE WITH FORM IN-111

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

CAPILE	D 400000031	
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.	<u>1300</u> .00	
2. Interest and dividend income from Vermont state		
and local obligations included in Line 1	300 .00	
3. Income from Non-Vermont State and Local Obligations	1000	۸ ۸۸
(SUBTRACT Line 2 from Line 1)	31000	00
4. Bonus Depreciation Allowed under Federal Law for 2025	1000 00	
1 Cuciai Law 101 2023	00	
5. Other (reserved)	EVED .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. Obligations	150 .00	
8. Capital Gains Exclusion		
(Schedule IN-153, Line 21)	.00	
	0.0	
9. Adjustment for Prior Years' Bonus Depreciation9.	00	
10. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040)	325 00	
11. Medical Expense Deduction		
(see the worksheet in the instructions)	4500 00	
12. Retirement Benefits Exempt from Taxation		
(see the worksheet in the instructions)	.00	
13. Military retirement and Survivor Benefit exempt		
from taxation. (see instructions for calculations) .13.	00	ermont Public
14 D 'I 1D '.''	Varment D	ower
14. Railroad Retirement income	.00 Build Telecom S VSAC America Authority Au	upply thority
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 loans16a.	.00	
16b. For residents only - Enter any student loan		
interest already deducted on federal		
Form 1040, Schedule 1, Line 21	.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	0.0	
greater than \$120,000, enter -0 16c.	00	
17. Other (reserved)	EVED .00	
	•••	
18. Total Subtractions (ADD Lines 7 through 15 and Line 16c)		00
NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOM	E	
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	
5454	Page 1 of 2, Rev. 10/25	

Taxpayer's Last Name	Social Security Number
JAMES	400008031



PART II

-	X1 II				
RE	FUNDABLE CREDITS				
Chi	ld and Dependent Care Credi	t - Resident and Part-Yea	r Resident		
1.	Child and Dependent Care Credit	(federal Form 2441, Line 11))	1	600.00
2.	Vermont Child and Dependent C	are Credit (MULTIPLY Line	e 1 by 72% ((0.72)) 2	432.00
Chi	ld Tax Credit - Resident and I	Part-Year Resident			
3.	Number of qualifying children List only children who qualify fo				1
	Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth
ز	JAMES	SI	В	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 I your Adjusted Gross Income from				860 .00
Far	ned Income Tax Credit - Resi				
5.	Number of qualifying children from				
6. 7.	Federal Earned Income Tax Cred Vermont Earned Income Tax Cre			6	.00
	MULTIPLY Line 6 by 38% (0.			m Line 6 7.	.00
Vet	eran Tax Credit - Resident an	d Part-Year Resident			
8.	Enter your AGI from Form IN-11			8 .	
9.	If Line 8 is \$25,000 or less, enter Otherwise, SUBTRACT \$25,000	-0- and skip to Line 12.) from Line 8.		9 .	
10.	DIVIDE Line 9 by 100, rounding	g down to the nearest whole n	umber	10.	
	MULTIPLY Line 10 by \$5				
	If Line 9 is zero, enter \$250. Otho				
	undable Tax Credits - Reside				
				12	1202.00
13.	Total Vermont Refundable Tax C Full-Year Residents: Enter t Part-Year Residents: Comp	his amount on Form IN-111, l			129200
Ref	undable Tax Credits Adjusted	d for Part-Year Residents			
14.	Enter amount from Schedule IN-	113, Line 14B, Vermont Porti	on of Total I	ncome 14	.00
	Enter amount from Schedule IN-				.00
	Refundable Tax Credits Adjustm MULTIPLY the result by 100)	•••••			
17.	Total Vermont Refundable Credi (MULTIPLY Line 13 by Line 1	ts Adjusted for Part-Year Res	idents.		

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 58079 Wages: 57079 VT Wages: 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:

Housesite Value:

Housesite Education Tax:

Housesite Municipal Tax:

Ownership Percentage:

Mobile Home Lot Rent:

Contiguous Propery:

None

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						
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Please PRINT in BLUE or BLACK INK

		T T		
Taxpayer's Last Name	First Name	MI	Social Security Number	—— Check if
TAXING	AMBER		00008034	Deceased
Spouse's/CU Partner's Last Name	First Name	MI	Social Security Number	Check if
Mailing Address (Numb	er and Street/Road or PO Box)		911/Physical Street Addres	Deceased Second 12/31/2025
PO BOX 205	or and otreetroad or r o box)	97 S	SEMINARY ST	33 011 12/3 1/2023
City	State ZIP Code or Foreig		Foreign Cour	ntry
MIDDLEBURY	VT 05753			
	lency Status as of		PART-YEAR _	
120 12/31/2025 (ch		RESIDENT ✓	RESIDENT	NONRESIDENT
Filing Status and Single	<u> </u>	Married/CU Filing	= == == == == == == == == == == == == =	Qualifying Widow(er)
Standard Deduction (\$7,650)	Jointly (\$15,300)	Separately (\$7,650)	【 (\$11,450)	(\$15,300)
Enter Healthcare Coverage Code Check all		NABIS Recomputed RECOM	MPUTED EXTEND	ED FARMER /
(See instructions for code options) that apply		ral Return Return		FISHERMAN
1. Federal Adjusted Gross Income (1	adaral Form 1040 Lina	110)	1	60079 .00
1. Federal Adjusted Gross meome (1	cuciai roini 1040, Linc	11a)	1.	00
2. Net Modifications to Federal AGI	(Schedule IN-112, Part	I. Line 19)	2.	-1490 .00
2. The mountainess to 1 cucian free	(Selfeddie II v 112, 1 die	1, 21110 17)		••••
3. Federal AGI with Modifications (ADD Lines 1 and 2)		3.	58589 .00
	·			
4. 2025 Vermont Standard Deductio			4.	<u> </u>
Please see instructions if you		any standard		
deduction boxes on federal F	orm 1040, page 1.			
	b. Enter "1" for your jointly filed	5c. Enter number of		5d. Total Exemptions
can claim you as a dependent	ouse or CU partner if no one can claim them as a dependent	dependents clair federal Form		(ADD Lines 5a through 5c)
5a. 1 +	5b. +			5d. 3
3a	Ju	JC		Ju
Se. MULTIPLY Line 5d by \$5,300	2025 Personal Exemption	on)	5e.	15900 .00
· · · · · · · · · · · · · · · · · · ·	1	,		
6. ADD Lines 4 and 5e			6.	<u>27350</u> .00
7. Vermont Taxable Income (SUBT				
If less than zero, enter -0-)			7.	31239.00
0.11			0	4045.00
8. Vermont Income Tax from tax tab			8	1047 .00
(If Line 1 is greater than \$150,000		Line 15)	0	00
9. Net Adjustment to Vermont Tax (10. Vermont Income Tax with Adjust			9	00
If less than zero, enter -0-)			10.	1047 .00
<u> </u>	12. Multiply Line 11 by 5% (0.05)			00
11. Tax-Deductible Charitable Contribution (See instructions)	12. Multiply Line 11 by 5% (0.05)	13. Charitable Contribu Deduction (Enter the		
.00	.00	of Line 12 or \$1,000))13.	.00
14. Vermont Income Tax (Line 10 M	INUS Line 13. If less the	nan zero, enter -0-)	14.	104700
				20 2255
15. Income Adjustment (Schedule IN	-113, Line 35, or 100.000	00%)	15.	98.3355 %
A direct d Warmer and J. C. C.	ATT TIDENT 141	I : 1 <i>5</i> \	16	1020 00
16. Adjusted Vermont Income Tax (N	TULTIPLY Line 14 by	Line 15)	10.	1030.00
				Form IN-111
				Page 1 of 2
5454	Amount Due (from Line 32)	.0	00	Rev. 10/25
	(110111 =1110 02)		1	

Taxpayer's Last Name TAXING	Social Security Numbe 400008034	<u>r </u>		
	400008034			
Amount from Line 16 1030	00.		* 2 5	1 1 1 1 2 0 0 *
Other State Credit (Schedule IN-117, Line				Vermont Credits (Add Lines 17 and 18)
1700	+ 18	.00.	= 19	.00
20. Vermont Income Tax after of If Line 19 is greater than Li	credits (SUBTRAC	T Line 19 from Li	ne 16.	1030 00
21. Child Care Contributions for	or Self-Employed ind	lividuals		
(in -tti f11	4:			.00
22. Use Tax for taxable items o	on which no sales tax	Check to	certify OR 22	00
22. Use Tax for taxable items o was charged, including onli (See instructions, workshee)	et, and chart)	no Use Ta	ax is due.	
23. Total Vermont Taxes (ADD	Lines 20 through	22)	23.	1030.00
Vermont Veterans Fund Gree	en Up Vermont	Nongame Wildlife Fund	Vermont Children's Trust Foundation	Total Contributions
24a1000 + 24b	10 .00 + 24	c1000 +	24d1000	= 24e4000
25. Total of Vermont Taxes and	Voluntary Contribu	tions (ADD Lines 2	3 and 24e) 25	1070.00
26a. 2025 Vermont Tax Withhel	ld from W-2, 1099.	26a.	2000 .00	
26b. 2025 Estimated Tax paymen	nts, amount carried	forward		
from 2024, and/or payment	made with 2025 ext	ension . 26b.	.00	
26c. Refundable Credits (Schedu Residents -Line 13; Part-Y 0			1967 00	
26d. 2025 Vermont Real Estate V	Withholding from			
Form RW-171		26d	.00	
26e. 2025 Nonresident Estimated withholding) allocated on S			00	
withholding) anocated on S	chedule K-1 v 1, Lii		.00	
26f. Total Payments and Credits	s (ADD Lines 26a th	rough 26e)	26f	3967 .00
27. Overpayment. If Line 25 is SUBTRACT Line 25 from	less than Line 26f,		27	2897 00
SUDTRACT LINE 25 HUIII	Line 201	• • • • • • • • • • • • • • • • • • • •		
28a. Refund to be credited to 202	26 Estimated Tax Pa	yment28a	1000 .00	
28b. Refund to be credited to 202	26 Property Tax Bill	28b.	1000.00	
				007.00
29. REFUND AMOUNT (SUB 30. If Line 25 is more than				897 00
See instructions on tax due				.00
31. Interest and Penalty on			DUNT DUE	0.0
Underpayment of Estimat Tax (Worksheet IN-152 or		00 (ADD L1	nes 30 & 31) . 32	.00
For Amended Original refund received			inal payment	Amount due now
Returns Only:	.00	.00	.00	.00
Under penalties of perjury, I declare that and belief, they are true, correct and co				
Signature	ompiete. Freparers cann	Date (MMDDYYYY)	Date of Birth (MMDDYYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)		Date (MMDDYYYY)	05281985 Date of Birth (MMDDYYYY)	Daytime Telephone Number
Daild Daywoods City			Data (AMADD) 0.000	- Down 1 Ti - 1
Paid Preparer's Signature			Date (MMDDYYYY)	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and add	dress		Preparer's SSN or PTIN	FEIN
Obsala V III a Da	and the section of Toylor and	v dia a va	., .	Form IN-111

Vermont Tax Adjustments and Credits

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	Р	400008034

TATINO	1 1 40	0000034		
PART I				
ADDITIONS TO FEDERAL ADJUSTED GROSS INCO	ME			
1. Total interest and dividend income from all state				
and local obligations exempt from federal tax				
(reported on federal Form 1040)		.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 Obligation	S			
(SUBTRACT Line 2 from Line 1)		. 3		00.
4. Bonus Depreciation Allowed under				
Federal Law for 2025		.00		
	DECEDVED			
5. Other (reserved)	RESERVED	.00		
(Tatal Additions (ADD Line 2 and Line 4)		(00
6. Total Additions (ADD Line 3 and Line 4)		. 0.		00
SUBTRACTIONS FROM FEDERAL ADJUSTED GROS	SS INCOME			
7. Interest Income from U.S. Obligations		.00		
8. Capital Gains Exclusion		•••		
(Schedule IN-153, Line 21)		.00		
_				
9. Adjustment for Prior Years' Bonus Depreciation9.		.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)		.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		Vermont Public
14 D 1 1D 1 11		00	Vermont	Power
14. Railroad Retirement income		.00 VSAC	Build Telecom America Authority	Supply Authority
15 Dand/note interest income from (see to the right) 15		.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		.00		
interest already deducted on federal				
Form 1040, Schedule 1, Line 21 16b.		.00		
16c. Subtract Line 16b from Line 16a. If filing jointly and A	AGI is greater than	•••		
\$200,000, enter -0 All other filers, if AGI is	8			
greater than \$120,000, enter -0 16c.		.00		
17. Other (reserved)	RESERVED	.00		
18. Total Subtractions (ADD Lines 7 through 15 and Line	e 16c)	18	149	90.00
NET MODIFICATIONS TO FEDERAL ADJUSTED GRO	DSS INCOME			
		10	1 4 /	20 00
19. SUBTRACT Line 18 from Line 6. Enter on Form IN	-111, Line 2	17	Schedule IN-112	<u> 00.00</u>
This can be a negative number. 5454			1 of 2, Rev. 10/25	

Taxpayer's Last Name	Social Security Number		
TAXING	400008034		



PART II

	X1 II					
REI	FUNDABLE CREDITS					
Chi	ld and Dependent Care Credi	it - Resident and Part-Yea	r Resident	:		
1.	Child and Dependent Care Credit	t (federal Form 2441, Line 11)		1	.00	
2.	Vermont Child and Dependent C	are Credit (MULTIPLY Line	1 by 72%	(0.72)) 2	.00	
Chi	ld Tax Credit - Resident and l	Part-Year Resident				
3.	Number of qualifying children List only children who qualify fo				2	
	Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth	
7	TAXING	LILLY	R	400558036	2021	
	Qualifying Child #2 - Last Name	First Name	MI	Social Security Number	Year of Birth	
7	CAXING	KELLY	S	400558037	2020	
-	Qualifying Child #3 - Last Name	First Name	MI MI	Social Security Number	Year of Birth	
4.	Child Tax Credit (MULTIPLY I your Adjusted Gross Income from				2000 .00	
Far	ned Income Tax Credit - Resi	·				
5.	Number of qualifying children fr			5		
6. 7.	Federal Earned Income Tax Cred Vermont Earned Income Tax Cred			6. __	.00	
	MULTIPLY Line 6 by 38% (0.			om Line 6 7	.00	
Vet	eran Tax Credit - Resident an	d Part-Year Resident				
8.						
9. If Line 8 is \$25,000 or less, enter -0- and skip to Line 12. Otherwise, SUBTRACT \$25,000 from Line 8						
	Otherwise, SUBTRACT \$25,000	u irom Line 8				
10.	DIVIDE Line 9 by 100, roundin	g down to the nearest whole n	umber	10		
11.	MULTIPLY Line 10 by \$5			11		
12.	If Line 9 is zero, enter \$250. Other	erwise, enter \$250 MINUS Li	ne 11 .			
Ref	undable Tax Credits - Reside	nt and Part-Year Residen	t			
13.	13. Total Vermont Refundable Tax Credits (ADD Lines 2, 4, 7, and 12)					
Ref	undable Tax Credits Adjusted	d for Part-Year Residents				
14.	Enter amount from Schedule IN-	113, Line 14B, Vermont Porti	on of Total	Income 14	<u>59079</u> .00	
	5. Enter amount from Schedule IN-113, Line 14A, Total Income					
	MULTIPLY the result by 100)				98.34 %	
17.	Total Vermont Refundable Credi (MULTIPLY Line 13 by Line 1			ine 26c 17	<u> 1967</u> .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.

į	tne amount of the exemption.	
SECTIO	N 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, t military retirement income or military survivor benefit income? This income would have been r 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, le No, STOP. You do not qualify for this exemption. Yes. You qualify for Vermont's Military Retirement Income exemption. Proceed to	
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 in benfit income included on Federal Form 1040, Line 5b on Schedule IN-112, Part 1,	
SECTIO	N II: Calculating your Partial Military Retirement Income Exemption	
	This section is for filers with an Adjusted Gross Income (AGI) between \$125,000-\$175,000	
	Enter your AGI from Form IN-111, Line 14.	
	Phaseout Threshold	
	Subtract Line 4 from Line 5	
	Divide Line 6 by \$50,000. This value will be a decimal. Please round to the second decimal place (<i>Example</i> : .481 would round to .48)	
	Enter the lesser of Line 7 or the value 1 (This line should not be greater than 1)	
	Enter your taxable military retirement income and/or survivor benefit income included on Federal Form 1040	
10.	Amount of partial exemption. Multiply Line 8 by Line 9. Enter this amount on Schedule IN-112, Part I, Line 13	

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?
 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, les than \$80,000?
 Single, head of household, surviving spouse, or married filing separately, is your AGI on Form IN-111, Line 1, less tha \$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

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	0.1.			A = 000	

	• All other filing statuses, enter \$65,000	65000.00
5.	Enter your AGI from Form IN-111, Line 1	60079.00

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

If you elected	to evemn	t vour social	security income	ρ,
ii vou electeu	to exemin	t vour social	Security income	с.

