Vermont Fiduciary Test Package for Tax Year 201





For 2018 or fiscal YEAR ending: Enter dates in the format: "MMDDYYYY" Name of Estate or Trust FEIN Date of Death Marvin Brooks Estate 033244556 04022017 Title of Fiduciary Name of Fiduciary Tax Year Begin Date Tax Year End Date Lauren Brooks Executrix 01012018 12312018 Mailing Address of Fiduciary (Number and Street/Road or PO Box) 133 State St. State of Domicile at Death and/or Creation of Trust Additional Line for Mailing Address of Fiduciary, if needed Check ONE Bankruptcy Estate **Grantor Trust** x Estate City State ZIP Code Revocable Trust Irrevocable Trust VT 05633-1401 Montpelier Foreign Country (if not United States) For Department Use Only X Check here if this is an EXTENDED return Check here if this is an AMENDED return X Check here if this is your FINAL return Were any distributions reported on Federal Form 1041, Line 18, made to nonresident beneficiaries? . . x Yes No B. Did the estate or trust have non-Vermont municipal board income? If "Yes." see instructions for both Line 2a and FIT-166, Part I..... Yes x No C. x No Yes D. X No Yes Federal taxable income from Form 1041, Line 22, or modified gross income of Check to indicate 1 16000 Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3) . . 2a. 2b. Bonus Depreciation allowed under federal law for 2017..... 2h State and local income taxes included on federal Form 1041, Line 11. (see instructions) 2c 2c 1100 Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.) 3 17100 Interest income from U.S. Obligations..... 4a 1000 Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0-.) 4b 1000 Vermont taxable income (Line 3 minus Line 4d)..... 5 16100 6. 1160 Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c)..... 7. 8 Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8)...... 9. Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%) 10 100

> Form FIT-161 Rev 10/18

Name of Estate or Trust FEIN Marvin Brooks Estate 033244556



| | | | | <u> </u> | 1 1 2 0 0 | |
|------|--|---------|-------------|----------|-----------|--|
| 11. | Adjusted tax (Multiply Line 10 by Line 11) | | | | 1160 | |
| 12. | Other states credit (from Schedule FIT-167, Line 21) | | | 12 | | |
| | Total Vermont taxes (Line 12 minus Line 13) | | | 13 | 1160 | |
| | 14a. Vermont Tax Withheld on 1099 | 14a | | | | |
| | 14b. Estimated Tax or Extension Payments | 14b | 1200 | | | |
| | 14c. Vermont Real Estate Withholding | 14c | | | | |
| | 14d. Nonresident Payments from Form Wh-435 | 14d | | | | |
| | 14e. 2017 Overpayment Applied | 14e | 200 | | | |
| 14f. | Total Payments (Add Lines 15a, 15b, 15c, 15d, and 15e) | | | 14f | 1400 | |
| 15. | 6. Overpayment: If Line 14 is less than Line 15f, subtract Line 14 from Line 15f | | | 15 | 240 | |
| 16. | 6. Amount of overpayment to be credited to 2019 Taxes | | | 16 | 240 | |
| 17. | . Amount of overpayment to be REFUNDED (Line 15 minus Line 16) | | | 17 | | |
| 18. | BALANCE DUE: If Line 14f is less than Line 13, subtract Lin | e 14f f | rom Line 13 | 18 | | |
| | Vermont 2018 Tay Schedule | | | | | |

If Taxable The Vermont of the amount But not over income is over Tax is over

If filing for a Qualified Settlement Fund, tax is 8.95% of taxable income.

File this return no later than the 15th day of the fourth month following the close of the operating or income year. Attach a legible copy of the federal Form 1041, U.S. Income Tax Return for Estates and Trusts, or federal Form 1120-SF for the same taxable period.

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, his/her declaration further provides under 32 V.S.A. §§ 5901-5903 this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

| | | 03012019 | 8028286820 |
|---|--|---------------------------|---|
| Signature of Responsible Officer | | Date (MMDDYY) | Daytime Telephone Number |
| Lauren Brooks | lauren.brooks@gmail.c | com | |
| Printed Name | Email Address (optional) | | |
| Preparer's Signature | | 03012019 Date (MMDDYY) | Check if Self-Employed |
| Penny Lane Preparer's Printed Name | penny.lane@gmail.com Email Address (optional) | 1 | P00099888 Preparer's SSN or PTIN |
| Lane & Lane, LLC 15 State Firm's Name (or yours if self-employed) an | e St. Montpelier, VT 05602 | 066666666 FEIN | 8028282720 Preparer's Telephone Number |
| 5.45.4 | May the Department of Taxes discuss this return with the preparer shown? | x Yes No | Form FIT-161 |

Rev. 10/18



For 2018 or fiscal YEAR ending: Enter dates in the format: "MMDDYYYY" Name of Estate or Trust FEIN Date of Death 012345678 China Town Trust Tax Year Begin Date Name of Fiduciary Title of Fiduciary Tax Year End Date Chin Chow
Mailing Address of Fiduciary (Number and Street/Road or PO Box) Trustee 01012018 12312018 State of Domicile at Death 133 State St. and/or Creation of Trust Additional Line for Mailing Address of Fiduciary, if needed Check ONE Bankruptcy Estate **Grantor Trust** Estate City State ZIP Code Revocable Trust Irrevocable Trust Montpelier VT 05602 Foreign Country (if not United States) For Department Use Only Check here if this is an EXTENDED return Check here if this is an AMENDED return Check here if this is your FINAL return Were any distributions reported on Federal Form 1041, Line 18, made to nonresident beneficiaries? . . χ Yes No Did the estate or trust have non-Vermont municipal board income? If "Yes," see instructions for both B. Yes No C. No Yes D. x No Yes Federal taxable income from Form 1041, Line 22, or modified gross income of Check to indicate 1 20000 Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3) . . 2a. 800 2b. Bonus Depreciation allowed under federal law for 2017..... 2h 500 State and local income taxes included on federal Form 1041, Line 11. (see instructions) 2c 2c 1000 Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.) 3 22300 4a 300 Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0-.) 4b 300 600 Vermont taxable income (Line 3 minus Line 4d)..... 5 21700 1653 Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c)..... 7. 8 200 Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8)...... 1453