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

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.



Vermont Income Adjustment Calculations

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		Taxpayer's Social Security Number
TAXING	AMBER	Р	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	Name of State(s), Canadian province, or	
From (MMDDYYYY)	To (MMDDYYYY)	country during non-Vermont residency
02112025	12312025	(use standard 2-character abbreviation) MA

		A. Federal Amount \$			B. Vermont Portion \$
1.	Wages, salaries, tips, etc 1A	58079	.00	1B.	57079.00
2.	Taxable interest		.00	2B	.00
3.	Ordinary dividends		.00	3B	.00
4.	Taxable IRAs, pensions, and annuities	2000	.00	4B.	200000
	Taxable Social Security 5A		.00	5B	.00.
6.	Taxable refunds of state and local income taxes		.00	6B.	.00.
7.	Alimony received		.00	7B.	.00
8.	Business income or loss 8A.		.00	8B	.00
	Capital gain or loss9A.		.00	9B	.00
10.	Rents, royalties, partnerships, S corporations, trusts, etc 10A		.00	10B.	.00
11.	Farm income or loss		.00	11B.	.00
12.	Unemployment compensation 12A		.00	12B.	.00
13.	Other: Specify		.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	15R	.00
	(Reported on rederal Politi 1040) 13A.	00	13D	00
16	Self Spouse			
16.	Student Loan Interest (Reported on Form 1040) 16A.	.00	16B	.00
17.	Employee Deductions: Reservists,	_•00	100	
	Performing Artists, Fee-basis Gov't		4.55	
10	Officials (Reported on Form 1040) . 17A. Self-Employment Deductions:	00	17 B. _	.00
10.	Tax and Health Insurance			
	(Reported on Form 1040) 18A.	00	18B	.00
19.	Health Savings Account	0.0	10D	00
20	(Reported on Form 1040) 19A Moving Expenses	00	19B	.00
20.	(Reported on Form 1040)20A.	.00	20B.	.00
21.	Penalty on Early Withdrawal of			
22	Savings (Reported on Form 1040) 21A. Alimony Paid	00	21B	.00
22.	(Reported on Form 1040)22A.	.00	22B.	.00
	Other (reserved)	00	23B	RESERVED .00
24.	Educator Expenses and Tuition & Fees (Reported on Form 1040) 24A.	00	24R	.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
	(ADD Lines 15 through 25) 20A.	00	20В	
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			100000
PAF	RT II. Adjustment for Vermont Exempt Income and Military	Exempt Ind	come	
30.	Adjusted Gross Income. If Part I completed, enter Line 27 amount		20	50070 00
31	Otherwise, enter amount from Form IN-111, Line 1		30	6007900
31.	(Line 29 above)	.00		
32.	Military pay. Number of months	-		
	on active duty (See instructions)	00		
	(See instructions)	00		
33.	Total (ADD Lines 31 and 32)		33	1000.00
2.4	Vormont Income (SUDTD ACT 1: - 22 from 1: - 20)		24	F0070 00
	Vermont Income (SUBTRACT Line 33 from Line 30) INCOME ADJUSTMENT % (DIVIDE Line 34 by Line 30, MU			
-2.	result by 100 and carry the result out to the fourth decimal pla			98.3355_%
	Also enter on Form IN-111, Line 15 (See instructions)			Sobodulo IN 412

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

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	400008034
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Partner's Social Security Number
Mailing Address (Nu	mber and Street/Roa	ad 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. I	Do not use a PO Box or "same.")		City/Town of Legal Residence on April 1, 2026 and St
97 SEMINARY ST				MIDDLEBURY \(\frac{1}{2}\)
ederal Single	┌── Marri	ied/CU	¬ Marrie	ed/CU Head of
:::: Ctatua Single			I	√
1. SPAN - REQUIRED (from the	2025/2026 p		A	
 SPAN - REQUIRED (from the Business Use of Dwelling 	2025/2026 p	property tax bill)	A	
 SPAN - REQUIRED (from the Business Use of Dwelling 	2025/2026 p	oroperty tax bill)		A1. 387 - 120 - 65432
 SPAN - REQUIRED (from the special use of Dwelling Rental Use of Dwelling Business or Rental Use of Impare improvements or other buil Special Situations (See instance) 	2025/2026 p	oroperty tax bill) r Other Buildings. Note on your parcel used formation). Che	ot inclusing busing	A1. 387 - 120 - 65432 A2. 0.00 A3. 0.00 ding the dwelling, ess or rented? . A4. ✓ Yes following if it applies:
 SPAN - REQUIRED (from the Business Use of Dwelling Rental Use of Dwelling Business or Rental Use of Impare improvements or other buil 	2025/2026 p	r Other Buildings. Nother Buil	ot incluor busin	A1. 387

Mail to: Vermont Department of Taxes

PO Box 1881

Montpelier, VT 05601-1881

Claimant's Last Name	Social Security Number
TAXING	400008034



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

S	ECTION B.	PROPERTY TAX For Household Income up to \$115,400.		l.
		t meet the requirements for filing a homesteations must be answered.	ad declaration in addition to the foll	owing requirements.
B1.	Were you dom	niciled in Vermont all of calendar year 2025	Yes, Go to Line B2.	✓ No, STOP.
	Do you anticip	med as a dependent in 2025 by another taxpeate selling this Vermont housesite on or 2026?		No, Go to Line B3. No, Continue
Am	ounts for Lines	B4 through B6 are found on the 2025/202	26 property tax bill. Round amou	ints to the nearest dollar.
B4.	Housesite Valu	ıe	B4	.00
B5.	Housesite Edu	cation Tax	B5	.00
B6.	Housesite Mur	nicipal Tax	Вб	.00
B7. B8.		erest		
Con	nplete the follow	ving ONLY if applicable from Form LRC	-147, Part B.	
B9.	For Profit Mol	oile Home Lot Rent (Allocable Rent from F	Form LRC-147) B9. _	.00
Not	-For-Profit Mo	bile Home Park, Cooperative, and Land	Trust	
B10	.Allocated Edu	cation Tax	B10	.00
B11	.Allocated Mur	nicipal Tax	B11	.00
<u>OR</u>	Property Tax f	rom contiguous property if housesite has	less than 2 acres (See instruction	s.)
B12	.Contiguous pro	operty Education Tax	B12	.00
B13	.Contiguous pro	operty Municipal Tax	B13	.00
		MAXIMUM CREDIT A	MOUNT IS \$8,000.	
best		erjury, I declare that I have examined this regge and belief, they are true, correct, and cor preturns.		
Sigr	nature		Date (MMDDYYYY) 05281985	Daytime Telephone Number
Sigr	nature (If a joint return, E	BOTH must sign.)	Date (MMDDYYYY)	Daytime Telephone Number
Paid	d Preparer's Signature		Date (MMDDYYYY)	Preparer's Telephone Number
Firm	n's Name (or yours if sel	f-employed) and address	Preparer's SSN or PTIN	FEIN
				2026 Form US 422

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 Adress: 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: 500 400 **Bonus Depreciation:** Bond- Vermont Telecom Authority: 500 VT Higher Education Credit: 250 600 2025 Estimated Payments: Child Care Contribution: 49

Direct Debit Information:

Routing Number: 211672531 Checking Account Number: 75123123

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						
				1		

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name		MI Social Se	ecurity Number	Check if
LOW	BUFF		A 400008	038	Deceased
Spouse's/CU Partner's Last Name	First Name		MI Social Se	curity Number	Check if
					Deceased
Mailing Address (Number	and Street/Road or PO Box)		911/Phys	ical Street Address on	12/31/2025
25 PLYMOUTH RD			25 PLYMOU	JTH RD	
City	State ZIP Code or Foreign	n Postal Code		Foreign Country	
RANDOLPH	VT 05038				
nont School District Code Vermont Reside	ncv Status as of		PART-\	ÆAR —	
		RESIDENT			NONRESIDENT
		Married/CU Filing	Head of	Household -	Qualifying Widow(er)
					(\$15,300)
Enter Healthcare Coverage Code Check all	CANN		7 DECOMPLITED		C EADMED /
(See instructions for code options) that apply	Return Feder		Return	Return	FARMER / FISHERMAN
•					
Federal Adjusted Gross Income (fe	deral Form 1040, Line 1	1a)	1.		44376.00
Net Modifications to Federal AGI (Schedule IN-112, Part I	, Line 19)	2.	·	400.00
					44556
Federal AGI with Modifications (A	DD Lines 1 and 2)		3.	·	44776.00
				·	<u>7650</u> .00
2	2 1	ıny standard			
	m 1040, page 1.				
Personal Exemptions: 5b.	Enter "1" for your jointly filed	5c. Ente	er number of OTHER		
can claim you as a dependent spot	se or CU partner if no one can	depen	ndents claimed on		5d. Total Exemptions ADD Lines 5a through 5c)
, ,	claim them as a dependent			,	,
5a. <u>1</u> + 5	b +	5c		= 50	l1
MULTIPLY Line 5d by \$5,300 (2	025 Personal Exemptio	n)	5e.	·	5300 .00
			_		
			6 .	·	<u>12950</u> .00
		3.			
If less than zero, enter -0-)			_		0.1.00.5
					3182600
Vermont Income Tax from tax tabl	e or tax rate schedule				31826 .00 1067 .00
(If Line 1 is greater than \$150,000,	e or tax rate schedule see instructions)		8.		1067.00
(If Line 1 is greater than \$150,000, Net Adjustment to Vermont Tax (S	e or tax rate schedule see instructions) chedule IN-119, Part I,		8.		1067.00
(If Line 1 is greater than \$150,000, Net Adjustment to Vermont Tax (S Vermont Income Tax with Adjustm	e or tax rate schedule see instructions) chedule IN-119, Part I, lent (ADD Lines 8 and	Line 15) 9.			1067.00
(If Line 1 is greater than \$150,000, Net Adjustment to Vermont Tax (S	e or tax rate schedule see instructions) chedule IN-119, Part I, lent (ADD Lines 8 and	Line 15) 9.			1067.00
(If Line 1 is greater than \$150,000, Net Adjustment to Vermont Tax (S Vermont Income Tax with Adjustm If less than zero, enter -0-)	e or tax rate schedule see instructions) chedule IN-119, Part I, tent (ADD Lines 8 and	Line 15) 9.			1067.00
(If Line 1 is greater than \$150,000, Net Adjustment to Vermont Tax (S Vermont Income Tax with Adjustm If less than zero, enter -0-)	e or tax rate schedule see instructions) chedule IN-119, Part I, tent (ADD Lines 8 and	Line 15) 9			
(If Line 1 is greater than \$150,000, Net Adjustment to Vermont Tax (S Vermont Income Tax with Adjustm If less than zero, enter -0-)	e or tax rate schedule see instructions) chedule IN-119, Part I, tent (ADD Lines 8 and	Line 15) 9			
(If Line 1 is greater than \$150,000, Net Adjustment to Vermont Tax (S Vermont Income Tax with Adjustm If less than zero, enter -0-)	e or tax rate schedule see instructions) chedule IN-119, Part I, tent (ADD Lines 8 and	Line 15) 9. 13. Charitable Deduction of Line 12	8		1067.00 .00 1067.00
(If Line 1 is greater than \$150,000, Net Adjustment to Vermont Tax (S Vermont Income Tax with Adjustm If less than zero, enter -0-)	e or tax rate schedule see instructions) chedule IN-119, Part I, tent (ADD Lines 8 and	Line 15) 9. 13. Charitable Deduction of Line 12	8		1067.00 .00 1067.00
(If Line 1 is greater than \$150,000, Net Adjustment to Vermont Tax (S Vermont Income Tax with Adjustm If less than zero, enter -0-)	e or tax rate schedule see instructions) chedule IN-119, Part I, tent (ADD Lines 8 and	Line 15) 9. 13. Charitable Deduction of Line 12 an zero, enter	8		1067.00 .00 1067.00 .00
(If Line 1 is greater than \$150,000, Net Adjustment to Vermont Tax (S Vermont Income Tax with Adjustm If less than zero, enter -0-)	e or tax rate schedule see instructions) chedule IN-119, Part I, tent (ADD Lines 8 and	Line 15) 9. 13. Charitable Deduction of Line 12 an zero, enter	8		1067.00 .00 1067.00 .00
(If Line 1 is greater than \$150,000, Net Adjustment to Vermont Tax (S Vermont Income Tax with Adjustm If less than zero, enter -0-)	e or tax rate schedule see instructions) chedule IN-119, Part I, tent (ADD Lines 8 and	Line 15) 9. 13. Charitable Deduction of Line 12 an zero, ente	8	100.	1067.00 .00 1067.00 .00 1067.00
(If Line 1 is greater than \$150,000, Net Adjustment to Vermont Tax (S Vermont Income Tax with Adjustm If less than zero, enter -0-)	e or tax rate schedule see instructions) chedule IN-119, Part I, tent (ADD Lines 8 and	Line 15) 9. 13. Charitable Deduction of Line 12 an zero, ente	8	100.	1067.00 .00 1067.00 .00 1067.00
(If Line 1 is greater than \$150,000, Net Adjustment to Vermont Tax (S Vermont Income Tax with Adjustm If less than zero, enter -0-)	e or tax rate schedule see instructions) chedule IN-119, Part I, tent (ADD Lines 8 and	Line 15) 9. 13. Charitable Deduction of Line 12 an zero, ente	8	100.	1067.00 .00 1067.00 .00 1067.00 0000 % 1067.00
(If Line 1 is greater than \$150,000, Net Adjustment to Vermont Tax (S Vermont Income Tax with Adjustm If less than zero, enter -0-)	e or tax rate schedule see instructions) chedule IN-119, Part I, tent (ADD Lines 8 and	Line 15) 9. 13. Charitable Deduction of Line 12 an zero, ente	8	100 .	1067.00 .00 1067.00 .00 1067.00
	Mailing Address (Number 25 PLYMOUTH RD City RANDOLPH mont School District Code 12/31/2025 (check L5 9 12/31/2025	Mailing Address (Number and Street/Road or PO Box) 25 PLYMOUTH RD City RANDOLPH Mont School District Code L5 9 12/31/2025 (check one) Ing Status and Indard Deduction Indard Deduction Enter Healthcare Coverage Code (See instructions for code options) Federal Adjusted Gross Income (federal Form 1040, Line 1) Net Modifications to Federal AGI (Schedule IN-112, Part Inter Healthcare Coverage Code (See instructions for code options) Federal AGI with Modifications (ADD Lines 1 and 2)	Spouse's/CU Partner's Last Name	Spouse's/CU Partner's Last Name Mailing Address (Number and Street/Road or PO Box) PLYMOUTH RD City State ZIP Code or Foreign Postal Code Vermont Residency Status as of 12/31/2025 (check one) Single (37,650) Enter Healthcare Coverage Code (See instructions for code options) Federal Adjusted Gross Income (federal Form 1040, Line 11a) Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 19) Personal Exemptions: 5a. Enter "1" for yourself if no one can claim you as a dependent show as a dependent show a deduction boxes on federal Form 1040, page 1. MI Social Se 911/Physis 25 PLYMOUTH RD 25 PLYMOUTH RD 25 PLYMOUTH RD 25 PLYMOUTH RD 26 PART-Y RESIDENT	Spouse's'CU Partner's Last Name

		's Last Name]					
LO	W		400	008038						
	Amount from Line 16	1067	.00				 *	2 5	1 1 1 1	2 0 0 *
		dit (Schedule IN-117, Line 2							ermont Credits (Add	*
17.		.00	+	18	250	.00	= 19)		<u>250</u> .00
20.	Vermont I	ncome Tax after c	redits (S	SUBTRACT	Line 19 from	Line 16.	20			017 00
21	Child Care	is greater than Lir Contributions for	ie 16, en : Self-En	ter -u-) nploved indiv	iduals		20	·		<u>817</u> .00
	(and inatmi	ations for coloulat	(noi				21			49 .00
22.	Use Tax for	or taxable items or	n which 1	no sales tax	Chec	k to certify				
	was charge	or taxable items or ed, including onlin	e purcha	ases		se Tax is due	OR 22	2		<u>45</u> .00
	(See man	ections, worksheet mont Taxes (ADD	, and one	11 t)				ł.		911 00
25.	armont Vatarans	Fund Green	Un Vermon	t Non	game Wildlife Fund		Vermont Childr	en's		Contributions
24a.	•	00 + 24b		.00 + 24c	00) + 24d.		00	= 24e	0.00
25.	Total of Ve	rmont Taxes and	Voluntar	y Contributio	ns (ADD Lin	es 23 and 2	24e) 25	5.		911 .00
26a.	. 2025 Vern 2025 Estin	nont Tax Withheld nated Tax paymen	trom W	/-2, 1099 int carried for	26a		.00	U		
200.		, and/or payment i					600.0	0		
26c.	Refundabl	e Credits (Schedu	le IN-11	2, Part II: Ful	l-Year					
261	Residents	-Line 13; Part-Ye	ar Resid	lents -Line 17) 26c. _		.0	0		
26d.		nont Real Estate V -171			26d		0	n		
26e.	2025 Noni	esident Estimated	Tax pay	ments (nonre	200. _ sident			U		
		g) allocated on So					.0	0		
26f	Total Day	ments and Credits	(ADD I	ings 26g thro	augh 26a)		26	r		600 .00
		ent. If Line 25 is			ugn 20e)		201			00
		CT Line 25 from					27	'.		.00
20.	D - 6 - 1 4 -	1	C Estima	.4. 1 T D			0	n		
2 0 a.	Refund to	be credited to 202	o Esuma	ated Tax Payn	nent 2 8a. _			U		
28b.	Refund to	be credited to 202	6 Proper	ty Tax Bill	28b		.0	0		
20	DEFINID	AMOUNT (CUD	ED A CIT	1. 20	1201 6 1	. 27)	20			0.0
		AMOUNT (SUB) is more than Lin					29	'·		.00
<i>5</i> 0.		ctions on tax due.					30).		311 .00
31.		nd Penalty on				MOUNT				
		ment of Estimate ksheet IN-152 or I		`	00 (ADI	D Lines 30	& 31) . 32	2		311.00
F	or Amended	Original refund received	N-132A	Refund due now		Original payme	nt		Amount due now	
	eturns Only:	J	.00		.00			.00		.00
		perjury, I declare that								
	nature	e true, correct and cor	npiete. Pr	eparers cannot t	Date (MMDDYYY		f Birth (MMDD)		Daytime Teleph	
0.9.					54.0 (55		301980		20,	
Sign	nature (If a joint re	eturn, BOTH must sign.)			Date (MMDDYYY	Y) Date o	f Birth (MMDD	YYYY)	Daytime Teleph	none Number
Paid	l Preparer's Signa	ature				Date (I	MMDDYYYY)		Preparer's Tele	phone Number
							,		·	
Firm	i's Name (or your	s if self-employed) and add	ress			Prepai	er's SSN or P	ΓIN	FEIN	
		Chook if the Der	artmant :	of Tayon may d	icouce	.,			Form IN-	·111
	_, L	Check if the Dep this return with t			130433		a copy f	or	Page 2	of 2
545	o 4	and rotain milit	p. spai			your	records.		Rev. 10	0/25

	CHILD CARE CONTRIBUTION WORKSHEET							
C	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							
2.	Enter the amount of income reported on Line 1 that was earned for work performed outside of Vermont							
3.	Subtract Line 2 from Line 1							
4.	Multiply Line 3 by 0.11% (0.0011). Enter this amount on Form IN-111, Line 21							

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or **BLACK INK**



INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	Name MI Taxpayer's Social Security Nu	
LOW	BUFF A 400008038		1 400008038
DADTI			

PAR	ГІ	_			
ADD	ITIONS TO FEDERAL ADJUSTED GROSS INCOM	E			
1.	Total interest and dividend income from all state				
	and local obligations exempt from federal tax	1000	0.0		
2	(reported on federal Form 1040)	1000	.00		
2.	and local obligations included in Line 12.	500	00		
3.	Income from Non-Vermont State and Local Obligations	300	.00		
	(SUBTRACT Line 2 from Line 1)		3.		500 .00
4.	Bonus Depreciation Allowed under				
	Federal Law for 2025	400	.00		
5.	Other (reserved)	RESERVED	.00		
6.	Total Additions (ADD Line 3 and Line 4)		6		900.00
SUB	TRACTIONS FROM FEDERAL ADJUSTED GROSS	SINCOME			
7.	Interest Income from U.S. Obligations		.00		
8.	Capital Gains Exclusion (Schedule IN-153, Line 21)		00		
	(Schedule IN-133, Line 21)		.00		
	Adjustment for Prior Years' Bonus Depreciation9 Taxable Refunds of State and Local Income Taxes		.00		
10.	(Reported on federal Form 1040)		00		
11.	Medical Expense Deduction		•00		
	(see the worksheet in the instructions) 11.		.00		
12.	Retirement Benefits Exempt from Taxation				
4.0	(see the worksheet in the instructions)		.00		
13.	Military retirement and Survivor Benefit exempt		00		
	from taxation. (see instructions for calculations) .13	· · · · · · · · · · · · · · · · · · ·	.00		Vermont Public
14.	Railroad Retirement income		.00	Build	Vermont Power Telecom Supply
				VSAC America	Authority Authority
	Bond/note interest income from (see to the right) 15.	500	.00		\checkmark
16a.	For residents only - Enter the total student loan interest		00		
16h	you paid in 2025 on qualified student loans 16a. For residents only - Enter any student loan		.00		
100.	interest already deducted on federal				
	Form 1040, Schedule 1, Line 21		.00		
16c.	Form 1040, Schedule 1, Line 21	FI is greater than			
	\$200,000, enter -0 All other filers, if AGI is				
	greater than \$120,000, enter -0 16c.	····	.00		
17.	Other (reserved)	RESERVED	.00		
18.	Total Subtractions (ADD Lines 7 through 15 and Line	16c)	18.		500.00
NET	MODIFICATIONS TO FEDERAL ADJUSTED GROS	SS INCOME			
19.	SUBTRACT Line 18 from Line 6. Enter on Form IN-1 This can be a negative number.	11, Line 2	19.		400.00
	This can be a negative number.		-	Schedule	IN-112
5454	4			Page 1 of 2, Rev	

Taxpayer's Last Name	Social Security Number			
LOW	400008038			



PART II

	X1 II				
RE	FUNDABLE CREDITS				
Chi	ld and Dependent Care Credit -	Resident and Part-Yea	r Resident		
1.	Child and Dependent Care Credit (fe	deral Form 2441, Line 11))	1	.00
2.	Vermont Child and Dependent Care	Credit (MULTIPLY Line	e 1 by 72% (0.	.72)) 2	.00
Chi	ld Tax Credit - Resident and Par	t-Year Resident			
3.	Number of qualifying children List only children who qualify for Cl				
	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 your Adjusted Gross Income from Fo	e 3 by \$1,000). See instruction in IN-111, Line 1 is over	tions for credit \$125,000	t amount if 4.	.00
Ear	ned Income Tax Credit - Resider	nt and Part-Year Resid	ent		
5.	Number of qualifying children from	federal Schedule EIC		5 .	
6. 7.	Federal Earned Income Tax Credit. In Vermont Earned Income Tax Credit. MULTIPLY Line 6 by 38% (0.38).	If Line 5 is GREATER th	an zero,		
Vet	eran Tax Credit - Resident and P		amount from		00
8.	Enter your AGI from Form IN-111, If Line 8 is \$25,000 or less, enter -0-Otherwise, SUBTRACT \$25,000 from Form IN-111, If Line 8 is \$25,000 or less, enter -0-Otherwise, SUBTRACT \$25,000 from IN-111, If Line 8 is \$25,000 or less, enter -0-Otherwise, SUBTRACT \$25,000 from IN-111, If Line 8 is \$25,000 or less, enter -0-Otherwise, SUBTRACT \$25,000 from IN-111, If Line 8 is \$25,000 or less, enter -0-Otherwise, SUBTRACT \$25,000 or less, enter -0-Otherwise,	Line 1			
10.	DIVIDE Line 9 by 100, rounding do	own to the nearest whole n	umber	10	
11.	MULTIPLY Line 10 by \$5			11	
12.	If Line 9 is zero, enter \$250. Otherw	ise, enter \$250 MINUS Li	ne 11	12	
Ref	undable Tax Credits - Resident a	and Part-Year Residen	t		
13.	Total Vermont Refundable Tax Cred Full-Year Residents: Enter this Part-Year Residents: Complete	amount on Form IN-111, 1	Line 26c.	13	
Ref	undable Tax Credits Adjusted fo	r Part-Year Residents			
14.	Enter amount from Schedule IN-113	, Line 14B, Vermont Porti	on of Total Inc	come 14	.00
	Enter amount from Schedule IN-113 Refundable Tax Credits Adjustment	Percentage. (DIVIDE Lin	e 14 by Line	15, then	
17.	MULTIPLY the result by 100) Total Vermont Refundable Credits A (MULTIPLY Line 13 by Line 16.)	Adjusted for Part-Year Res	idents.		

Vermont Tax Adjustments and Nonrefundable Credits



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)		
(reported on Form 1040)		
4. ADD Lines 1 through 3	4	.00
5. MULTIPLY Line 4 by 24% (0.24)	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)	00	
11. ADD Lines 8 through 10	11.	.00
12. MULTIPLY Line 11 by 24% (0.24)	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



INCLUDE WITH FORM IN-111

PART II VERMONT INCOME TAX CREDITS 2025 Contribution

eligible for credit

1. Vermont Higher Education Investment (32 V.S.A § 5825a)

2500 .00

TIMES (X) .10

250 .00

Credit

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

<u> </u>	,
Name of Entity	FEIN

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

	Column A Earned in 2025	PLUS	<u>Column B</u> Carryforward		ALS	Column C	
2. Charitable Housing	2411104 111 2020	(')	our yror mar a	(-	,		
(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	4C.		.00
Prior approval required from Vermo	nt Housing Finance A	gency for Li	ine 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							
$(32 \text{ V.S.A.} \S 5930cc(c)) \dots .8A$.00	8B.		.00	8C.		.00
` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `				•			
9. ADD Column C, Lines 1 throu	gh 8. Enter this amo	unt on Form	IN-111, Line 18	3	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

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						
					0	

Please PRINT in BLUE or BLACK INK

T 11 (A)	F: (A)	[NI	
Taxpayer's Last Name	First Name	MI Social Security Number	Check if
BISS	CAN	E 400008041	Deceased
Spouse's/CU Partner's Last Name	First Name	MI Social Security Number	Check if
Mailing Address (Number of	and Street/Road or PO Box)	911/Physical Street Addres	Deceased Deceased
PO BOX 6161	IIIU Street/Road of PO Box)	54 DOUGLAS RD	5 011 12/3 1/2023
City	State ZIP Code or Foreign Postal Code	Foreign Cour	ntry
WILLISTON	VT 05495	r oreign cour	iu y
Vermont School District Code Vermont Reside		PART-YEAR –	
241 12/31/2025 (chec	k one)	RESIDENT	NONRESIDENT
Filing Status and Single (\$7,650)	Married/CU Filing Married/CU Filin Jointly (\$15,300) Separately (\$7,6		Qualifying Widow(er) (\$15,300)
Enter Healthcare Coverage Code (See instructions for code options) Check all that apply	AMENDED With Recomputed Federal Return	RECOMPUTED EXTENDI Return	FARMER / FISHERMAN
 Federal Adjusted Gross Income (fed Net Modifications to Federal AGI (5) 			
,	·		
3. Federal AGI with Modifications (A	DD Lines I and 2)		260000 .00
deduction boxes on federal Forms. 5. Personal Exemptions: 5a. Enter "1" for yourself if no one can claim you as a dependent.	r your spouse checked any standard m 1040, page 1. Enter "1" for your jointly filed se or CU partner if no one can depe		7650 .00 5d. Total Exemptions (ADD Lines 5a through 5c)
5a. <u>1</u> + 5l) + 5c.	=	5d1
5e. MULTIPLY Line 5d by \$5,300 (2	025 Personal Exemption)	5e	5300 .00
6. ADD Lines 4 and 5e		6.	12950.00
7. Vermont Taxable Income (SUBTR.	ACT Line 6 from Line 3.		
If less than zero, enter -0-)			247050 .00
8. Vermont Income Tax from tax table		8	<u> 15974</u> .00
(If Line 1 is greater than \$150,000, and 9. Net Adjustment to Vermont Tax (So		9	.00
10. Vermont Income Tax with Adjustm			
If less than zero, enter -0-)		10 .	15974 .00
		ole Contribution	
(See instructions)	Deduction	on (Enter the lesser	
23000 .00	1150 .00 of Line 1	2 or \$1,000) 13.	1000.00
14. Vermont Income Tax (Line 10 MIN	NUS Line 13. If less than zero, ent	rer -0-) 14.	1497400
15. Income Adjustment (Schedule IN-1	13, Line 35, or 100.0000%)	1510	<u>00.0000</u> %
16. Adjusted Vermont Income Tax (M U	ILTIPLY Line 14 by Line 15)	16	14974 .00
			Form IN-111 Page 1 of 2
5454	Amount Due (from Line 32)	.00	Rev. 10/25

	Taxpayer's L	ast Name	1	Security Number	er									
ΒI	SS		400	008041										
	Amount from Line 16	14974	.00						 * 2	5	1 1	1 1	2 0	0 *
	Other State Credit (Schedule IN-117, Line 2	21)	Vermo	nt Tax C	redits (Schedule I	N-119, I	Part II)	Т	otal V	ermont	Credits (A	dd Lines 17	and 18)
17.		868700	+	18.		.(00	=	19.				868'	7 .00
20.	Vermont Inco	ome Tax after c	redits (S	SUBTRAC	CT Li	ne 19 from	Line	16.						
		greater than Lin							20.				628	<u>700</u>
21.		ontributions for							2.1					0.0
22	(see instruction	ons for calculati	on)						21.					00
ZZ.	was charged	including onlin	e nurch:	no saies taz	X	Check	to ce	rtify	OR 22					00
	(See instructi	exable items on including onling ons, worksheet	and cha	art)		no Use	a Tax i	is due.	OIL 22.					00
23.	Total Vermo	nt Taxes (ADD	Lines 2	0 through	22)				23.				628	7 .00
V	ermont Veterans Fun	nt Taxes (ADD	Up Vermon	t	Nongam	ne Wildlife Fund		Vern Tru	nont Children ⁷ st Foundation	S		Tot	al Contribut	tions
24a.	.0	0 + 24b		.00 + 24	c	.00	+	24d	200	.00	=	24e	20	000
25	T 4 1 CV	4 T 1 1	7 1 4	C 1	,•	(ADD I :	22	124) 25				610'	7 00
25.	Total of Verm	ont Taxes and Y	v oluntai	ry Contribi	itions	(ADD Line	s 23 a	and 24e	e) 25 . _.				040	<u>/_</u> .00
26a.	. 2025 Vermor	nt Tax Withheld	from W	V-2. 1099 .		26a.			.00					
26b.	2025 Estimat	ed Tax paymen	ts, amou	int carried	forwa	ırd								
	from 2024, as	nd/or payment i	nade wi	th 2025 ex	tensio	n . 26b.		70	00.00					
26c.	Refundable C	Credits (Schedul	e IN-11	2, Part II: 1	Full-Y	l'ear								
261	Residents-Li	ne 13; Part-Ye	ar Resid	dents-Line	: 17)	26c			00					
26d.		nt Real Estate W				264			00					
260	2025 Nonres	'1 ident Estimated	Tay nay	 zments (no	nresid	20u. lent								
200.		allocated on Sc							.00					
				,										
		nts and Credits				gh 26e)			26f.				700	000
27.	Overpaymen	t. If Line 25 is l	ess thai	n Line 26f	•								- 1	2
	SUBTRACT	Line 25 from	Line 26	f					27.				51.	300
289	Refund to be	credited to 202	6 Estim	ated Tay P	avmer	nt 289			00					
20a.	Refund to be	credited to 202	O LStillie	ated Tax I	ayıncı				00					
28b	Refund to be	credited to 202	6 Proper	rty Tax Bil	1	28b.			.00					
			•	·										
		MOUNT (SUBT						7)	29. _.				51	<u>300</u>
<i>3</i> 0.		more than Lin							20					00
31	Interest and	ons on tax due.						 J NT DU						00
J1.		ent of Estimate	d 31.		.0				31) . 32.					.00
		neet IN-152 or I												
		iginal refund received	0.0	Refund due n	ow		Original	payment			Amour	nt due now		0.0
	eturns Only:		.00			.00				00				.00
		jury, I declare that ue, correct and cor												wledge
_	nature	ue, correct and cor	iipiete. Fi	eparers carr		Date (MMDDYYYY		Date of Bir	th (MMDDYY)				phone Numl	ber
Sign	nature (If a joint return	BOTH must sign \			 	Date (MMDDYYYY	 		th (MMDDYY)	YY)	Г	avtime Tele	phone Numl	her
5,91	(a joint rotain	,			ً	,				- /		. ,		
Paid	l Preparer's Signature	9						Date (MMD	DDYYYY)		Р	reparer's Te	lephone Nu	mber
Firm	i's Name (or yours if s	self-employed) and addi	ress				T	Preparer's	SSN or PTIN		F	EIN		
												F	1.444	
		Chack if the Don	artmont	of Tayor mo	y dico	uce		/	c			Form II	N-TTT	