57.66

10

Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%)

Name of Estate or Trust FEIN China Town Trust 012345678



| 11. | Adjusted tax (Multiply Line 10 by Line 11) | | 11 | 838 | |
|------|--|---------|-------------|-----|------|
| 12. | Other states credit (from Schedule FIT-167, Line 21) | | | | |
| | Total Vermont taxes (Line 12 minus Line 13) | | | 13 | 838 |
| | 14a. Vermont Tax Withheld on 1099 | 14a | | | |
| | 14b. Estimated Tax or Extension Payments | 14b | 1000 | | |
| | 14c. Vermont Real Estate Withholding | 14c | | | |
| | 14d. Nonresident Payments from Form Wh-435 | 14d | 200 |) | |
| | 14e. 2017 Overpayment Applied | 14e | 450 | 0 | |
| 14f. | Total Payments (Add Lines 15a, 15b, 15c, 15d, and 15e) | | | 14f | 1650 |
| 15. | 5. Overpayment: If Line 14 is less than Line 15f, subtract Line 14 from Line 15f | | | | 812 |
| 16. | 3. Amount of overpayment to be credited to 2019 Taxes | | | | 600 |
| 17. | 7. Amount of overpayment to be REFUNDED (Line 15 minus Line 16) | | | 17 | 212 |
| 18. | BALANCE DUE: If Line 14f is less than Line 13, subtract Lin | e 14f f | rom Line 13 | 18 | |
| | Variation to 2010 Tay Calcadula | | | | |

| Vermont 2018 Tax Schedule | | | | | | | |
|---------------------------|--------------|-----------------------|--------------------|--|--|--|--|
| If Taxable income is over | But not over | The Vermont Tax is | of the amount over | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

If filing for a Qualified Settlement Fund, tax is 8.95% of taxable income.

File this return no later than the 15th day of the fourth month following the close of the operating or income year. Attach a legible copy of the federal Form 1041, U.S. Income Tax Return for Estates and Trusts, or federal Form 1120-SF for the same taxable period.

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, his/her declaration further provides under 32 V.S.A. §§ 5901-5903 this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

| any care percent care alan let ale p | | | and the second s |
|--|--|---------------|--|
| Circular of Francisco (Inc.) | | 03152019 | 8028282720 |
| Signature of Responsible Officer | | Date (MMDDYY) | Daytime Telephone Number |
| Chin Chow | chin.chow@gmail.co | om | |
| Printed Name | Email Address (optional) | | |
| | | 03152019 | |
| Preparer's Signature | | Date (MMDDYY) | Check if Self-Employed |
| Penny Lane Preparer's Printed Name | Email Address (optional) | | P00099888 Preparer's SSN or PTIN |
| Lane & Lane, LLC Firm's Name (or yours if self-employed) and | , , | 066666666 | 8028282720 |
| Firm's Name (or yours if self-employed) and | address | FEIN | Preparer's Telephone Number |
| | May the Department of Taxes discuss this return with the preparer shown? | x Yes No | Form FIT-161 |

Rev. 10/18

Vermont Income Adjustments and Tax Computations for Fiduciaries 2018 Form FIT-166



Attach to Form FIT-161

| Name of Estate or Trust | | FEIN | | Tax Year End Date (MMDDYYYY) |
|--|-----------------------|---------------|-----|------------------------------|
| China Town Trust | | 012345678 | | 12312018 |
| | | | | |
| PART I Taxable Municipal Bond Income | | | | |
| . Total interest and dividend income from all state and loc | al obligations exem | pt from | | |
| federal tax (see Line-by-Line Instructions) | _ | | 1 | 1000 |
| . Interest and dividend income from Vermont state and lo | cal obligations inclu | ded in Line 1 | 2 | |
| | sar obligations inola | | - | 200 |
| INCOME FROM NON-VERMONT STATE AND LOCAL | | | | |
| VERMONT TAXABLE INCOME. (Subtract Line 2 from Enter here and on Form FIT-161, Line 2a | • | , | 3 | 800 |
| | | | | 800 |
| . If all municipal bond income was distributed, check here | · 🔲 | | | |
| | | | | |
| PART II ADDITIONS AND SUBTRACTIONS | то тах | | | |
| . Additions to Vermont Tax | | | | |
| 1a. Tay on lump our distributions | | | | |
| 1a. Tax on lump-sum distributions (from federal Forms 4972 and 5329) | 1a | | | |
| | | | | |
| Recapture of federal investment credit (from federal Form 4255) | 1b | | | |
| | | | | |
| c. Total additions (Add Lines 1a and 1b; then, multiply by 2 Enter here and on Form FIT-161, Line 7 | | | 1c | |
| Enter here and our office the first state of the fi | | | 10 | |
| Subtractions from Vermont tax | | | | |
| 2a. Investment tax credit - Vermont-based only | | | | |
| (from federal Form 3468) | 2a | | | |
| 2b. Multiply Line 2a by 24% | 2b | | | |
| Lo. Montply Line La by L-170 | 20 | | | |
| 2c. Research & Development Credit, | 20 | | | |
| 32 V.S.A. § 5930d | 2c | | 200 | |
| d. Total subtractions from Vermont tax (Add Lines 2b and | , | | | |
| Enter here and on Form FIT-161, Line 8 | | | 2d | 200 |



Name of state(s), Canadian province or

| Name of Estate or Trust | FEIN | Tax Year End Date (MMDDYYYY) |
|-------------------------|-----------|------------------------------|
| China Town Trust | 012345678 | 12312018 |

PART III INCOME ADJUSTMENT CALCULATION

Nonresidents and Part-Year Residents must complete this section.