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or **BLACK INK**



INCLUDE WITH FORM IN-111

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

DIDD	1 1 400	000041
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)	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		J
Federal Law for 2025		00
5. Other (reserved)	RESERVED .	00
6. Total Additions (ADD Line 3 and Line 4)		6. 2000 .00
SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS		
7. Interest Income from U.S. Obligations	•	00
8. Capital Gains Exclusion (Schedule IN-153, Line 21)		00
(Schedule IN-133, Line 21)	•	
9. Adjustment for Prior Years' Bonus Depreciation9.		00
10. Taxable Refunds of State and Local Income Taxes		
(Reported on federal Form 1040)	· ·	00
11. Medical Expense Deduction (see the worldsheet in the instructions)		00
(see the worksheet in the instructions)	•	00
(see the worksheet in the instructions) 12.	ا	00
13. Military retirement and Survivor Benefit exempt		
from taxation. (see instructions for calculations) .13		00 Vermont Public
44 D 1 1D 2 2		Vermont Power
14. Railroad Retirement income	•	00 Build Telecom Supply VSAC America Authority Authority
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 loans16a.		00
16b. For residents only - Enter any student loan		
interest already deducted on federal Form 1040, Schedule 1, Line 21		00
16c. Subtract Line 16b from Line 16a. If filing jointly and AG		00
\$200,000, enter -0 All other filers, if AGI is	i is greater than	
greater than \$120,000, enter -0 16c.		00
17. Other (reserved)	RESERVED .	00
18. Total Subtractions (ADD Lines 7 through 15 and Line 1	6c)1	8. 2000 .00
NET MODIFICATIONS TO FEDERAL ADJUSTED GROS		
		0.00
19. SUBTRACT Line 18 from Line 6. Enter on Form IN-11	11, Line 2	Schedule IN-112 0 .00
This can be a negative number. 5454		Page 1 of 2, Rev. 10/25
		. ago 1 012, 1101. 10/20

Taxpayer's Last Name	Social Security Number
BISS	400008041



PART II

	XI II						
RE	FUNDABLE CREDITS						
Chi	ld and Dependent Care Credit	- Resident and Part-Yea	r Resident				
1.	Child and Dependent Care Credit (federal Form 2441, Line 11))	1.	.00		
2.	Vermont Child and Dependent Car	e Credit (MULTIPLY Line	e 1 by 72% (0.	.72)) 2	.00		
Chi	ld Tax Credit - Resident and Pa	rt-Year Resident					
3.	Number of qualifying children List only children who qualify for the control of the contro	Child Tax Credit (born 2019	through 2025	3.			
	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 Li your Adjusted Gross Income from	Form IN-111, Line 1 is over	: \$125,000	t amount if 4.	.00		
Ear	ned Income Tax Credit - Reside	ent and Part-Year Resid	ent				
5.	Number of qualifying children from	n federal Schedule EIC		5	 		
6. 7.	Federal Earned Income Tax Credit. Vermont Earned Income Tax Credit MULTIPLY Line 6 by 38% (0.38)	t. If Line 5 is GREATER th	an zero,				
Vet	eran Tax Credit - Resident and						
8. 9.	Enter your AGI from Form IN-111 If Line 8 is \$25,000 or less, enter -0 Otherwise, SUBTRACT \$25,000 1)- and skip to Line 12.					
10.	DIVIDE Line 9 by 100, rounding	down to the nearest whole n	umber	10	 		
11.	MULTIPLY Line 10 by \$5			11			
12.	If Line 9 is zero, enter \$250. Other	wise, enter \$250 MINUS Li	ne 11	12			
Ref	undable Tax Credits - Resident	and Part-Year Residen	t				
13.	Total Vermont Refundable Tax Cre Full-Year Residents: Enter thi Part-Year Residents: Complete	s amount on Form IN-111, l		13	.00		
Ref	undable Tax Credits Adjusted	for Part-Year Residents					
14.	Enter amount from Schedule IN-11	3, Line 14B, Vermont Porti	on of Total Inc	come 14	.00		
	5. Enter amount from Schedule IN-113, Line 14A, Total Income						
17.	Total Vermont Refundable Credits (MULTIPLY Line 13 by Line 16.	Adjusted for Part-Year Resi	idents.				

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

For Residents and Some Part-Year Residents ONLY.

Taxpayer's Last Name



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

Taxpayer's Social Security Number

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.

First Name

BISS	CAN	E 4	400008041	
 Name of state or Canadian province Enter Adjusted Gross Income taxed 	in another state or Canadia			
This entry cannot be more than the Form IN-111, Line 1. (If less than a 2025 Bonus Depreciation addback)	zero, enter -0-) 2.	15000	00. 00	
state or Canadian province AND ta: 4. Non-Vermont state/local obligation	xed in Vermont 3.		00	
state or Canadian province AND ta	xed in Vermont 4.	200	00. 00	
5. ADD Lines 2 through 4			5 .	15200000
6. Bonus Depreciation subtracted from another state or Canadian province	in tax year 2025 . 6.		00	
7. U.S. Government interest income standard another state or Canadian province			00.	
8. ADD Lines 6 and 7				.00
9. Modified Adjusted Gross Income for province AND taxed in Vermont (S	UBTRACT Line 8 from I			15200000
10. Adjusted Gross Income from Form (If less than zero, enter -0-)	10	26000	00. 00	
11. Non-Vermont state/local obligation Schedule IN-112, Part I, Line 3	s from 11.	200	00. 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 for Schedule IN-112, Part I, Line 7	com 		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 1	3		17 .	262000 .00
 18. Vermont income tax from Form IN 19. Computed tax credit (DIVIDE Line Result cannot be more than 100% of Line 9 152000 at line 18 	e 9 by Line 17. MULTIPI		74 .00 y Line 18.)	
Line 17 262000			19	868700
20. Income tax paid to another state or modified Adjusted Gross Income fr21. VERMONT CREDIT for	om Line 9 above			1000000
21. VERMONT CREDIT for income Enter the lesser of Line 19 or Line 2				
				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 Adress: 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:2024Child Tax Credit:1000Vermont Higher Education Investment:2500Green Up Vermont:25Vermont Veteran's Fund:50

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						
_			1			

Please PRINT in BLUE or BLACK INK

			E: (A)		Тмі				OI BLACK	
Taxpayer's Las	t Name	First Name KAY				Social Security Number 40008042			Check if	
Spouse's/CU Partner	de Last Nama		First Name		I MI		J 4 ∠ curity Number	_	Decease	
Spouse s/CO i artifer	5 Last Name		i iist ivaiiic		IVII	300iai 36	Junty Number	\dashv \vdash	Check if	
	Mailing Address (Number a	nd Street/Road or P0	O Box)		+	911/Physic	cal Street Addre	ess on 12/31	Decease	<u> 30</u>
1 MAIN STREE		na otrooprioaa or r	σολή		1	MAIN ST		00 011 12/01	72020	
City	<u> </u>	State ZIP C	ode or Forei	gn Postal Code	+	THILIN DI	Foreign Cou	ıntry		
DOVER			302							
Vermont School District Code	Vermont Resider	ncy Status as o	of			— PART-Y	FAR -			
058	12/31/2025 (check		" √	RESIDENT		RESIDE		1ON	NRESIDEN	Τ
Filing Status and	Single	Married/CU Filing		Married/CU Filin	na r	Head of H		Ouali	ifying Widow(er)
Standard Deduction	(\$7,650)	Jointly (\$15,300)		Separately (\$7,		(\$11,450)		(\$15,		,
Enter Healthcare Coverage	e Code Check all	AMENDED		NABIS Recomputed	□ RE	COMPUTED [EXTEND	DED [FARMER	ı
(See instructions for code	options) that apply	Return		eral Return		urn	Return	<u> </u>	FISHERM	
1. Federal Adjusted	Grass Inaama (fad	anal Farm 10	10 Lina	110)		1			70000	ΛΛ
1. Federal Adjusted	Gross income (led	lerai Form 102	+0, Line	11a)		1.			70000	.00
2. Net Modifications	to Federal AGI (S	Schedule IN-1	12 Part	I Line 19)		2			-2300	00
2. Net Woullications	to reactal AGI (c	ochedule 114-1	12, 1 an	1, Line 17)						.00
3. Federal AGI with	Modifications (Al	DD Lines 1 aı	nd 2)			3.			67700	.00
o. Todolal Tiol Willi	TVIO GITTO GETTO (111		 -)							•••
4. 2025 Vermont Sta	ndard Deduction f	from filing sta	tus secti	on above		4.			15300	.00
	tructions if you or									
	kes on federal Form			J						
5. Personal Exempt	ions: 5h	Enter "1" for your joir	ntly filed	5c Fi	nter num	ber of OTHER				
5a. Enter "1" for yourself i can claim you as a depe	spous	e or CU partner if no	one can			claimed on			Total Exemptio Lines 5a through	
	cla	aim them as a depen	ident	f	ederal Fo	orm 1040		`	ŭ	,
5a. 1	+ 5b) .	+	5c.	·	1	=	5d	2	
						_				
Se. MULTIPLY Line	e 5d by \$5,300 (20)25 Personal I	Exemption	on)		5e.			10600	.00
(ADD I :	. 5 .					(25000	00
6. ADD Lines 4 and						0.			25900	.00
7. Vermont Taxable If less than zero, e						7			41800	ሰሰ
ii iess man zero, e	inter -0-)					/ •			41000	.00
8. Vermont Income	Fax from tax table	or tax rate sc	hedule			8			1402	00
(If Line 1 is greate										•00
9. Net Adjustment to	Vermont Tax (Sc	hedule IN-11	9. Part I.	Line 15) .		9.				.00
10. Vermont Income	Γax with Adiustme	ent (ADD Lin	es 8 and	19.						
If less than zero, e						10.			1402	.00
		12. Multiply Line 11 b								
11. Tax-Deductible Charitab (See instructions)		12. Multiply Line 11 t	• , ,	Deduct	ion (Ent	er the lesser				
(000 mondono)	00.	-	00	of Line	12 or \$1	000)13.				.00
	•									
14. Vermont Income	Γax (Line 10 MIN	US Line 13.	If less the	han zero, en	ter -0	-)14 .			<u> 1402</u>	.00
	. (0.1. 1.1. ==::	10 11 22	1000	000/			4	00 00	.00	. .
15. Income Adjustmen	nt (Schedule IN-1)	13, Line 35, o	r 100.00	00%)		15.		<u> </u>	<u> </u>	_%
16 A 15 4 137	. T	TT (TPT 10 T X / T *	141	T ! 4.5\		4.6			1400	00
16. Adjusted Vermont	I Income I ax (MU	LIIPLY Lir	1e 14 by	Line 15) .		16.				.00
								Form IN	J 111	
								Page 1		
5 / 5 /		Amount Due)			00		raye	1012	

		's Last Name]					
OS	<u>S</u>		400	008042						
	Amount from Line 16	1402	.00					* 2 5	1 1 1 1	2 0 0 *
		dit (Schedule IN-117, Line							/ermont Credits (Add	*
17.		.00	+	18.	250	.00	=	19		<u>250</u> .00
20.	Vermont I	ncome Tax after c is greater than Lir	redits (SUBTRACT	Line 19 from	Line	16.	20		1152 00
21.	Child Care	Contributions for	r Self-Er	nploved indiv	iduals			. 20		00
	(can inctm)	ations for coloulat	ion)					. 21		.00
22.	Use Tax fo	or taxable items or ed, including onlinations, worksheet	which	no sales tax	Chec	k to ce	rtify OR	22		00
	(See instru	ctions, worksheet	and char	art)	··· L▼ no U	se Tax	is due.			
23.	Total Verr	nont Taxes (ADD	Lines 2	0 through 22)			. 23		<u>1152</u> .00
V	ermont Veterans	Fund Green	n Up Vermor	t Non	game Wildlife Fund		Vermont (Trust Fo	Children's undation	Total	Contributions
24a.	50	00 + 24b	25	.00 + 24c.	.00	+	24d	.00	= 24e	7500
25.	Total of Ve	rmont Taxes and	Voluntai	ry Contributio	ns (ADD Lin	es 23 :	and 24e)	. 25		1227.00
26a.	. 2025 Vern	nont Tax Withheld	1 from V	V-2. 1099	26a.			.00		
	. 2025 Estin	nated Tax paymer	ıts, amoı	int carried for	ward					
26c.		, and/or payment in a Credits (Schedu					2000	.00		
	Residents	-Line 13; Part-Ye	ar Resi	dents-Line 17			1000	.00		
26 0.		nont Real Estate V -171			26d.			.00		
26e.	2025 Noni	esident Estimated	Tax pay	ments (nonre	sident					
	withholdin	g) allocated on So	chedule	K-1VT, Line 3	30 26e. _			.00		
26f.	Total Payr	ments and Credits	(ADD L	ines 26a thro	ugh 26e)			26f		3000.00
27.		ent. If Line 25 is CT Line 25 from						27		1773 00
										00
28a.	Refund to	be credited to 202	6 Estim	ated Tax Payn	nent 28a. _			.00		
28b	Refund to	be credited to 202	6 Prope	rty Tax Bill	28b			.00		
29.	REFUND	AMOUNT (SUB	TRACT	Lines 28a an	d 28b from l	Line 2	7)	. 29.		1773 .00
30.	If Line 25	is more than Lin	ie 26f, si	ubtract Line	26f from Lin	e 25.				
21		ctions on tax due.			22 /	MOI	INT DUE	. 30		.00
31.		nd Penalty on ment of Estimate	ed 31.					. 32.		.00
	Tax (Worl	ksheet IN-152 or I)	_ `					
1	or Amended eturns Only:	Original refund received	.00	Refund due now	.00	Original	payment	.00	Amount due now	.00
		L perjury, I declare that		ı ımined this returı		ying sc	hedules and s		and to the best o	
		true, correct and co	mplete. Pr	eparers cannot u						
Sigr	nature				Date (MMDDYYY	Y)	Date of Birth (MI		Daytime Telep	hone Number
Sigr	nature (If a joint re	eturn, BOTH must sign.)			Date (MMDDYYY	Y)	Date of Birth (MI		Daytime Telep	hone Number
Paid	d Preparer's Signa	ature				\dashv	Date (MMDDYY	YY)	Preparer's Tele	ephone Number
F	de Norse (s	o if oalf awarlance ill and a late	****				Drong-rails 0011	or DTINI	FEIN	
Firm	is ivame (or your	s if self-employed) and add	ress				Preparer's SSN	OF PTIN	FEIN	
		Check if the Dep	partment	of Taxes may d	iscuss		Кеер а сор	v for	Form IN	
545		☐ this return with t				your record	•	Page 2 of 2 Rev. 10/25		

2025 Schedule IN-112

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or **BLACK INK**



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)	00. 00			
2. Interest and dividend income from Vermont state				
and local obligations included in Line 1250	00. 00			
3. Income from Non-Vermont State and Local Obligations	2			00 00
(SUBTRACT Line 2 from Line 1)	3. _.		55	00.00
4. Bonus Depreciation Allowed under	00			
Federal Law for 2025	00			
5. Other (reserved)	.00			
6. Total Additions (ADD Line 3 and Line 4)	6.		55	00.00
SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME				
7. Interest Income from U.S. Obligations	.00			
8. Capital Gains Exclusion				
(Schedule IN-153, Line 21)	.00			
9. Adjustment for Prior Years' Bonus Depreciation9.	.00			
10. Taxable Refunds of State and Local Income Taxes				
(Reported on federal Form 1040)	00			
11. Medical Expense Deduction	0.0			
(see the worksheet in the instructions)				
12. Retirement Benefits Exempt from Taxation (see the worksheet in the instructions)	00			
(see the worksheet in the instructions)	00			
from taxation. (see instructions for calculations) .13.	00			Vermont
Tom taxation. (see instructions for calculations) . 10.	00			Public
14. Railroad Retirement income	.00	Build	Vermont Telecom	Power Supply
		VSAC America	a Authority	Authority
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 loans16a. 830	00. 00			
166. For residents only - Enter any student loan				
interest already deducted on federal				
Form 1040, Schedule 1, Line 21	00. 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	00			
greater than \$120,000, enter -0	.00			
17. Other (reserved)				
18. Total Subtractions (ADD Lines 7 through 15 and Line 16c)	18.		78	00.00
NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME				
19. SUBTRACT Line 18 from Line 6. Enter on Form IN-111, Line 2	19.		-23	00.00
This can be a negative number.	• .	Schedi	ule IN-112	
5454		Dago 1 of 2	20V 10/25	