Dates of Vermont residency in 2018

| Fr | om (MM DD YYYY) | 2000 0. 10 | To (MM DD Y) | | | country during not (use standard 2-cha | n-Verm | ont residency |
|-----|---|-------------------|--------------------------|--------|----------------------|---|--------|-----------------------|
| | | | | | A. Federal Amount \$ | | | B. Vermont Portion \$ |
| 1. | Interest income | | | 1A | 2500 | | 1B | 2500 |
| 2. | Total ordinary divider | nds | | 2A | 1000 | | 2B | 1000 |
| 3 | Business income (or | loss) | ← Check to indicate loss | ЗА | | ← Check to indicate loss | 3B | |
| 4. | Capital gain (or loss) | | X Check to indicate loss | 4A | 3000 | X ← Check to indicate loss | 4B | 3000 |
| 5. | Rents, royalties, parti | | | | | | | |
| | S Corporations, LLCs estates and trusts, et | * | ← Check to indicate loss | 5A | 68000 | ← Check to indicate loss | 5B | 38000 |
| 6. | Farm income (or loss |) | ← Check to indicate loss | 6A | | ← Check to indicate loss | 6B | |
| 7. | Ordinary gain (or loss | 3) | ← Check to indicate loss | 7A | | ← Check to indicate loss | 7B | |
| 8. | Other income (specify | type of income) | _ Check to | | | Check to ← indicate | | |
| | | ···· | ← indicate loss | 8A | 1000 | ← indicate loss | 8B | 1000 |
| 9. | Total income (Add Lii | nes 1 through 8) | ← Check to indicate loss | 9A | 69500 | ← Check to indicate loss | 9B | 39500 |
| 10. | 10. Adjustment percentage. Divide Line 9B by Line 9A. Express as a percentage, with two digits to the | | | | | | | |
| | right of the decimal. | Enter here and or | ı Form FIT-161, L | ine 10 | | | 10 | 57.66 |

Case: FIT-161 and FIT-162



For 2018 or fiscal YEAR ending: Enter dates in the format: "MMDDYYYY" FEIN Name of Estate or Trust Date of Death 03-6699887 **Hubert Mann Trust** Name of Fiduciary Title of Fiduciary Tax Year Begin Date Tax Year End Date Strong Mann

Mailing Address of Fiduciary (Number and Street/Road or PO Box)

133 State St 12312018 Trustee 01012018 State of Domicile at Death

| 133 State St. | and/or Creation of Trust | VT |
|---|---------------------------------|------------------------------|
| Additional Line for Mailing Address of Fiduciary, if needed | Check ONE | Bankruptcy Estate |
| | Estate | Grantor Trust |
| City State ZIP Code Montpelier VT 05602 | Revocable Trust | x Irrevocable Trust |
| Montpelier VT 05602 Foreign Country (if not United States) | For Departme | ont Heo Only |
| Foreign Country (if not Officed States) | For Departing | ent use only |
| | | |
| Check here if this is an EXTENDED return Check here if this is | is an AMENDED return Check here | if this is your FINAL return |
| A. Were any distributions reported on Federal Form 1041, Line 18, made to | nonresident beneficiaries? Yes | ^X No |
| B. Did the estate or trust have non-Vermont municipal board income? If "Yes | | |
| Line 2a and FIT-166, Part I | ·····Yes | x No |
| C. Are any present or future trust beneficiaries skip persons? | ·····Yes | No |
| , p | 1es | x No |
| D. Is this return for a Qualified Settlement Fund (Federal Form 1120-SF)? | ······Yes | x No |
| Federal taxable income from Form 1041, Line 22, or modified gross incon | | |
| Qualified Settlement Fund (from federal Form 1120-SF) | Check to ← indicate 1 | 45000 |
| | loss | 45000 |
| 2a. Income from Non-Vermont state and local obligations (from Schedule FIT | T-166, Part I, Line 3) 2a | |
| 2b. Bonus Depreciation allowed under federal law for 2017 | Ob. | |
| 20. Bollus Depleciation allowed under lederal law for 2017 | 2b | |
| 2c. State and local income taxes included on federal Form 1041, Line 11. (se | ee instructions) 2c | 9000 |
| | Check to | 8000 |
| 3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.) | Check to indicate loss 3 | 53000 |
| 4a. Interest income from U.S. Obligations | 40 | |
| The first moone from 6.6. Obligations | 4a | |
| 4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero | ro, enter -0) 4b | 5000 |
| | | 5000 |
| 4c. Adjustment for prior years' Bonus Depreciation | 4c | |
| 4d. Add Lines 4a, 4b, and 4c | 4d | |
| | | 5000 |
| 5. Vermont taxable income (Line 3 minus Line 4d) | Check to Check to Check to | 48000 |
| | 1055 | 40000 |
| 6. Vermont tax from the tax rate schedule on page 2 of this form | 6 | 3968 |
| 7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c) | 7 | |
| | · | |
| 8. Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 2d) | 8 | |
| O Vermont Toy with Additions and Subtractions (add Lines 6 and 7 there are | htraat Lina 9) | |
| Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then su | obtract Line 8)9 | 3698 |
| 10. Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%) | 10 | 100 |
| , | | 100 |

Name of Estate or Trust FEIN **Hubert Mann Trust** 03-6699887

| 11. | Adjusted tax (Multiply Line 10 by Line 11) | | | 11 | 3968 |
|------|---|-----|------|-----|------|
| 12. | 2. Other states credit (from Schedule FIT-167, Line 21) | | | 12 | |
| | Total Vermont taxes (Line 12 minus Line 13) | | | 13 | 3968 |
| | 14a. Vermont Tax Withheld on 1099 | 14a | | | |
| | 14b. Estimated Tax or Extension Payments | 14b | 200 | 00 | |
| | 14c. Vermont Real Estate Withholding | 14c | 5000 | | |
| | 14d. Nonresident Payments from Form Wh-435 | 14d | | | |
| | 14e. 2017 Overpayment Applied | 14e | | | |
| 14f. | Total Payments (Add Lines 15a, 15b, 15c, 15d, and 15e) | | | 14f | 7000 |
| 15. | 5. Overpayment: If Line 14 is less than Line 15f, subtract Line 14 from Line 15f | | | 15 | 3032 |
| 16. | 6. Amount of overpayment to be credited to 2019 Taxes | | | 16 | 3032 |
| 17. | 7. Amount of overpayment to be REFUNDED (Line 15 minus Line 16) | | | 17 | |
| 18. | 18. BALANCE DUE: If Line 14f is less than Line 13, subtract Line 14f from Line 13 | | | 18 | |

| Vermont 2018 Tax Schedule | | | | | | | |
|---------------------------|--------------|-----------------------|--------------------|--|--|--|--|
| If Taxable income is over | But not over | The Vermont Tax is | of the amount over | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

If filing for a Qualified Settlement Fund, tax is 8.95% of taxable income.

File this return no later than the 15th day of the fourth month following the close of the operating or income year. Attach a legible copy of the federal Form 1041, U.S. Income Tax Return for Estates and Trusts, or federal Form 1120-SF for the same taxable period.

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, his/her declaration further provides under 32 V.S.A. §§ 5901-5903 this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

| daily other person other than for the | proparation of this retain unless a separate valid cor | iociti form to digitica by the ta. | xpayer and retained by the preparet |
|--|--|------------------------------------|---|
| Signature of Responsible Officer | | 04012019 Date (MMDDYY) | 8028280000 Daytime Telephone Number |
| Strong Mann Printed Name | strong.mann@gmail Email Address (optional) | .com | |
| Preparer's Signature | | 04012019 Date (MMDDYY) | Check if Self-Employed |
| Penny Lane Preparer's Printed Name | Email Address (optional) | | P00099888 Preparer's SSN or PTIN |
| Lane & Lane LLC Firm's Name (or yours if self-employed) and | d address | 06-6666666 FEIN | 8028281000 Preparer's Telephone Number |
| | May the Department of Taxes discuss this return with the preparer shown? | x Yes No | Form FIT-161 |

Rev. 10/18

Capital Gains Exclusion Calculation for Estates or Trusts 2018 Form FIT-162



Attach to Form FIT-161

| 2. Enter amount from: 2a. Federal Form 1041, Schedule D, Line 18b(2) | MMDDYYYY) | | | | | | | | |
|---|-----------------------|--|--|--|--|--|--|--|--|
| 1. Enter smaller of Line 18a(2) or 19(2) from federal Form 1041, Schedule D. 1 2. Enter amount from: 2a 2a. Federal Form 1041, Schedule D, Line 18b(2). 2a 2b Federal Form 1041, Schedule D, Line 18c(2). 2b 3. Add Lines 2a and 2b. 3 4. Subtract Line 3 from Line 1. Entry cannot be less than zero. 4 If you filed federal Form 4952, complete Lines 5 through 7 5. Enter amount from: 5a 5b. Federal Form 4952, Line 4g. 5a 5b. Federal Form 4952, Line 4e. 5b 5c. Multiply Line 5a by Line 5b. Enter result here. 5c | | | | | | | | | |
| 1. Enter smaller of Line 18a(2) or 19(2) from federal Form 1041, Schedule D. 1 2. Enter amount from: 2a 2a. Federal Form 1041, Schedule D, Line 18b(2). 2a 2b Federal Form 1041, Schedule D, Line 18c(2). 2b 3. Add Lines 2a and 2b 3 4. Subtract Line 3 from Line 1. Entry cannot be less than zero. 4 If you filed federal Form 4952, complete Lines 5 through 7 5. Enter amount from: 5a 5b. Federal Form 4952, Line 4g 5a 5b. Federal Form 4952, Line 4e 5b 5c. Multiply Line 5a by Line 5b. Enter result here 5c | | | | | | | | | |
| 2. Enter amount from: 2a. Federal Form 1041, Schedule D, Line 18b(2) | PART I Flat Exclusion | | | | | | | | |
| 2a. Federal Form 1041, Schedule D, Line 18b(2) | 8500 | | | | | | | | |
| 2800 2b Federal Form 1041, Schedule D, Line 18c(2) | | | | | | | | | |
| 3. Add Lines 2a and 2b 3 4. Subtract Line 3 from Line 1. Entry cannot be less than zero. 4 If you filed federal Form 4952, complete Lines 5 through 7 5. Enter amount from: 5a 5a. Federal Form 4952, Line 4g 5a 5b. Federal Form 4952, Line 4e 5b 5c. Multiply Line 5a by Line 5b. Enter result here 5c | | | | | | | | | |
| 4. Subtract Line 3 from Line 1. Entry cannot be less than zero. 4 If you filed federal Form 4952, complete Lines 5 through 7 5. Enter amount from: 5a. Federal Form 4952, Line 4g | | | | | | | | | |
| If you filed federal Form 4952, complete Lines 5 through 7 5. Enter amount from: 5a. Federal Form 4952, Line 4g | 2800 | | | | | | | | |
| 5. Enter amount from: 5a. Federal Form 4952, Line 4g | 5700 | | | | | | | | |
| 5a. Federal Form 4952, Line 4g 5a 5b. Federal Form 4952, Line 4e 5b 5c. Multiply Line 5a by Line 5b. Enter result here 5c | | | | | | | | | |
| 5b. Federal Form 4952, Line 4e 5b 5c. Multiply Line 5a by Line 5b. Enter result here 5c | | | | | | | | | |
| 5c. Multiply Line 5a by Line 5b. Enter result here | | | | | | | | | |
| | | | | | | | | | |
| 5d. Federal Form 4952, Line 4b 5d | | | | | | | | | |
| | | | | | | | | | |
| 5e Federal Form 4952, Line 4e | | | | | | | | | |
| 6. Add Lines 5d and 5e. Enter result here | | | | | | | | | |
| 7. Divide Line 5c by Line 6. Enter result here | | | | | | | | | |
| 8. Subtract Line 7 from Line 4. <i>Entry cannot be less than zero.</i> 8 | 35700 | | | | | | | | |
| 9. Enter the smaller of Line 8 or \$5,000 | 5000 | | | | | | | | |

(continued on next page)



| Name of Estate or Trust | FEIN | Tax Year End Date (MMDDYYYY) |
|-------------------------|------------|------------------------------|
| Hubert Mann Trust | 03-6699887 | 12312018 |