Taxpayer's Last Name	Social Security Number		
OSS	400008042		



PART II

PAI	XI II					
RE	FUNDABLE CREDITS					
Chi	ld and Dependent Care Cred	it - Resident and Part-Yea	r Resident			
1.	Child and Dependent Care Credit	t (federal Form 2441, Line 11)		1	.00	
2.	Vermont Child and Dependent C	are Credit (MULTIPLY Line	1 by 72%	(0.72)) 2	.00	
Chi	Id Tax Credit - Resident and	Part-Year Resident				
3.	Number of qualifying children			3.	1	
	List only children who qualify fo	or Child Tax Credit (born 2019	through 202	25) below		
	Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth	
I	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 instruc	tions for cre	dit amount if		
••	your Adjusted Gross Income from	m Form IN-111, Line 1 is over	\$125,000.		1000.00	
Ear	ned Income Tax Credit - Resi	ident and Part-Year Reside	ent			
5.	Number of qualifying children fr	om federal Schedule EIC		5 .		
6.	Federal Earned Income Tax Cred	lit. Enter amount from federal	Form 1040	6 .	.00	
7.	Vermont Earned Income Tax Cre	edit. If Line 5 is GREATER th	an zero,			
	MULTIPLY Line 6 by 38% (0.		amount fro	m Line 6	00	
Vet	eran Tax Credit - Resident an					
8.	Enter your AGI from Form IN-1			8.		
9.	9. If Line 8 is \$25,000 or less, enter -0- and skip to Line 12. Otherwise, SUBTRACT \$25,000 from Line 8					
10.	DIVIDE Line 9 by 100 , rounding	g down to the nearest whole n	umber	10 .		
11.	1. MULTIPLY Line 10 by \$5					
12.	If Line 9 is zero, enter \$250. Oth	erwise, enter \$250 MINUS Li	ne 11 .	12		
Ref	undable Tax Credits - Reside	ent and Part-Year Resident	t			
13.	Total Vermont Refundable Tax (1000.00	
	Full-Year Residents: Enter the Part-Year Residents: Comp	this amount on Form IN-111, I lete Lines 14 through 17.	_ine 26c.			
Ref	undable Tax Credits Adjusted	d for Part-Year Residents				
14.	Enter amount from Schedule IN-	113, Line 14B, Vermont Portion	on of Total	Income 14	.00	
	Enter amount from Schedule IN-				.00	
16.	Refundable Tax Credits Adjustm	ent Percentage. (DIVIDE Lin	e 14 by Lin	e 15, then	. %	
17.	MULTIPLY the result by 100) Total Vermont Refundable Credi	its Adjusted for Part-Year Resi	dents.			
	(MULTIPLY Line 13 by Line 1			ne 26c 17	.00	

2025 Schedule IN-119

Vermont Tax Adjustments and Nonrefundable Credits



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)	00
 Recapture of Federal Investment Tax Credit (reported on Form 1040)	
4. ADD Lines 1 through 3	400
5. MULTIPLY Line 4 by 24% (0.24)	00
6. Recapture of Vermont Credits (See instructions) 6.	00
7. ADD Lines 5 and 6	700
 SUBTRACTIONS FROM VERMONT TAX 8. Credit for the Elderly or the Disabled (federal Schedule R)	00
(See instructions)	
11. ADD Lines 8 through 10	1100
12. MULTIPLY Line 11 by 24% (0.24)	00
13. Vermont-based Solar Energy Credit carryforward . 13	00
14. ADD Lines 12 and 13	1400
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	1500

Taxpayer's Last Name	Social Security Number
OSS	400008042



PART II VERMONT INCOME TAX CREDITS

INCLUDE WITH FORM IN-111

2025 Contribution 1. Vermont Higher Education

Credit

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.

 	, ,	1 /	,
Name of Entity			FEIN

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

	Column A Earned in 2025	PLUS	<u>Column B</u> Carryforward		LS	Column C	
2. Charitable Housing		(·)	J J	(-)			
(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	4C.		.00
Prior approval required from Vermo	nt Housing Finance A	gency for Li	ine 5				
5. Affordable Housing							
(32 V.S.A § 5930u) .5A	00	5B.		.00	5C.		.00
6. Historic Rehabilitation							
$(32 \text{ V.S.A. } \S 5930cc(a)) \dots .6A$	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 throu	gh 8. Enter this amo	unt on Form	IN-111, Line 18	3	9.	250	.00

2025 Schedule IN-153

Vermont Capital Gains Exclusion Calculation



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	200000
2. Enter amount from:2a. Federal Form 1040, Schedule D, Line 182a.	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 .	200000
If you filed federal Form 4952, complete Lines 5 through 7 5. Enter amount from: 5a. Federal Form 4952, Line 4g	.00	
5b. Federal Form 4952, Line 4e 5b.		
5c. Multiply Line 5a by Line 5b and enter result here		.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	200000
9. Enter the smaller of Line 8 or \$5,000.	9.	200000

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.)

	I, Line 4	.00	
12. Assets held for more than the Subtract Line 11 from Line	ree years or less 11 aree years. 10.		
Entry cannot be less than ze	ro 12.	.00	
Enter the amount of net adjusted	d capital gain from the sale of the following	ng assets held for more than t	hree years
13a.Real estate or portion o a primary or nonprimar 13b.Depreciable personal primary or nonprimar 13b.	y home 13a	.00	
(except for farm proper 13c. Stocks or bonds public)	ty or standing timber) 13by traded or traded on an		
exchange or any other f	inancial instruments 13c.	.00	
14. Add Lines 13a through 13c15. Subtract Line 14 from Line		.00	
Entry cannot be less than ze		.00	
Line 16 Federal Form 4952 in Form 4952, enter Line 7 fro investment interest income	formation. If no investment interest exp m Part I of this form. Otherwise, you may for assets eligible for the capital gains exc	ense for ineligible assets was y need to recompute Form 49	
16. Enter amount from Part I, L federal Form 4952		.00	
	15		.00
18. Multiply Line 17 by 40%; e	nter result or \$350,000, whichever is less		.00
PART III. CAPITAL GAI			
19. Enter the <i>greater of</i> Line 9 of	or Line 18	19.	2000.00
20. Multiply 385 Federal Taxable	x 40% and enter result here	20	15400.00
21. Enter the smaller of Line 19	or Line 20. This is your capital gains ex Part I, Line 8	clusion.	

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:1Child Care Contribution:32Use 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:5,100Housesite Municipal Tax:3,200Ownership 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							
	_	_			0	_	

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name	MI Social Security Number	Check if
HOLIC	CHOC	A 400008045	Deceased
Spouse's/CU Partner's Last Name	First Name	MI Social Security Number	Check if
HOLIC	MILK	A 400008080	Deceased
Mailing Address (Number a	and Street/Road or PO Box)	911/Physical Street Address	on 12/31/2025
133 STATE STREET		133 STATE STREET	
City	State ZIP Code or Foreign Postal Code	Foreign Counti	ry
MONTPELIER	VT 05601		
Vermont School District Code Vermont Resider	ncy Status as of	PART-YEAR —	Tugupeoibeut
126 12/31/2025 (chec	k one) RESIDENT	RESIDENT	NONRESIDENT
Filing Status and Single	Married/CU Filing Married/CU Filin		Qualifying Widow(er)
Standard Deduction (\$7,650) ✓	Jointly (\$15,300) Separately (\$7,6	(\$11,450)	(\$15,300)
Enter Healthcare Coverage Code Check all	AMENDED CANNABIS With Recomputed	RECOMPUTED EXTENDED	D FARMER/
2 Enter Healthcare Coverage Code (See instructions for code options) that apply	Return Federal Return	Return Return	FISHERMAN
1. Federal Adjusted Gross Income (fed	land Farms 1040 Line 11a)	1	39032 .00
1. Federal Adjusted Gloss Income (led	ierai Foriii 1040, Line 11a)		
2. Net Modifications to Federal AGI (Schedule IN-112 Part I Line 19)	2	.00
2. Thet Modifications to I edetal Mot (Schedule IIV-112, 1 art 1, Ellie 19).		
3. Federal AGI with Modifications (A)	DD Lines 1 and 2)	3.	39032 .00
o. Touchar 7101 with Mounteurions (12)	Ellies I und 2)		
4. 2025 Vermont Standard Deduction	from filing status section above	4.	15300 .00
	your spouse checked any standard		· · · · · · · · · · · · · · · · · · ·
deduction boxes on federal For			
5. Personal Exemptions:	71 6	ter number of OTHER	
Ja. Enter i for yoursell if no one		endents claimed on	5d. Total Exemptions
can claim you as a dependent	laim them as a dependent fe	deral Form 1040	(ADD Lines 5a through 5c)
5a. <u>1</u> + 51	o. <u>1</u> + 5c.	1=	5d. 3
5e. MULTIPLY Line 5d by \$5,300 (2)	025 Personal Exemption)	5e	15900 .00
			2422
6. ADD Lines 4 and 5e		6	31200.00
7. Vermont Taxable Income (SUBTR		7	7022 00
If less than zero, enter -0-)		/•	7832.00
8. Vermont Income Tax from tax table	or toy rate calcula	o	263 .00
(If Line 1 is greater than \$150,000,			20300
9. Net Adjustment to Vermont Tax (So		9	.00
10. Vermont Income Tax with Adjustm			
If less than zero, enter -0-)		10.	263 .00
·			•••
11. Tax-Deductible Charitable Contribution (See instructions)	, , , ,	ole Contribution on (Enter the lesser	
.00	00 of Line 1	2 or \$1,000) 13.	.00
14. Vermont Income Tax (Line 10 MIN	NUS Line 13. If less than zero, ent	ter -0-) 14.	<u>263</u> .00
15. Income Adjustment (Schedule IN-1	13, Line 35, or 100.0000%)	15100	<u>0.0000</u> %
16. Adjusted Vermont Income Tax (MU	JLTIPLY Line 14 by Line 15)	16.	263_ .00
		_	- 101 444
			Form IN-111
5454	Amount Due	00	Page 1 of 2
フォフォ	(from Line 32)	.00	Rev. 10/25

		r's Last Name								
НО	LIC		400	008045						
	Amount from Line 16	263	.00					* 2 5	1 1 1 1	2 0 0 *
		dit (Schedule IN-117, Line		Vermont Ta	ax Credits (Sched	lule IN-119,	Part II)	Total V	ermont Credits (Add	Lines 17 and 18)
		.00	'		•		,			
20.	Vermont I	ncome Tax after	credits (S	SUBTRACT	Line 19 fro	m Line	16.			
21	If Line 19 Child Care	is greater than Li Contributions for	ne 16, en r Self-Fr	ter -0-) nnloved indiv				. 20		26300
	(can inctm)	ations for coloula	tion)					. 21		32.00
22.	Use Tax fo	or taxable items of taxable items of taxable items onli	n which	no sales tax	Ch(eck to ce	ertify OR			
	(See instru	ea, including onli ictions, workshee	ne purcha t. and cha	ases art)	··· L no	Use Tax	is due.	22.		12000
23.		nont Taxes (ADD	Lines 2	0 through 22)			23		415.00
V	ermont Veterans	Fund Gree	n Up Vermon	t Non	game Wildlife Fur	ıd	Vermont C Trust Fou	Children's Indation	Total	Contributions
24a.	•	00 + 24b		.00 + 24c.		00 +	24d	00	= 24e	.00
25	Total of Ve	ermont Taxes and	Voluntar	v Contributio	one (ADD I	inas 23	and 24a)	25		415 00
23.	Total of Ve	illioni Taxes and	v Orumai	y Commound	ilis (ADD Li	illes 23	anu 24e)	. 23		00
		nont Tax Withhel						.00		
26D		nated Tax payme, and/or payment					600	.00		
26c.	. Refundabl	e Credits (Schedu	ıle IN-11	2, Part II: Ful	l-Year					
264		-Line 13; Part-Y nont Real Estate \(\)			') 26c.		1943	.00		
20u		-171			26d.			.00		
26e.	. 2025 Noni	resident Estimated	l Tax pay	ments (nonre	sident					
	withholdin	ng) allocated on S	chedule I	K-IVT, Line :	30 26e.			.00		
26f.	Total Payr	ments and Credits	(ADD L	ines 26a thro	ough 26e)			26f		2543 .00
27.	Overpaym	ent. If Line 25 is	less than	Line 26f,				27		2128 00
	SUDIKA	CT Line 25 from	Line 20	1				. 27.		00
28a.	. Refund to	be credited to 202	26 Estima	ated Tax Payr	ment28a.		 	.00		
28h	. Refund to	be credited to 202	26 Prope	tv Tax Bill	28b.		500	.00		
			•							
		AMOUNT (SUB is more than Li					27)	29		162800
50.		ctions on tax due						30.		.00
31.	Interest a	nd Penalty on			32.	AMOU	JNT DUE			
		ment of Estimat ksheet IN-152 or			UU (Al	ער Line	es 30 & 31) .	. 32		.00
	or Amended	Original refund received		Refund due now			l payment	0.0	Amount due now	0.0
	eturns Only:	perjury, I declare tha	.00	mined this retur	<u>0.</u>		hodulos and s	.00	and to the best of	.00
		e true, correct and co								
Sigr	nature				Date (MMDDY	YYY)	Date of Birth (MN 050519		Daytime Telep	hone Number
Sign	nature (If a joint re	eturn, BOTH must sign.)			Date (MMDDY	YYY)	Date of Birth (MN		Daytime Telep	none Number
	. ,	- ,			(061819	75		
Paid	d Preparer's Signa	ature					Date (MMDDYY)	YY)	Preparer's Tele	ephone Number
Firm	n's Name (or your	s if self-employed) and ad	dress				Preparer's SSN o	or PTIN	FEIN	
										444
	Г	Check if the De			iscuss		Кеер а сор	y for	Form IN Page 2	
545	54 L		tne prepa	er shown.			your record	ds.	Rev. 10	

	CHILD CARE CONTRIBUTION WORKSHEET							
С	Complete this worksheet if you have self-employment income reported on federal Form 1040, Schedule SE.							
1.	1. Enter the amount from federal Form 1040, Schedule SE, Line 6							
2.	Enter the amount of income reported on Line 1 that was earned for work performed outside of Vermont							
3.	Subtract Line 2 from Line 1							
4.	Multiply Line 3 by 0.11% (0.0011). Enter this amount on Form IN-111, Line 21							

2025 Schedule IN-112

Vermont Tax Adjustments and Credits

Taxpayer's Last Name

Please PRINT in BLUE or BLACK INK

MI

First Name



Taxpayer's Social Security Number

INCLUDE WITH FORM IN-111

\vdash	Taxpayer's Last Name	I list Name	1011		cial Security Number	
H	OLIC	СНОС	A	400008045		
PAR	TI					
	ITIONS TO FEDERAL ADJUSTE	ED GROSS INCOM	 1E			
	Total interest and dividend income					
1.	and local obligations exempt from f					
	(reported on federal Form 1040)	1.		.00		
2.	Interest and dividend income from '	Vermont state				
2	and local obligations included in Li	ne 1		00		
3.	Income from Non-Vermont State ar (SUBTRACT Line 2 from Line 1)	id Local Obligations		2		.00
4	Bonus Depreciation Allowed under					00
••	Federal Law for 2025			.00		
5.	Other (reserved)	5	RESERVED	.00		
6.	Total Additions (ADD Line 3 and 1	Line 4)		6.		00
SUB	TRACTIONS FROM FEDERAL A	ADJUSTED GROS	SINCOME			
7.	Interest Income from U.S. Obligation	ons		.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			00		
11	(Reported on federal Form 1040) Medical Expense Deduction			00		
11.	(see the worksheet in the instruction	ns)		.00		
12.	Retirement Benefits Exempt from T	axation				
	(see the worksheet in the instruction			00		
13.	Military retirement and Survivor Be			0.0		
	from taxation. (see instructions for o	calculations) .13		00		Vermont Public
14	Railroad Retirement income	14		.00	Vermont Build Telecom	Power Supply
17.	Kamoad Kethement meome			VSAC	America Authority	Authority
15.	Bond/note interest income from (see	e to the right) 15.		.00		
16a.	For residents only - Enter the total	student loan interest				
4.0	you paid in 2025 on qualified stude			00		
16b.	For residents only - Enter any stud					
	interest already deducted on federal			00		
16c.	Form 1040, Schedule 1, Line 21 Subtract Line 16b from Line 16a. I	f filing iointly and A	GI is greater than	00		
100.	\$200,000, enter -0 All other filers		or is greater than			
	greater than \$120,000, enter -0			.00		
17.	Other (reserved)	17	RESERVED	.00		
18.	Total Subtractions (ADD Lines 7 tl	nrough 15 and Line	<u>16c)</u>	18		00
NET	MODIFICATIONS TO FEDERAL	ADJUSTED GRO	SS INCOME			
19.	SUBTRACT Line 18 from Line 6	. Enter on Form IN-	111, Line 2			00
545	This can be a negative number			S	of 2 Pey 10/25	
.) 4 .) (12000 1	0+7 Hov 10795	

Taxpayer's Last Name	Social Security Number
HOLIC	400008045



PART II

PAI	XI II				
RE	FUNDABLE CREDITS				
Chi	ld and Dependent Care Cred	it - Resident and Part-Yea	r Resident		
1.	Child and Dependent Care Credi	t (federal Form 2441, Line 11)		1 .	.00
2.	Vermont Child and Dependent C	are Credit (MULTIPLY Line	1 by 72%	(0.72)) 2	.00
Chi	ld Tax Credit - Resident and	Part-Year Resident			
3.	Number of qualifying children				
	List only children who qualify fo	or Child Tax Credit (born 2019	through 202	,	
-	Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth
<u> </u>	HOLIC Qualifying Child #2 - Last Name	MON First Name	E	400558047 Social Security Number	2019 Year of Birth
	addinying office in East Harmo	THOCHAMIO		Coolar Cocarty Hambor	Todi of Birdi
	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 instruc	tions for cre	dit amount if	
	your Adjusted Gross Income from	m Form IN-111, Line 1 is over	\$125,000.		1000.00
Ear	ned Income Tax Credit - Resi	ident and Part-Year Reside	ent		
5.	Number of qualifying children fr	rom federal Schedule EIC		5 .	1
6.	Federal Earned Income Tax Cred			6 .	2482.00
7.	Vermont Earned Income Tax Cre MULTIPLY Line 6 by 38% (0.			m Line 6 7	943.00
Vet	eran Tax Credit - Resident an	d Part-Year Resident			
8.	Enter your AGI from Form IN-1	11, Line 1		8	
9.	If Line 8 is \$25,000 or less, enter			•	
	Otherwise, SUBTRACT \$25,00	U from Line 8			· · · · · · · · · · · · · · · · · · ·
10.	DIVIDE Line 9 by 100, rounding	g down to the nearest whole n	umber	10	
11.	MULTIPLY Line 10 by \$5			11	
12.	If Line 9 is zero, enter \$250. Oth	erwise, enter \$250 MINUS Li	ne 11 .	12	
Ref	undable Tax Credits - Reside	ent and Part-Year Resident	t		
13.	Total Vermont Refundable Tax C Full-Year Residents: Enter t Part-Year Residents: Comp	this amount on Form IN-111, I		13	<u>1943</u> .00
Ref	undable Tax Credits Adjusted				
14.	Enter amount from Schedule IN-	113, Line 14B, Vermont Portion	on of Total	Income 14	.00
	Enter amount from Schedule IN-				.00
16.	Refundable Tax Credits Adjustm MULTIPLY the result by 100)	ent Percentage. (DIVIDE Lin	e 14 by Lin	e 15, then	. %
17.	Total Vermont Refundable Credi	its Adjusted for Part-Year Resi	dents.		
	(MULTIPLY Line 13 by Line 1	16.) Enter this amount on Form	1 IN-111, Li	ne 26c 17	.00

Vermont Department of Taxes

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

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 **SECTION A.** 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	400008045	
Spouse's/CU Partner's Last Name	J Partner's Last Name First Name		MI	Spouse's or CU Partner's Social Security Number	er
HOLIC	MILK		A	400008080	
Mailing Address (Num	nber and Street/Roa	ad 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, s	street/road name. [Do not use a PO Box or "same.")		City/Town of Legal Residence on April 1, 2026 and	
133 STATE STREET				MONTPELIER	V.
ederal ling Status Single	1.//	ied/CU	Marrie		
		g Jointly		Separately Household 1. 405 - 126 - 12001	
. SPAN - REQUIRED (from the	2025/2026 p	roperty tax bill)		· · · · · ·	
1. SPAN - REQUIRED (from the 2.) 2. Business Use of Dwelling	2025/2026 p	roperty tax bill)		1. 405 - 126 - 12001	
. SPAN - REQUIRED (from the 2. Business Use of Dwelling	2025/2026 p	roperty tax bill)	A	A1. 405 - 126 - 12001	-
 SPAN - REQUIRED (from the final distribution). Business Use of Dwelling. Rental Use of Dwelling. Business or Rental Use of Imprare improvements or other build -A8 Special Situations (See instr 	2025/2026 p	roperty tax bill) r Other Buildings. No on your parcel used fo more information). Che	ot inclur busing	A1. 405 - 126 - 12001	-
. SPAN - REQUIRED (from the 2. Business Use of Dwelling	2025/2026 p	r Other Buildings. No on your parcel used fo more information). Che	ot inclured the comestea lle a dec	A1. 405 - 126 - 12001	-

Vermont Department of Taxes Mail to:

PO Box 1881

Montpelier, VT 05601-1881

2026 Form HS-122

Claimant's Last Name	Social Security Number
HOLIC	400008045



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

S	ECTION B.		AX CREDIT CLAIM 0. Complete and attach Schedule HI-144	ļ.
		t meet the requirements for filing a homes ions must be answered.	stead declaration in addition to the foll	owing requirements.
B1.	Were you dom	niciled in Vermont all of calendar year 20	025? ✓ Yes, Go to Line B2.	No, STOP.
	Do you anticip	med as a dependent in 2025 by another to tate selling this Vermont housesite on or , 2026?		No, Go to Line B3. No, Continue
Am	ounts for Lines	B4 through B6 are found on the 2025/	2026 property tax bill. Round amou	ints to the nearest dollar.
B4.	Housesite Valu	ue	B4	350000.00
B5.	Housesite Edu	cation Tax	B5	5100.00
B6.	Housesite Mur	nicipal Tax	Вб	3200.00
B7.	Ownership Int	erest		B7100 .00%
Con	nplete the follow	wing ONLY if applicable from Form LI	RC-147, Part B.	
B9.	For Profit Mob	pile Home Lot Rent (Allocable Rent from	m Form LRC-147) B9. _	.00
Not	-For-Profit Mo	bbile Home Park, Cooperative, and La	and Trust	
B10	.Allocated Edu	cation Tax	B10	.00
B11	.Allocated Mur	nicipal Tax	B11	.00
<u>OR</u>	Property Tax f	rom contiguous property if housesite h	nas less than 2 acres (See instruction	s.)
B12	.Contiguous pro	operty Education Tax	B12	.00
B13	.Contiguous pro	operty Municipal Tax	B13	.00
		MAXIMUM CREDI	T AMOUNT IS \$8,000.	
best		perjury, I declare that I have examined this ge and belief, they are true, correct, and greturns.		
Sigr	nature		Date (MMDDYYYY)	Daytime Telephone Number
Sigr	nature (If a joint return, E	3OTH must sign.)	Date (MMDDYYYY)	Daytime Telephone Number
Paid	Preparer's Signature		Date (MMDDYYYY)	Preparer's Telephone Number
Firm	's Name (or yours if sel	lf-employed) and address	Preparer's SSN or PTIN	FEIN
				2026 Farm US 422

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

Vermont Department of Taxes

2025 Schedule HI-144

Household Income

or BLACK INK



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	А	400008045
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY)
HOLIC	MILK	А	05051978

Please PRINT in BLUE

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	400008048
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

		<u> </u>	
Warning to take In a CALI	1. Claimant /	2. Filing	
Yearly totals of ALL	Claimant and	separately	3. Other
members of the household	jointly filed	Spouse or CU	People
	Spouse	Partner	l cobio
a. Cash public assistance and relief	Opouse	1 artifor	
(See instructions for exclusions)	a00	.00	.00
b. Social Security, SSI, disability, railroad retirement,			
veteran's benefits, taxable and nontaxable	b00	.00	.00
c. Unemployment compensation/worker's compensation	c00	.00	.00
d. Wages, salaries, tips, etc. (See instructions for	•••		
dependent's exempt income.)	1 00	.00	.00
dependent s exempt meome.			
e. Interest and dividends	e00	.00	.00
f. Interest on U.S., state, and municipal obligations,			
taxable and nontaxable	f00	.00	.00
g. Alimony and support money	o00	.00	.00
h. Child support and cash gifts	···		
	n00	.00	8000 .00
Please specify CHILD SUPPORT			
See instructions for offsetting a loss			.00
j. Capital gains, taxable and nontaxable. If the amount is	•••		
a loss, enter -0 See instructions for offsetting a loss	i 00	.00	.00
k. Taxable pensions, annuities, IRA and other retirement	J•		
fund and distributions. See instructions	z 00	.00	.00
I. Rental and royalty income. If the amount is a loss,	•••	••••	
enter -0 See instructions for offsetting a loss	100	.00	.00
m.Farm/partnerships/S corporations/LLC/Estate or Trust	.00		
income. If the amount is a loss, enter -0 See Line m			
	ı00	.00	.00
instructions for only exception to offset a lossn	.00	.00	
n. Other income (See instructions for examples of other	. 00		00
income) Please specify	100	.00	.00
a Total Incomes ADD Lines a through n	42000 00		8000 .00
o. Total Income: ADD Lines a through n	o. <u>42000</u> . 0 0	.00	00.00

Claimant's Last Name	Social Security Number
HOLIC	400008045



Carried forward from Line o	4200000	00	0	800000	
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	1. Claimant / Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	J	3. Other People	
if not included with income tax filing p_{\bullet}	593500	.00	0	.00	
q. Child support paid. You must include proof of payment. See instructions. q.	.00	.00	0	00	
Support paid to: Last Name	First Na	ıme	MI	Social Secur	ity Number
r. Allowable adjustments from federal	Form 1040				
r1. Business expenses for		1	1	1	ı
Reservists r1.	00	.00	0	.00	
r2. Alimony paid r2.r3. Self-employed health	00	.00	0	00	
insurance deduction r3.	00	.00	0	00	
r4. Health Savings Account deduction r4.	00	.00	0	.00	
s. ADD Lines p, q, and total of Lines r1 through r4 for					
each columns.	<u>5935</u> .00	.00	0	.00	
t. SUBTRACT Line s from Line o of each column.					
If a negative amount, enter -0t.	36065.00	.00	0	800000	
u. ADD all three amounts from Line t. Iv. Complete if born Jan. 1, 1961 and after Enter interest and dividend income		nt, enter -0			44065.00
from Lines e and f	00	.00	0	.00	
w. ADD all three amounts from Line v .					v00
x. Asset Adjustment of Interest and Divid	end Income (Lines	s e and f). Per 32	V.S	.A. § 6061E	x. 10000 .00
y. SUBTRACT Line x from Line w. If I	Line x is more than	Line w, enter -0-	٠		y00
z. HOUSEHOLD INCOME. ADD Line	e u and Line y. (E	inter here and on l	Forn	n HS-122, Line B8.)	z. 44065.00
HOMEOWNERS Form HS-122, Homes	stead Declaration A	AND Property Tax	x Cr	edit Claim, must be fi	led each year.

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.

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 Adress: 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

Housesite Municipal Tax:

Ownership Percentage:

Household Income:

Social Security:

Unemployment:

Pensions:

9000

Lottery Winnings:

25000

Vermont Department of Taxes

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

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 **SECTION A.** 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	400008051
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Partner's Social Security Number
STEIN	ANNET	TA		400008090
Mailing Address (Number	and Street/Roa	ad or PO Box)		Claimant's Date of Birth (MMDDYYYY)
33 SPOOKY LANE				10311955
City	State	ZIP Code		
WOODSTOCK	VT	05035		
Location of Homestead (Use a number, street	et/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
ederal o	1.//	ied/CU		ed/CU Head of Household
	25/2026 p		A	A1. 786 - 250 - 10501
1. SPAN - REQUIRED (from the 20 2. Business Use of Dwelling	25/2026 p	property tax bill)		A1. 786 - 250 - 10501
1. SPAN - REQUIRED (from the 20	25/2026 p	oroperty tax bill) r Other Buildings. No		A1. 786 - 250 - 10501 A2 A330 .00 ding the dwelling,
 SPAN - REQUIRED (from the 20 Business Use of Dwelling Rental Use of Dwelling Business or Rental Use of Improvare improvements or other building. 	25/2026 p	r Other Buildings. No l on your parcel used for more information). Check	t inclubusin	A1. 786 - 250 - 10501 A2 A330 .00 ding the dwelling, ess or rented? A4. ✓ Yes following if it applies:
 SPAN - REQUIRED (from the 20 Business Use of Dwelling Rental Use of Dwelling Business or Rental Use of Improvements 	25/2026 p	r Other Buildings. No lon your parcel used for more information). Chec	t inclubusin	A1. 786 - 250 - 10501 A2 A33000 ding the dwelling, ess or rented? A4. ✓ Yes

Vermont Department of Taxes Mail to:

PO Box 1881

Montpelier, VT 05601-1881

2026 Form HS-122

Claimant's Last Name	Social Security Number
STEIN	400008051



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

		2				

S	ECTION B.	PROPERTY TAX For Household Income up to \$115,400.		le HI-144.
		st meet the requirements for filing a homester stions must be answered.	ad declaration in addition to	the following requirements.
	• .	miciled in Vermont all of calendar year 2025	5? ✓ Yes, Go to Lin	e B2. No, STOP.
	Do you antic	timed as a dependent in 2025 by another taxpipate selling this Vermont housesite on or 1, 2026?		No, Go to Line B3. No, Continue
Am	ounts for Line	es B4 through B6 are found on the 2025/202	26 property tax bill. Rou	nd amounts to the nearest dollar.
B4.	Housesite Va	ılue		. B4. 00
B5.	Housesite Ed	lucation Tax		. B5. 00
B6.	Housesite M	unicipal Tax		. B6. 00
B7.	Ownership Ir	nterest		B7100 .00%
Con	nplete the follo	owing ONLY if applicable from Form LRC	-147, Part B.	
B9.	For Profit Mo	obile Home Lot Rent (Allocable Rent from I	Form LRC-147)	. B900
Not	-For-Profit M	Tobile Home Park, Cooperative, and Land	Trust	
B10	.Allocated Ed	ucation Tax		B1000
B11	.Allocated Mu	unicipal Tax		B1100
		from contiguous property if housesite has		
B12	.Contiguous p	property Education Tax		B1200
B13	.Contiguous p	property Municipal Tax		B1300
		MAXIMUM CREDIT A	MOUNT IS \$8,000.	
best		perjury, I declare that I have examined this re dge and belief, they are true, correct, and con ng returns.		
Sigr	nature		Date (MMDDYYYY)	Daytime Telephone Number
Sigr	nature (If a joint return	n, BOTH must sign.)	Date (MMDDYYYY)	Daytime Telephone Number
Paid	d Preparer's Signature	9	Date (MMDDYYYY)	Preparer's Telephone Number
Firm	n's Name (or yours if s	self-employed) and address	Preparer's SSN or F	PTIN FEIN
_	Che	eck if the Department of Taxes may discuss this r	eturn with the preparer show	2026 Form HS-122 n. Page 2 of 2

Vermont Department of Taxes

2025 Schedule HI-144

Household Income

Other Person #1 Last Name

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

Please PRINT in BLUE or BLACK INK



Other Person #1 Social Security Number

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

MI

Claimant's Last Name	First Name	MI	Claimant's Social Security Number
STEIN	FRANK		400008051
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY)
STEIN	ANNETTA		10311955

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.

First Name

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 #2 Last Name	First Name	MI	Other Person #2 Socia	I Security Number
Yearly totals of ALL members of the household	Clai joi	Claimant / mant and ntly filed Spouse	2 . Filing separately Spouse or CU Partner	3. Other People
a. Cash public assistance and relief		phouse	raillei	
(See instructions for exclusions)		.00	00.	.00
b. Social Security, SSI, disability, railroad				
veteran's benefits, taxable and nontaxa	ble b.	50000 .00	00	.00
TT 1	.•	24000 00	0.0	0.0
c. Unemployment compensation/worker's		24000 .00	00	.00
d. Wages, salaries, tips, etc. (See instruction dependent's exempt income.)		00	.00	.00
dependent's exempt income.		00	00	00
e. Interest and dividends	e.	2000 .00	.00	.00
f. Interest on U.S., state, and municipal o	bligations.			
taxable and nontaxable		.00	.00	.00
g. Alimony and support money	g	.00	00.	.00
h. Child support and cash gifts				
Please specify	h	00	00	.00
i. Business income. If the amount is a los		0.0	0.0	0.0
See instructions for offsetting a loss		00	00	.00
j. Capital gains, taxable and nontaxable.		00	00	0.0
a loss, enter -0 See instructions for or	isetting a loss	00	00	.00
k. Taxable pensions, annuities, IRA and of fund and distributions. See instructions		9000 00	.00	.00
l. Rental and royalty income. If the amou				00
enter -0 See instructions for offsetting		.00	.00	.00
m.Farm/partnerships/S corporations/LLC				
income. If the amount is a loss, enter -(
instructions for only exception to offse		.00	.00	.00
n. Other income (See instructions for example)				
income) Please specify LOTTERY		25000 .00	.00	00
			<u> </u>	
o. Total Income: ADD Lines a through	$\mathbf{n} \dots \dots$	10000 .00	.00	.00

Claimant's Last Name	Social Security Number
STEIN	400008051



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-employme 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	Spouse	2. Filing separately Spouse or CU Partner	3. Other People	
if not included with income tax filing p q. Child support paid. You must include		.00	.00	
proof of payment. See instructions. q		.00	.00	
Support paid to: Last Name	First Na	ame MI	Social Secu	ity Number
r. Allowable adjustments from federa	l Form 1040			
r1. Business expenses for Reservists	00	.00	00	
r2. Alimony paid r2r3. Self-employed health	00	00	00	
insurance deduction r3 r4. Health Savings Account		00	00	
deduction	00	.00	00	
Lines r1 through r4 for each columns t. SUBTRACT Line s from Line o	00	.00	00	
of each column. If a negative amount, enter -0t	. 110000 .00	.00	.00	
u. ADD all three amounts from Line tv. Complete if born Jan. 1, 1961 and aftEnter interest and dividend income		nt, enter -0		u11000000
from Lines e and f v	00	.00	00	
w. ADD all three amounts from Line v	·			v00
x. Asset Adjustment of Interest and Div	idend Income (Line	s e and f). Per 32 V	.S.A. § 6061E	x. 10000 .00
y. SUBTRACT Line x from Line w. It	Line x is more than	Line w, enter -0		y00
z. HOUSEHOLD INCOME. ADD Lin	ne u and Line y. (E	Enter here and on Fo	rm HS-122, Line B8.)	z. 110000 .00
HOMEOWNERS Form HS-122, Hom	nestead Declaration	AND Property Tax (Credit Claim, must be f	iled 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.