PART II Percentage Exclusion

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

| , | | |
|--|-----------|--|
| 10. Enter the amount from Part I, Line 4 | 10 | 35700 |
| 11. Enter amount of adjusted net capital gain from | | |
| the sale of assets held for three years or less | 11 | 700 |
| 12. Assets held for more than three years. Subtract Line 11 | | |
| from Line 10. <i>Entry cannot be less than zero.</i> | 12 | 35000 |
| Enter the amount of net adjusted capital gain from the sale of the | e followi | ing assets held for more than three years. |
| 13a. Real estate or portion of real estate used as a | | |
| primary or nonprimary home | 13a | |
| 13b. Depreciable personal property (except for | | |
| farm property or standing timber) | 13b | |
| 13c. Stocks or bonds publicly traded or traded on an | | |
| exchange or any other financial instruments | 13c | 35000 |
| 14. Add Lines 13a through 13c | 14 | 35000 |
| 15. Subtract Line 14 from Line 12. Enter result here. | | |
| Entry cannot be less than zero. This is the amount | 45 | |
| of net capital gain eligible for exclusion | 15 | 0 |

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

| 16. | Enter amount from Part I, Line 7, or recomputed federal Form 4952 | | |
|-----|--|----|-------|
| 17. | Subtract Line 16 from Line 15. <i>Entry cannot be less than zero.</i> | 17 | |
| 18. | Multiply Line 17 by 40%. Enter result here | 18 | |
| PA | RT III Capital Gain Exclusion | | |
| 19. | Enter the greater of Line 9 or Line 18 | 19 | 5000 |
| 20. | Multiply 45000 x 40%. Enter result here | 20 | 18000 |
| 21 | Enter the smaller of Line 19 or Line 20. This is the capital gain exclusion. | | |
| ۷۱. | Enter on Form FIT-161, Line 4b | 21 | 5000 |

Case: FIT-161 and FIT-16



2018 Form FIT-161

* 1 8 1 6 1 1 1 0 0 *
Enter dates in the format: "MMDDYYYY"

| Name of Estate or Trust Estate of William Broom Name of Fiduciary Name of Fiduciary Name of Fiduciary Title of Fiduciary Tax Year Begin Date Tax Year En |)18 I Date |
|--|---------------|
| Name of Fiduciary Millicent Peters Mailing Address of Fiduciary (Number and Street/Road or PO Box) Tax Year Begin Date Tax Year End T | d Date |
| Milicent Peters Mailing Address of Fiduciary (Number and Street/Road or PO Box) Executrix 01012018 123120 State of Domicile at Death VT | |
| Mailing Address of Fiduciary (Number and Street/Road or PO Box) State of Domicile at Death VT | 8 |
| Mailing Address of Fiduciary (Number and Street/Road or PO Box) State of Domicile at Death VT | |
| V 0 " (T) | |
| | |
| A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | tcy Estate |
| X Estate Granto | - |
| 011 | ble Trust |
| Montpelier VT 05602 | 510 11401 |
| Foreign Country (if not United States) For Department Use Only | |
| | |
| | |
| Check here if this is an EXTENDED return X Check here if this is an AMENDED return Check here if this is your FINA | L return |
| A. Were any distributions reported on Federal Form 1041, Line 18, made to nonresident beneficiaries? x Yes No | |
| A. Were any distributions reported on Federal Form 1041, Line 18, made to nonresident beneficiaries? x Yes No B. Did the estate or trust have non-Vermont municipal board income? If "Yes," see instructions for both | |
| | |
| Line 2a and FIT-166, Part I | |
| C. Are any present or future trust beneficiaries skip persons? Yes x No | |
| TICS A NO | |
| D. Is this return for a Qualified Settlement Fund (Federal Form 1120-SF)? Yes x No | |
| 103 110 | |
| 1. Federal taxable income from Form 1041, Line 22, or modified gross income of | |
| Qualified Settlement Fund (from federal Form 1120-SF) |) |
| 0 | |
| 2a. Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3) 2a | |
| Oh. Danua Danrasiation allowed under federal law for 2017 | |
| 2b. Bonus Depreciation allowed under federal law for 2017 | 0 |
| 2c. State and local income taxes included on federal Form 1041, Line 11. (see instructions) 2c | |
| 2c. State and local income taxes included on federal Form 1041, Line 11. (see instructions) | |
| 3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.) | |
| 3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.) | 0 |
| 4a. Interest income from U.S. Obligations | |
| 4a. Interest income from U.S. Obligations | |
| 4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0) | |
| 45. Suprial Sums Exclusion (nome Suite 111 182, Elito 21. Il 1838 than 2510, Shiel 18.1) | |
| 4c. Adjustment for prior years' Bonus Depreciation | |
| 4c. Adjustment for prior years Bonus Depreciation | 00 |
| 4d. Add Lines 4a, 4b, and 4c | |
| 5 | 00 |
| 5. Vermont taxable income (Line 3 minus Line 4d) | |
| 525 Same taxaste meetine (2me e minae 2me ta). | 00 |
| 6. Vermont tax from the tax rate schedule on page 2 of this form | |
| 436 | 4 |
| 7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c) | |
| | |
| 8. Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 2d) | |
| | |
| 9. Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8) 9 | 2.4 |
| 43 |)4 |
| 10. Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%) | |

Name of Estate or Trust FEIN Estate of William Broom 89-6541237



| 11. | Adjusted tax (Multiply Line 10 by Line 11) | 11 | 4364 | | |
|------|--|---------|-------------|------|------|
| 12. | Other states credit (from Schedule FIT-167, Line 21) | | | 12 | 1527 |
| | Total Vermont taxes (Line 12 minus Line 13) | | | 13 | 2837 |
| | 14a. Vermont Tax Withheld on 1099 | 14a | 1400 | | |
| | 14b. Estimated Tax or Extension Payments | 14b | | | |
| | 14c. Vermont Real Estate Withholding | 14c | | | |
| | 14d. Nonresident Payments from Form Wh-435 | 14d | | | |
| | 14e. 2017 Overpayment Applied | 14e | | | |
| 14f. | Total Payments (Add Lines 15a, 15b, 15c, 15d, and 15e) | | 14f | 1400 | |
| 15. | Overpayment: If Line 14 is less than Line 15f, subtract Line | 15 | | | |
| 16. | Amount of overpayment to be credited to 2019 Taxes | 16 | | | |
| 17. | Amount of overpayment to be REFUNDED (Line 15 minus L | 17 | | | |
| 18. | BALANCE DUE: If Line 14f is less than Line 13, subtract Lin | e 14f f | rom Line 13 | 18 | 1437 |
| | \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | |

Vermont 2018 Tax Schedule If Taxable The Vermont of the amount But not over income is over Tax is over

If filing for a Qualified Settlement Fund, tax is 8.95% of taxable income.

File this return no later than the 15th day of the fourth month following the close of the operating or income year. Attach a legible copy of the federal Form 1041, U.S. Income Tax Return for Estates and Trusts, or federal Form 1120-SF for the same taxable period.

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, his/her declaration further provides under 32 V.S.A. §§ 5901-5903 this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

| Signature of Responsible Officer | | 04022019 Date (MMDDYY) | 8028288000 Daytime Telephone Number |
|---|-------------------------------------|---------------------------|---|
| Milicent Peters | milicent.peters@gm | , | Dayume Telephone Number |
| Printed Name | Email Address (optional) | | |
| | | 04022019 | х |
| Preparer's Signature | | Date (MMDDYY) | Check if Self-Employed |
| Penny Lane | penny.lane@gmail.c | om | P00099888 |
| Preparer's Printed Name | Email Address (optional) | | Preparer's SSN or PTIN |
| Lane & Lane LLC Firm's Name (or yours if self-employed) an | d address | 06-6666666 FEIN | 8028282720 Preparer's Telephone Number |
| | May the Department of Taxes discuss | x Yes No | Form FIT 161 |

Form FIT-161 Rev. 10/18

Name of Estate or Trust

Vermont Credit for Tax Paid to Another State or Canadian Province for Fiduciaries 2018 Form FIT-167



Attach to Form FIT-161

Tax Year End Date (MMDDYYYY)

For Residents and Some Part-Year Residents Only

| Estate of William Broom | | | 89-6541237 | | 12312019 | | | |
|--|---|-------------|------------|----|----------|------|--|--|
| You must complete a separate Schedule FIT-167 for each state or Canadian province and attach a copy of the other state return. See instructions. | | | | | | | | |
| 1. | Name of state or Canadian province. Use standard two-lett | er abbrevia | ation | | | 1 TX | | |
| 2. | Enter total income taxed in another state or Canadian province and also subject to Vermont tax Check to indicate loss | 2 | 40000 | | | | | |
| 3. | 2018 Bonus Depreciation add back taxed in another state or Canadian province AND taxed in Vermont | 3 | | | | | | |
| 4. | Non-Vermont state/local obligations taxed in another state or Canadian province AND taxed in Vermont | 4 | | | | | | |
| 5. | Add Lines 2 through 4. If negative, enter -0 | | | 5 | 40000 | | | |
| 6. | Bonus Depreciation subtracted from income in another state or Canadian province in TY 2018 | 6 | | | | | | |
| 7. | U.S. Government interest income | 7 | | | | | | |
| 8. | Add Lines 6 and 7 | | | 8 | 40000 | | | |
| 9. | Modified total income for income taxed in another state or C taxed in Vermont (Line 5 minus Line 8) | | | 9 | 40000 | | | |
| 10. | Total income (from federal Form 1041, Line 9) Check to ← indicate loss | 10 | 115000 | | | | | |
| 11. | Non-Vermont state/local obligations from FIT-161, Line 2a | 11 | | | | | | |
| 12. | Bonus Depreciation from Form FIT-161, Line 2b | 12 | | | | | | |
| 13. | Add Lines 10 through 12. If negative, enter -0 | | | 13 | 11500 | 00 | | |
| 14. | U.S. Government interest income from FIT-161, Line 4a | 14 | | | | | | |
| 15. | Bonus Depreciation from Form FIT-161, Line 4c | 15 | | | | | | |
| 16. | Add lines 14 and 15 | | | 16 | | | | |

FEIN

115000

17

17. Line 13 minus Line 16.....





| Name of Estate or Trust | FEIN | Tax Year End Date (MMDDYYY) | () |
|--|-----------------------|-----------------------------|----|
| Estate of William Broom | 89-6541237 | 12312019 | |
| | | | |
| 18. Vermont income tax from Form FIT-161, Line 6 | | 18 4364 | |
| Computed tax credit (Divide Line 9 by Line 17 and multiple Result cannot be more than 100% of Vermont tax. | y result by Line 18). | | |
| Line 9 Line 17 x Line 18 | | 19 1527 | |
| 20. Income tax paid to another state or Canadian province ba modified total income from Line 9 above | | 20 1650 | |
| 21. VERMONT CREDIT for income tax paid to another state of | or Canadian province. | | |
| Enter the <i>lesser</i> of Line 19 or Line 20. Also enter on Forr | · | 1527 | |
| Enter the <i>lesser</i> of Line 19 or Line 20. Also enter on Forr | n FIT-161, Line 12 | 1527 | |



For 2018 or fiscal YEAR ending: * 1 8 1 6 1 1 1 0 0 * Enter dates in the format: "MMDDYYYY"