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:24,000Personal Exemptions:1Use Tax:NoneBond – VSAC:1002025 VT Tax Withheld:0Veteran 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							
	_	_			0	_	

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name	MI Social Security Number	Check if
TOO	TOM	A 400008052	Deceased
Spouse's/CU Partner's Last Name	First Name	MI Social Security Number	Check if .
Mailing Address (Number o	and Street/Deed or DO Boy\	911/Physical Street Address on 13	Deceased
Mailing Address (Number a 244 BARTLETT ST	Ind Street/Road of PO Box)		2/31/2023
City	State ZIP Code or Foreign Postal Code	244 BARTLETT ST Foreign Country	
BERLIN	VT 05602	1 oreign country	
018 12/31/2025 (check	k one)		IONRESIDENT
Standard Deduction Single (\$7,650)	Married/CU Filing Jointly (\$15,300) Married/CU Filing Separately (\$7,6		ualifying Widow(er) 615,300)
Enter Healthcare Coverage Code (See instructions for code options) Check all that apply	AMENDED CANNABIS With Recomputed Federal Return	RECOMPUTED EXTENDED Return	FARMER / FISHERMAN
deduction boxes on federal Form 5. Personal Exemptions: 5a. Enter "1" for yourself if no one can claim you as a dependent 5b. I spous claim you as a dependent	Schedule IN-112, Part I, Line 19). DD Lines 1 and 2) from filing status section above your spouse checked any standard in 1040, page 1. Enter "1" for your jointly filed se or CU partner if no one can aim them as a dependent fee. + 5c. D25 Personal Exemption)	2	23900 .00 7650 .00 d. Total Exemptions DD Lines 5a through 5c) 1 5300 .00
If less than zero, enter -0-)			10950.00
 8. Vermont Income Tax from tax table (If Line 1 is greater than \$150,000, s 9. Net Adjustment to Vermont Tax (Sc 10. Vermont Income Tax with Adjustment Tax (Sc 	see instructions) chedule IN-119, Part I, Line 15)		367.00
If less than zero, enter -0-)		10.	367 .00
,	12. Multiply Line 11 by 5% (0.05) 13. Charital	ble Contribution ion (Enter the lesser 12 or \$1,000)13.	
14. Vermont Income Tax (Line 10 MIN	NUS Line 13. If less than zero, en	ter -0-) 14.	367.00
15. Income Adjustment (Schedule IN-1	13, Line 35, or 100.0000%)	15100.0	0000 %
16. Adjusted Vermont Income Tax (MU	JLTIPLY Line 14 by Line 15)		<u>367</u> .00
 5454	Amount Due (from Line 32)	Pag	n IN-111 ge 1 of 2 ev. 10/25

	Taxpayer	's Last Nam	ne	Socia	al Security	/ Number									
TO				40											
	Amount from Line 16		367	.00							* 2	2 5		1 2	0 0 *
	Other State Cred	dit (Schedul	e IN-117, Line 2	21)		Vermont T	ax Credits (Schedule IN	N-119, Part	II)		Total V	ermont Credit	ts (Add Lin	es 17 and 18)
17.			00	+	18.			0	0	=	19.				00
20.	Vermont Is If Line 19	ncome]	Γax after c	redits ((SUBT	RACT	Line 19	from l	Line 16.	•	20				367 00
21.	Child Care	Contril	butions for	Self-E	mploy	ed indiv	viduals								
22	(see instru	ctions fo	or calculati	ion)							. 21.				.00
<i>22</i> .	Use Tax for was charge (See instru	or taxabl ed. inclu	ie items on iding onlin	ı wnıcn e purcl	no sai nases	les tax	🗸	Check	to certify	OR	22.				.00
23.	Total Vern	nont Ta	xes (ADD	Lines	20 thr	ough 22	2)			Vermont (. 23. Childrer	n's			
	ermont Veterans														ntributions
24a.		00 +	24b		00	+ 24c.		00	+ 24	d		00	= 24e.		.00
25.	Total of Ve	rmont T	Taxes and	Volunta	arv Coi	ntributio	ons (AD)	D Lines	23 and	d 24e)	. 25.				367.00
	2025 Vern 2025 Estin							6a			.00				
200.	from 2024							6b			.00				
26c.	Refundabl	e Credit	s (Schedul	le IN-1	12, Pai	rt II: Fu	ll-Year								
26d.	Residents 2025 Vern						/) 2	юс		250	.00				
	Form RW-	171					2	6d			.00				
26e.	2025 Nonr withholdin)6e			00				
26f.	Total Payn	nents an	d Credits	(ADD]	Lines	26a thr	ough 26	e)			26f.				25000
21.	Overpaym SUBTRA	ent. 11 1 CT Line	e 25 from	less tha Line 2	ın Line 6f	e 201,					. 27.				.00
28a.	Refund to	be credi	ited to 202	6 Estin	nated T	Tax Pay	ment2	28a			.00				
28b.	Refund to	be credi	ited to 202	6 Prope	erty Ta	x Bill .	2	8b			.00				
20	DEELIND	AMOU	NIT (CLIDI	FD A C	гт:	. 10a a	1 20F 1	T :	27)		20				.00
	REFUND If Line 25										. 29.				00
	See instruc	ctions or	n tax due.								. 30.				11700
31.	Interest an Underpay			d 31.			.00		MOUNT Lines 3	_	32				117 .00
	Tax (Worl	ksheet II	N-152 or I		4)			`							
	or Amended eturns Only:	Original re	fund received	.00		d due now		.00	Original payr	ment		.00	Amount due	now	.00
	r penalties of	periury. I	declare that			this retu	rn and acc		na sched	ules and s			and to the b	est of my	
and b	pelief, they are						use returr	n informa	tion for p	urposes o	other t	han p	reparing ref	turns.	
Sign	ature						Date (MI	MDDYYYY)		e of Birth (MI) 7 0 4 1 9		YYY)	Daytime	Telephone	e Number
Sign	ature (If a joint re	turn, BOTH	must sign.)				Date (MI	MDDYYYY)		e of Birth (MI		YYY)	Daytime	Telephone	Number
Doid	Drongran's Ciana	atura							Det	o (MMDDVV)	/VV\		Drong	r'a Talant -	no Number
Paid	Preparer's Signa	ature							Date	e (MMDDYY	11)		Prepare	is ielepno	ne Number
Firm	's Name (or your	s if self-emp	loyed) and addi	ess					Prep	parer's SSN	or PTIN	١	FEIN		
			ok if the Der	1	C 		.P						For	m IN-111	1
		-1 ('h^^	v it tha llar	artmon	TOT LOV	oc may r	22112211		1/		· C		1 01		

2025 Schedule IN-112

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or **BLACK INK**



INCLUDE WITH FORM IN-111

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

100	1011	1 21 1 1	700000		
PART I					
ADDITIONS TO FEDERAL ADJUSTE	D GROSS INCOM	_ IE			
1. Total interest and dividend income f	rom all state				
and local obligations exempt from fe	ederal tax				
(reported on federal Form 1040)			.00		
2. Interest and dividend income from V			0.0		
and local obligations included in Lin	ne I		00		
3. Income from Non-Vermont State and (SUBTRACT Line 2 from Line 1)			3		.00
4. Bonus Depreciation Allowed under			3.		00
Federal Law for 2025	4.		.00		
5. Other (reserved)		RESERVED	.00		
	• 4				0.0
6. Total Additions (ADD Line 3 and I	Line 4)	· · · · · · · · · · · · · · · · · · ·	6		.00
SUBTRACTIONS FROM FEDERAL A	DJUSTED GROS	S INCOME			
7. Interest Income from U.S. Obligation	ns		.00		
8. Capital Gains Exclusion					
(Schedule IN-153, Line 21)			.00		
9. Adjustment for Prior Years' Bonus I	Depreciation 9		00		
10. Taxable Refunds of State and Local (Reported on federal Form 1040)	Income Taxes		00		
11. Medical Expense Deduction			00		
(see the worksheet in the instructions	s)		.00		
12. Retirement Benefits Exempt from Ta	axation				
(see the worksheet in the instruction	s) 12.		.00		
13. Military retirement and Survivor Ber	nefit exempt				
from taxation. (see instructions for c	alculations) .13		.00		Vermont Public
14 D. H 1 D	1.4		00	Vermo	ont Power
14. Railroad Retirement income	14 .		.00 VSAC	Build Teleco America Autho	
15. Bond/note interest income from (see	to the right) 15	100	00 🗸		
16a. For residents only - Enter the total s			00		
you paid in 2025 on qualified studen			.00		
16b. For residents only - Enter any stude	ent loan		-		
interest already deducted on federal					
Form 1040, Schedule 1, Line 21		OI:	.00		
16c. Subtract Line 16b from Line 16a. If \$200,000, enter -0 All other filers,	filing jointly and A	of is greater than			
greater than \$120,000, enter -0	11 AGI 18		.00		
greater than \$120,000, enter -0			00		
17. Other (reserved)	17.	RESERVED	.00		
,			-		
18. Total Subtractions (ADD Lines 7 th	rough 15 and Line	16c)	. 18		100.00
NET MODIFICATIONS TO FEDERAL	ADJUSTED GROS	SS INCOME			
			10		100 00
19. SUBTRACT Line 18 from Line 6. This can be a negative number		111, LIIIe 2	. 19	Schedule IN-11	$\frac{-100}{12}.00$
5454	1.		Page	e 1 of 2, Rev. 10/2	

Taxpayer's Last Name	Social Security Number			
TOO	400008052			



PART II

	X1 II							
RE	FUNDABLE CREDITS							
Chi	ld and Dependent Care Credit - I	Resident and Part-Yea	r Resident					
1.	Child and Dependent Care Credit (fe	deral Form 2441, Line 11))	1	.00			
2.	Vermont Child and Dependent Care	Credit (MULTIPLY Line	e 1 by 72% (0.	.72)) 2	.00			
Chi	ld Tax Credit - Resident and Par	t-Year Resident						
3.	Number of qualifying children List only children who qualify for Ch							
	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 your Adjusted Gross Income from Fo	e 3 by \$1,000). See instruction IN-111, Line 1 is over	tions for credit \$125,000	t amount if 4.	.00			
Ear	ned Income Tax Credit - Resider	nt and Part-Year Resid	ent					
5.	Number of qualifying children from	federal Schedule EIC		5				
6. 7.	taran da antara da a							
Vot	eran Tax Credit - Resident and P		Z amount mom		00			
8.	Enter your AGI from Form IN-111, l			8.	24000			
	If Line 8 is \$25,000 or less, enter -0-	and skip to Line 12.						
	Otherwise, SUBTRACT \$25,000 from	om Line 8	• • • • • • • • • • • • • • • • • • • •					
10.	DIVIDE Line 9 by 100, rounding do	own to the nearest whole n	umber	10				
11.	MULTIPLY Line 10 by \$5			11				
12.	If Line 9 is zero, enter \$250. Otherw.	ise, enter \$250 MINUS Li	ne 11	12	250			
Ref	undable Tax Credits - Resident a	and Part-Year Residen	t					
13.	Total Vermont Refundable Tax Cred Full-Year Residents: Enter this Part-Year Residents: Complete	amount on Form IN-111, 1		13	250.00			
Ref	undable Tax Credits Adjusted fo	r Part-Year Residents						
14.	Enter amount from Schedule IN-113	, Line 14B, Vermont Porti	on of Total Inc	come 14	.00			
	Enter amount from Schedule IN-113				.00			
16.	Refundable Tax Credits Adjustment MULTIPLY the result by 100)				. %			
17.	Total Vermont Refundable Credits A (MULTIPLY Line 13 by Line 16.)	Adjusted for Part-Year Res	idents.					

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:15000Personal Exemptions:1Vermont Tax from Table:69Use Tax:60W-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						
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Please PRINT in BLUE or BLACK INK

			i icase i ixiiv	IT III BEGE OF BEAGIN IN
Taxpayer's Last Name	First Name	MI	Social Security Numb	ber Check if
PAYER	TAX		400008053	Deceased
Spouse's/CU Partner's Last Name	First Name	MI	Social Security Numb	
				Deceased
Mailing Address (Number a	ind Street/Road or PO Box)		-	Address on 12/31/2025
12 HIDEAWAY LANE APT 1 City	State ZIP Code or Foreign		HIDEAWAY LA	ANE Country
BENNINGTON	VT 05201	Postal Code	i oreigii	Country
Vermont School District Code Vermont Resider			— PART-YEAR	
015 12/31/2025 (chec		RESIDENT [RESIDENT	NONRESIDENT
Filing Status and Single Standard Deduction (\$7,650)		larried/CU Filing eparately (\$7,650)	Head of Household (\$11,450)	Qualifying Widow(er) (\$15,300)
Enter Healthcare Coverage Code (See instructions for code options) Check all that apply	AMENDED With R	Recomputed REC	COMPUTED EXT	FARMER / FISHERMAN
1. Federal Adjusted Gross Income (fed	leral Form 1040, Line 1	1a)	1	15000.00
2. Net Modifications to Federal AGI (S	Schedule IN-112, Part I,	, Line 19)	2	.00
3. Federal AGI with Modifications (Al	DD Lines 1 and 2)		3	15000 .00
can claim you as a dependent spous	your spouse checked as m 1040, page 1. Enter "1" for your jointly filed se or CU partner if no one can	ny standard 5c. Enter numl dependents	ber of OTHER claimed on	7650.00 5d. Total Exemptions (ADD Lines 5a through 5c)
	aim them as a dependent +	federal Fo		5d1
5e. MULTIPLY Line 5d by \$5,300 (20	025 Personal Exemption	n)	5e	530000
6. ADD Lines 4 and 5e			6	1295000
7. Vermont Taxable Income (SUBTR) If less than zero, enter -0-)			7.	205000
8. Vermont Income Tax from tax table			8	69.00
(If Line 1 is greater than \$150,000, s				0.0
9. Net Adjustment to Vermont Tax (So			9	.00
10. Vermont Income Tax with Adjustm If less than zero, enter -0-)			10	69.00
11. Tax-Deductible Charitable Contribution (See instructions)	12 . Multiply Line 11 by 5% (0.05)	13. Charitable Cont Deduction (Ente of Line 12 or \$1,		.00
14. Vermont Income Tax (Line 10 MIN	JUS Line 13 If less tha			
15. Income Adjustment (Schedule IN-1				
16. Adjusted Vermont Income Tax (MU	JLTIPLY Line 14 by I	Line 15)	16	69.00
 5454	Amount Due (from Line 32)		.00	Form IN-111 Page 1 of 2 Rev. 10/25

		r's Last Name]					
PA	YER		400	008053						
	Amount from Line 16	69	.00					* 2 5	1 1 1 1	2 0 0 *
		dit (Schedule IN-117, Line 2	1)	Vermont Ta	x Credits (Schedul	e IN-119, Part I	II)	Total V	ermont Credits (Add	d Lines 17 and 18)
		.00								
20.	Vermont I	ncome Tax after ca	redits (§	SUBTRACT	Line 19 fron	1 Line 16.	,			
21	If Line 19	is greater than Lin	e 16, en	ter -0-)				20		<u>69.00</u>
	(can inctm)	e Contributions for ctions for calculati	(20)					21.		.00
22.	Use Tax for	or taxable items on ed, including onlin	which 1	no sales tax	Char	k to cortifu				
	was charge	ed, including onlin	e purcha	ases		se Tax is di	OR ue	22		<u>60.00</u>
	(See man	ictions, worksheet,	and one	11 t)				22		120 00
		mont Taxes (ADD Fund Green	Un Vermon	t Non)		Vermont C	hildren's		Contributions
24a.	•	00 + 24b		.00 + 24c.	00) + 240	d	00	= 24e	00
25.	Total of Ve	ermont Taxes and V	Voluntar	y Contributio	ns (ADD Lir	es 23 and	l 24e)	25		129.00
		nont Tax Withheld nated Tax paymen						.00		
_00		, and/or payment r						.00		
26c.	. Refundabl	e Credits (Schedul	e IN-11	2, Part II: Ful	l-Year					
264	Residents	-Line 13; Part-Ye nont Real Estate W	ar Resid	lents-Line 17) 26c. _		273	.00		
20u		-171			26d.			.00		
26e.	. 2025 Noni	resident Estimated	Tax pay	ments (nonre	sident					
	withholdin	ng) allocated on Sc	hedule I	K-1VT, Line 3	30 26e. _			.00		
26f	Total Payr	nents and Credits (ADD I	ines 26a thro	ugh 26e)		,	26f		388 00
27.	Overpaym	ent. If Line 25 is l	ess thar	ı Line 26f,						
	SUBTRA	CT Line 25 from	Line 26	f				27		<u>259</u> .00
289	Refund to	be credited to 202	6 Fetime	ated Tay Payn	nent 28a			00		
20a	• Refund to	be credited to 202	o Louine	ited Tax Tay I	11011t 20a			.00		
28b	. Refund to	be credited to 202	6 Proper	ty Tax Bill	28b			.00		
20	DEELIND	AMOUNT (SUBT	TD A CT	Lines 28a ar	d 28h from	[ino 27)		20		259 .00
		is more than Lin						<i></i>		00
	See instruc	ctions on tax due.						30		.00
31.		nd Penalty on	J 21			AMOUNT		22		00
		ment of Estimate ksheet IN-152 or I			UU (AD	D Lines 30	0 & 31).	32		.00
F	or Amended	Original refund received		Refund due now		Original payn	nent		Amount due now	
	eturns Only:		.00		.00			.00		.00
		perjury, I declare that le true, correct and con								
	nature				Date (MMDDYY)	(Y) Date	e of Birth (MN	IDDYYYY)	Daytime Telep	
							30419			
Sigr	nature (If a joint re	eturn, BOTH must sign.)			Date (MMDDYY)	Y) Date	e of Birth (MN	IDDYYYY)	Daytime Telep	hone Number
Paid	d Preparer's Signa	ature				Date	e (MMDDYYY	Υ)	Preparer's Tele	ephone Number
Firm	n's Name (or your	s if self-employed) and addr	ess			Pren	parer's SSN c	or PTIN	FEIN	
[""	5 (51) 5001	co cipio, co, and dudi								
		Check if the Dep	artment o	of Taxes mav d	iscuss	Kee	ер а сор	v for	Form IN	
545	₅₄ L	this return with the			-		ir record	•	Page 2	
\cup \pm \setminus	ノュ					you			Rev. 10	JIZO