| Name of Estate or Trust | | | | FEIN | | | | Date of Death | |
|--|---|-------------------|-------------------------------------|-------------------------|-------------------|------------|-----------|------------------------------|------|
| | Wonder Woman Trust Name of Fiduciary Title of Fiduciary | | | | 98745 Begin Da | to. | _ | Tax Year End Da | to |
| | Super Man | | Trustee | 01012 | U | ite | | 12312019 | ıc |
| Mailing Address of Fiduciary (Number and Street/Road or PO Box) | | | | | Domicile a | | VT | | |
| А | Additional Line for Mailing Address of Fiduciary | , if ne | eded | Check O | | | | Bankruptcy E Grantor Trus | |
| C | City | State | ZIP Code | | Estate Revocal | ole Trust | | X Irrevocable T | |
| يا | Montpelier | VT | 05602 | | _ | | | | |
| F | Foreign Country (if not United States) | | | | | or Departm | ent Us | se Only | |
| | | | | | | | | | |
| | X Check here if this is an EXTENDED re | turn | Check here if this is an AME | NDED retur | 'n | Check here | if this i | is your FINAL re | turn |
| A. | Were any distributions reported on Federal F | orm 1 | 1041, Line 18, made to nonreside | ent beneficia | ries? | Yes | X | No | |
| B. | Did the estate or trust have non-Vermont mu Line 2a and FIT-166, Part I | | | | | Yes | X | No | |
| C. | Are any present or future trust beneficiaries s | skip pe | ersons? | | [| Yes | X | No | |
| D. | Is this return for a Qualified Settlement Fund | (Fede | eral Form 1120-SF)? | | [| Yes | X | No | |
| 1. | Federal taxable income from Form 1041, Lin Qualified Settlement Fund (from federal Form | e 22, (n 112(| or modified gross income of 0-SF) | X Check indicate loss | to e 1 | | | 3000 | |
| 2a. Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3 | | | | | · · 2a | | | | |
| 2b. | Bonus Depreciation allowed under federal la | w for 2 | 2017 | | · · 2b | | | | |
| 2c. | State and local income taxes included on fed | leral F | Form 1041, Line 11. (see instruct | ions) | 2c | | | | |
| 3. | Federal Taxable Income with Additions (Add | Lines | s 1, 2a, 2b, and 2c.) | X ← Check indicate loss | to a | | | 3000 | |
| 4a. | Interest income from U.S. Obligations | | | | ·· 4a | | | | |
| 4b. | Capital Gains Exclusion (from Schedule FIT- | 162, L | Line 21. If less than zero, enter - | O) | 4b | | | | |
| 4c. | Adjustment for prior years' Bonus Depreciation | on | | | · · 4c | | | | |
| 4d. | Add Lines 4a, 4b, and 4c | | | | · · 4d | | | | |
| 5. | Vermont taxable income (Line 3 minus Line | 4d) | | X Check indicate loss | to e 5 | | | 3000 | |
| 6. | Vermont tax from the tax rate schedule on pa | age 2 | of this form | | 6 | | | | |
| 7. | Additions to Vermont Tax (from Schedule FI | Г-166, | , Part II, Line 1c) | | 7 | | | | |
| 8. | Subtractions from Vermont Tax (From Scheo | lule FI | IT-166, Part II, Line 2d) | | 8 | | | | |
| 9. | Vermont Tax with Additions and Subtractions | s (add | Lines 6 and 7, then subtract Lin | e 8) | 9 | | | | |
| 10. | Income Adjustment (from Schedule FIT-166, | Part I | III, Line 10, or 100%) | | . 10 | | | 100 | |

| ame of Estate or Trust | FEIN | |
|------------------------|-------------|------------------------|
| Vonder Woman Trust | 30-5698745 | |
| | 35 5555. 15 | + 1 0 1 6 1 1 2 |

| | | | 1 0 | 1 0 1 1 2 0 0 |
|------|--|-----|-----|---------------|
| 11. | Adjusted tax (Multiply Line 10 by Line 11) | 11 | 0 | |
| 12. | Other states credit (from Schedule FIT-167, Line 21) | 12 | | |
| | Total Vermont taxes (Line 12 minus Line 13) | | 13 | 0 |
| | 14a. Vermont Tax Withheld on 1099 | 14a | | |
| | 14b. Estimated Tax or Extension Payments | 14b | | |
| | 14c. Vermont Real Estate Withholding | 14c | | |
| | 14d. Nonresident Payments from Form Wh-435 | 14d | | |
| | 14e. 2017 Overpayment Applied | 14e | | |
| 14f. | Total Payments (Add Lines 15a, 15b, 15c, 15d, and 15e) | | 14f | 0 |
| 15. | Overpayment: If Line 14 is less than Line 15f, subtract Line | 15 | 0 | |
| 16. | Amount of overpayment to be credited to 2019 Taxes | 16 | | |
| 17. | Amount of overpayment to be REFUNDED (Line 15 minus L | 17 | | |
| 18. | BALANCE DUE: If Line 14f is less than Line 13, subtract Lin | 18 | 0 | |

| Vermont 2018 Tax Schedule | | | | | |
|---------------------------|--------------|-----------------------|--------------------|--|--|
| If Taxable income is over | But not over | The Vermont Tax is | of the amount over | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

If filing for a Qualified Settlement Fund, tax is 8.95% of taxable income.

File this return no later than the 15th day of the fourth month following the close of the operating or income year. Attach a legible copy of the federal Form 1041, U.S. Income Tax Return for Estates and Trusts, or federal Form 1120-SF for the same taxable period.

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, his/her declaration further provides under 32 V.S.A. §§ 5901-5903 this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

| any care percent care and recarries are pr | | iooni ionii io olgilou oj tilo t | and of an analysis and propare |
|--|--|----------------------------------|---|
| | | 04022019 | 8028282720 |
| Signature of Responsible Officer | | Date (MMDDYY) | Daytime Telephone Number |
| Super Man Printed Name | super.man@gmail.co | om | |
| Preparer's Signature | | 04022019 Date (MMDDYY) | Check if Self-Employed |
| Penny Lane Preparer's Printed Name | penny.lane@gmail.co | om | P00099888 Preparer's SSN or PTIN |
| Lane & Lane LLC Firm's Name (or yours if self-employed) and a | address | 06-6666666 FEIN | 8028288000 Preparer's Telephone Number |
| | May the Department of Taxes discuss this return with the preparer shown? | x Yes No | Form FIT-161 |