2025 Schedule IN-112

Vermont Tax Adjustments and Credits

Taxpayer's Last Name

Please PRINT in BLUE or BLACK INK

MI

First Name



Taxpayer's Social Security Number

Page 1 of 2, Rev. 10/25

INCLUDE WITH FORM IN-111

P.	AYER	TAX		40000805	3	
PAR	TI					
ADD	ITIONS TO FEDERAL ADJUST	ED GROSS INCOM	ΛΕ			
1.	Total interest and dividend income and local obligations exempt from (reported on federal Form 1040)	federal tax		00		
2.	Interest and dividend income from and local obligations included in La	Vermont state				
	Income from Non-Vermont State a (SUBTRACT Line 2 from Line 1	nd Local Obligations)				00
	Bonus Depreciation Allowed under Federal Law for 2025					
	Other (reserved)					
6.	Total Additions (ADD Line 3 and	Line 4)	<u></u>	6		00
SUB	TRACTIONS FROM FEDERAL	ADJUSTED GROS	S INCOME			
	Interest Income from U.S. Obligati Capital Gains Exclusion (Schedule IN-153, Line 21)					
0						
9. 10.	Adjustment for Prior Years' Bonus Taxable Refunds of State and Loca (Reported on federal Form 1040).	l Income Taxes				
	Medical Expense Deduction (see the worksheet in the instruction	ns)				
	Retirement Benefits Exempt from (see the worksheet in the instruction	ns) 12.		00.		
13.	Military retirement and Survivor B from taxation. (see instructions for			.00		Vermont Public
14.	Railroad Retirement income	14		00 _{VSAC}	Vermont Build Telecom America Authority	Power Supply Authority
	Bond/note interest income from (see For residents only - Enter the total	l student loan interest	ţ			
16b.	you paid in 2025 on qualified stude For residents only - Enter any studenterest already deducted on federa	dent loan		00		
16c.	Form 1040, Schedule 1, Line 21 Subtract Line 16b from Line 16a. \$200,000, enter -0 All other filer greater than \$120,000, enter -0	If filing jointly and A s, if AGI is				
17.	Other (reserved)					
18.	Total Subtractions (ADD Lines 7 t	hrough 15 and Line	16c)	18		00
NET	MODIFICATIONS TO FEDERAL	L ADJUSTED GRO	SS INCOME			
19.	SUBTRACT Line 18 from Line 6 This can be a negative numb		111, Line 2	19	Schedule IN-112	.00
515	A Hins can be a negative numb	·1.		_	Jones and III IIZ	

Taxpayer's Last Name	Social Security Number				
PAYER	400008053				



PART II

	XI II				
RE	FUNDABLE CREDITS				
Chi	ld and Dependent Care Credit	- Resident and Part-Yea	r Resident		
1.	Child and Dependent Care Credit (federal Form 2441, Line 11))	1.	.00
2.	Vermont Child and Dependent Care	e Credit (MULTIPLY Line	e 1 by 72% (0.	.72)) 2	.00
Chi	ld Tax Credit - Resident and Pa	rt-Year Resident			
3.	Number of qualifying children List only children who qualify for G				
	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 Lin your Adjusted Gross Income from	ne 3 by \$1,000). See instruction in IN-111, Line 1 is over	tions for credi: \$125,000	t amount if 4.	.00
Ear	ned Income Tax Credit - Reside	ent and Part-Year Resid	ent		
5.	Number of qualifying children from	n federal Schedule EIC		5	0
6. 7.	Federal Earned Income Tax Credit. Vermont Earned Income Tax Credit MULTIPLY Line 6 by 38% (0.38)	t. If Line 5 is GREATER th	an zero,		
Vet	eran Tax Credit - Resident and				
8. 9.	Enter your AGI from Form IN-111 If Line 8 is \$25,000 or less, enter -0 Otherwise, SUBTRACT \$25,000 f	, Line 1			
10.	DIVIDE Line 9 by 100, rounding	down to the nearest whole n	umber	10	
11.	MULTIPLY Line 10 by \$5			11	
12.	If Line 9 is zero, enter \$250. Others	wise, enter \$250 MINUS Li	ne 11	12	
Ref	undable Tax Credits - Resident	and Part-Year Residen	t		
13.	Total Vermont Refundable Tax Cre Full-Year Residents: Enter thi Part-Year Residents: Complete	s amount on Form IN-111, l		13	273.00
Ref	undable Tax Credits Adjusted t	for Part-Year Residents			
14.	Enter amount from Schedule IN-11	3, Line 14B, Vermont Porti	on of Total Inc	come 14	.00
	Enter amount from Schedule IN-11 Refundable Tax Credits Adjustmen MULTIPLY the result by 100)	t Percentage. (DIVIDE Lin	e 14 by Line	15, then	
17.	Total Vermont Refundable Credits (MULTIPLY Line 13 by Line 16.	Adjusted for Part-Year Res	idents.		

2025 Form RCC-146

Vermont Renter Credit Claim

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

 *	2	5	1	4	6	1	1	\cap	\cap	*

Claimant's Lost Name		First Name	LAU	Olaimantia Casia	I Canada Nambar					
Claimant's Last Name PAYER	TAX	First Name	MI	400008053	al Security Number					
Spouse's/CU Partner's Last Na		First Name	MI		's Social Security Number					
Spouse 5/CO Faither 5 Last Na	anie	FIISLINAIIIE	IVII	Spouse's or Co Partiler	S Social Security Number					
Mailing Add	Mailing Address (Number and Street/Road or PO Box) Claimant's Date of Birth (MMDDYYYY)									
12 HIDEAWAY LANE		doad of 1 O Box)		03041991						
City	State	ZIP Code			Rental Unit					
BENNINGTON	VT	05201		BENNINGTON	Trontal Offic					
	Physical Address of Rental		Unit	City/Town of Rental Unit	on 12/31/2025 and State					
	HIDEAWAY LA		1	BENNINGTON	l VT					
			·		O					
I — I SINGIA I I		Married/CU H Filing Separately	ead of ousehold	Will you be using Rente to pay Income Tax liabi						
1. SPAN. To find your SPAN	N. please see insti	uctions	1	. 051 - 01	5 - 12111					
To determine eligibility, answer					TN- CTOD V					
2. Were you domiciled in Ver			2. ▼	Yes, Go to Question 3.	No, STOP. You are not eligible.					
3. Were you claimed as a dep	endent by anothe	r taxpayer in 2025?	3. ;	Yes, STOP. You are not eligible.	No, Go to Question 4.					
4. Did you rent in Vermont fo	or six months or n	nore in 2025?	4 7	Yes, Go to	No, STOP. You					
f you are eligible for a Renter C			→ . ▼	Question 5.	∟are not eligible.					
5. Did you share your rental u			ır iointly fi	led snouse? 5	. ∏Yes 🗸 N					
		·	•	•						
6. Was your rent subsidized?					. I res 🔽 N					
6a. If "Yes", how	many months w	as your rent subsidized	d in 2025?	6a	•					
7. Number of months rented i8. Number of Personal Exemption (See the instructions if you	ptions claimed (fr	om Form IN-111, Lin	e 5d)							
9. Did you file a federal incor	me tax return? (S	ee the instructions if y	ou answer	ed "No.") 9	. Yes N					
10. Total Income (from federal 11. 75% of nontaxable Social S		e 9)		10	1500000					
(from federal Form 1040, I		ne 6b. Multiply result	by 0.75)	11	00					
12. Tax-exempt interest (from	federal Form 104	0. Line 2a)		12	00					
13. Add back any negative amount					<u> </u>					
Schedule 1, Lines 3, 4, 5, 6					00					
14. Total (ADD Lines 10 thro		,								
`	9									
Under penalties of perjury, I declar knowledge and belief, they are true										
Signature			Date (MMDDYYYY)	Daytime Telephone Number					
Signature (If a joint return, BOTH must sign	n.)		Date (MMDDYYYY)	Daytime Telephone Number					
Paid Preparer's Signature			Date (MMDDYYYY)	Preparer's Telephone Number					
Firm's Name (or yours if self-employed) and	d address		Prepa	rer'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:12Exemptions:1Subsidized Rent:YesMonths Subsidized:12

2025 Form RCC-146

Vermont Renter Credit Claim

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

*	2	5	1	4	6	1	1	\cap	\cap	*

Claimant's Last Name		First Name	MI		al Security Number
FLAKE	SNOV		С	400008056	
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Partner	r's Social Security Number
Mailing Address (Number a	nd Street/F	Road or PO Roy)		Claimant's Date of	f Birth (MMDDYYYY)
PO BOX 300	ia otroceri	todu di i O Box)		09122002	
City	State	ZIP Code			f Rental Unit
BETHEL	VT	05032		WINDSOR	
	s of Renta		Jnit	City/Town of Rental Unit	
019 11 N RD		A		BETHEL	VT
Federal Single ☐ Married/CU Filing Status		Married/CU Head of Filing Separately		Will you be using Rente to pay Income Tax liabi	
1. SPAN. To find your SPAN, please s	ee inst	ructions	1	063 - 01	.9 - 10054
To determine eligibility, answer questions					
2. Were you domiciled in Vermont all of			\checkmark	Yes, Go to Question 3.	□ No, STOP. You are not eligible.
				Yes, STOP. You	•
3. Were you claimed as a dependent by	anothe	r taxpayer in 2025? 3.	1 1	are not eligible	No, Go to Question 4.
4 D:1	.1			Yes, Go to Question 5.	☐ No, STOP. You
4. Did you rent in Vermont for six mon f you are eligible for a Renter Credit, com			V	Question 5.	□are not eligible.
5. Did you share your rental unit with a			ntly fi	led snouse? 5	Yes No
5. Dia you share your remai aim with a	nother	addit who was not your join	iiiiy ii	rea spouse	
6. Was your rent subsidized?				6	yes
6a. If "Yes", how many mo	nths w	as your rent subsidized in 2	025?	6a	12
7. Number of months rented in 2025					·12
8. Number of Personal Exemptions clai	med (fi	rom Form IN-111, Line 5d)			
(See the instructions if you did not file	le Forn	n IN-111)			11
0 D:1 C1 C1 1:	0 (0			1 (0 1 11)	. ∏Yes ✓ No
9. Did you file a federal income tax retu					
10. Total Income (from federal Form 104		e 9)		10	00
11. 75% of nontaxable Social Security be (from federal Form 1040, Line 6a mi		a 6h Multiply regult by 0	75)	11	. 20000 .00
(Hom lederal Form 1040, Line oa iiii	iius Lii	ic oo. Munipiy result by o.	13)		00
12. Tax-exempt interest (from federal Fo	rm 104	10, Line 2a)		12	.00
13. Add back any negative amounts from					
Schedule 1, Lines 3, 4, 5, 6, and 8a.	(See in	structions)			00
14. Total (ADD Lines 10 through 13) .				14	
Under penalties of perjury, I declare that I have knowledge and belief, they are true, correct, ar					
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			Prepa	rer'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

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 M		Taxpayer's Social Security Number
POOH	WINN	WINNIE T		400008059
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Partner's Social Security Number
Mailing Address (Number a	nd Street/Ro	ad or PO Box)		For Department Use Only
13 MAIN ST				. e. zepa
City	State	ZIP Code		
HARDWICK	VT	05843		
Foreign Country (if not United States)			Email Address	
	winniepooh12@g	gmail	com	

TAX CALCULATION WORKSHEET

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

1. Estimated individual income tax liability1.	4200.00	
2. Previous payments	220000	
3. Amount of tax paid with extension	3.	200000

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

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.
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Taxpayer's Last Name		First Name		Taxpayer's Social Security Number
BALL	VAL	VAL E		400008058
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Partner's Social Security Number
BALL	BOUN	ICE	Ε	400008070
Mailing Address (Number a	and Street/Ro	ad 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	@yah	100.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	500	00
3.	Amount of tax paid with extension		30

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

Vermont Individual Income Estimated Tax Payment Voucher



Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name M		MI	Taxpayer's Social Security Number
TREE	OAK			400008060
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Partner's Social Security Number
TREE	TREE PINE		A	400008061
Mailing Address (Number a	Tax Year			
12 SPRUCE LANE				2026
City	State	ZIP Code or Postal Code		
NORTHFIELD	VT	05663		Amount of
Foreign Country (if	this payment 200.00			

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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	\$
Line 2	Estimated 2026 Vermont Tax: Use 2026 preliminary tax schedules (See instructions)	\$
Line 3	Estimated 2026 Vermont Tax with Adjustments. See instructions for Form IN-111, Line 10	\$
Line 4	Estimated Income Adjustment. See instructions for Form IN-111, Line 15	
Line 5	Adjusted Vermont Tax (Multiply Line 3 by Line 4)5.	\$
Line 5a	Expected 2026 Vermont Tax Withholding5a.	\$
Line 6	2026 Estimated Tax Liability (Line 5 minus Line 5a)6.	\$
Line 7	Quarterly payments due (Divide Line 6 by 4)	\$

Vermont Individual Income Estimated Tax Payment Voucher



Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name		First Name	MI	Taxpayer's Social Security Number
TREE	OAK			400008060
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Partner's Social Security Number
TREE	PINE A		400008061	
Mailing Address (Number and Street/Road or PO Box)				Tax Year
12 SPRUCE LANE				2026
City	State	ZIP Code or Postal Code		
NORTHFIELD	VT	05663		Amount of
Foreign Country (if	this payment300 .00			

5 4 5 4 Form IN-114
Rev.10/25

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Vermont Individual Income Estimated Tax Payment Voucher



Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name MI Taxpayer's Social S		Taxpayer's Social Security Number		
TREE	OAK			400008060	
Spouse's/CU Partner's Last Name		First Name MI Spouse's or CU Partner's Social S		Spouse's or CU Partner's Social Security Number	
TREE	PINE		A	400008061	
Mailing Address (Number a	nd Street/Ro	ad or PO Box)		Tax Year	
12 SPRUCE LANE				2026	
City	State	ZIP Code or Postal Code			
NORTHFIELD	VT	05663		Amount of	
Foreign Country (if not United States)				this payment 400.00	

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Line 6	2026 Estimated Tax Liability (Line 5 minus Line 5a)6.	\$
Line 7	Quarterly payments due (Divide Line 6 by 4)	\$

Vermont Individual Income Estimated Tax Payment Voucher



Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name		MI	Taxpayer's Social Security Number	
TREE	OAK			400008060	
Spouse's/CU Partner's Last Name	First Name MI		MI	Spouse's or CU Partner's Social Security Number	
TREE	PINE		A	400008061	
Mailing Address (Number and Street/Road or PO Box)			Tax Year		
12 SPRUCE LANE				2026	
City	State	ZIP Code or Postal Code			
NORTHFIELD	VT	05663		Amount of	
Foreign Country (if not United States)				this payment300 .00	

5 4 5 4 Form IN-114
Rev.10/25

Pay your income taxes online

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Taxpayer's Worksheet - Keep for your records

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	90% of 2026 Tax Liability (calculated below)	
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Line 5a	Expected 2026 Vermont Tax Withholding5a.	\$
Line 6	2026 Estimated Tax Liability (Line 5 minus Line 5a)6.	\$
Line 7	Quarterly payments due (Divide Line 6 by 4)	\$