Rev. 10/18

Vermont Beneficiary Information for Fiduciaries Schedule K-1VT-F



| For the taxable period beginning, 20 | , and ending _ | , 20_ | · | | | hedule is RI to Form FIT- | | |
|---|------------------------|---------------|----------|------------------------|-------------|---|-----------------|------------|
| Estate or Trust's Name | | | | | Attacii | FEIN | 101 | |
| Wonder Woman Trust | | | | | | | 698745 | |
| | EADED INE | ODMATI | ON DE | OUIDED I | TEMO | 30-0 | 1030743 | |
| Entity Name | EADER INF | ORWATIC | JN - KE | QUIRED I | I EIVIS | FEIN | | |
| • | | | | | | | | |
| OR Individual Last Name (Beneficiary) | F | First Name | | | | MI OR Social S | Security Number | er |
| Address | | Baby | | | | 1234 Recipient Typ | 456789 | |
| 140 Main St. Address, Line 2 (if needed) | | | | | | (I, C, S, L, P, Residency S | X, or T) | 1 |
| O' | | 01.1 | 710.0 | | | VT Res | | esident |
| City | | | ZIP Cod | | | Check here if FINAL return | this is your | |
| Foreign Country (if not United States) | | | 0 | e's or Trust's inc | | o this recipient. the decimal point. | 50.00 | x % |
| | | Place | an "X" i | n the box left | of the line | e number to inc | licate a loss a | moun |
| RMONT RESIDENT BENEFICIARY Beneficiary's share of distributed net income all | ocated to Vern | nont | | € Check to | 4 | | | |
| beneficiary a share of distributed flet moonle an | ocated to vern | | | loss | 1 | | 16000 | |
| Interest / dividends from obligations of other sta | tes | | | | 2 | | 2000 | |
| Interest / dividends from U.S. obligations | | | | | 3 | | 1000 | |
| RMONT NONRESIDENT BENEFICIARY | | | | | | | | |
| 4a. Interest income | | 4a | | | | | | |
| 4b. Dividend Income | | 4b | | | | | | |
| 4c. Business Income | Check to indicate loss | 4c | | | | | | |
| 4d. Capital gain or loss | Check to indicate loss | 4d | | | | | | |
| 4e. Partnership, S Corporation, LLC | Check to indicate loss | 4e | | | | | | |
| 4f. Rent, royalties, estates, trusts | Check to indicate loss | 4f | | | | | | |
| 4g. Farm income | Check to indicate loss | 4g | | | | | | |
| 4h. Other income | Check to indicate loss | 4h | | | | | | |
| Total nonresident income | | | | Check to indicate loss | 4i | | | |
| YMENT INFORMATION | | | | | | | | |
| Total annual nonresident estimated payments a | allocated to this | beneficiary | | | 5 | | 500 | |
| Total annual real estate withholding payments a | allocated to this | s beneficiary | · | | 6 | | | |
| Other payments allocated to this beneficiary | | | | | 7 | | | |

Schedule FIT-K-1VT-F Rev. 10/18

5454

Vermont Beneficiary Information for Fiduciaries Schedule K-1VT-F



| or the taxable period beginning, 20 | , and ending _ | , 20 |) | | | edule is RI Form FIT | | |
|--|------------------------|-----------|--------------|--|---------------|-------------------------|-----------------|--------|
| Estate or Trust's Name | | | | | | FEIN | | |
| Wonder Woman Trust | | | | | | 30-5 | 698745 | |
| н | EADER INF | ORMAT | ION - R | EQUIRED I | TEMS | | | |
| Entity Name | | | | | | FEIN | | |
| PR Individual Last Name (Beneficiary) | F | irst Name | | | N | OR Social S | Security Number | er |
| Address Blue | | Adult | | | | | 789123 | |
| | | , tadit | | | | Recipient Typ | oe | |
| 15 Shorten The Rd. Address, Line 2 (if needed) | | | | | | Residency | | |
| City | | State | ZIP Co | ode | | X Check here it | | reside |
| Websteryille oreign countly (If not United States) | | VT | 05 | 678 | | FINAL return | | Х |
| oreign Country (if not United States) | | | ntage of Est | tate's or Trust's inc age to two places | | • | 50.00 | 0 |
| | | Plac | e an "X" | in the box left | t of the line | number to inc | dicate a loss a | ımoı |
| MONT RESIDENT BENEFICIARY | | | | | | | | |
| Beneficiary's share of distributed net income all | located to Verm | nont | | Check to indicate loss | 1 | | 16000 | |
| Interest / dividends from obligations of other sta | ates | | | | 2 | | 2000 | |
| Interest / dividends from U.S. obligations | | | | | 3 | | | |
| MONT NONDECIDENT DENERICIARY | | | | | | | 1000 | |
| RMONT NONRESIDENT BENEFICIARY 4a. Interest income | | 4a | | | | | | |
| | | ти | | | | | | |
| 4b. Dividend Income | | 4b | | | | | | |
| 4c. Business Income | Check to indicate loss | 4c | | | | | | |
| 4d. Capital gain or loss | Check to indicate loss | 4d | | | | | | |
| 4e. Partnership, S Corporation, LLC | Check to indicate | 4e | | | | | | |
| 4f. Rent, royalties, estates, trusts | Check to | | | | | | | |
| 4f. Rent, royalties, estates, trusts | loss | 4f | | | | | | |
| 4g. Farm income | Check to indicate loss | 4g | | | | | | |
| 4h. Other income | Check to indicate loss | 4h | | | | | | |
| Total nonresident income | | | | ← Check to indicate | 4i | | | |
| MATNIT INFORMATION | | | | loss | | | | |
| 'MENT INFORMATION Total annual nonresident estimated payments a | allocated to this | beneficia | 'nу | | 5 | | | |
| | | | | | | | 500 | |
| Total annual real estate withholding payments a | allocated to this | beneficia | ſ y | | 6 | | | |
| Other payments allocated to this beneficiary | | | | | 7 | | | |



For 2018 or fiscal YEAR ending: * 1 8 1 6 1 1 1 0 0 * Enter dates in the format: "MMDDYYYY"

| ŭ | | | | Enter | dates in the t | ormat: "WINDDY | YYY" |
|--|---|--------------------------|---------------------|---------|----------------|-------------------|------------|
| Name of Estate or Trust | | | FEIN | | | Date of Deat | th |
| Diamond State Trust | | | 50-669 | 9885 | | | |
| Name of Fiduciary | Title | e of Fiduciary | Tax Year Be | | nto | Tax Year End | Dato |
| | | | 010120 | - | ile | | |
| April May | · · | | | | | 1231201 | 8 |
| Mailing Address of Fiduciary (Number and Str 133 State St. | State of Domicile at Death and/or Creation of Trust | | NH | | | | |
| Additional Line for Mailing Address of Fiducian | y, if needed | | Check ONE | | | Bankrup | tcy Estate |
| | | | | Estate | | Grantor | • |
| City | State ZIP Code | | | | ala Trust | X Irrevoca | |
| · | | | | Revocal | ble Trust | irrevoca | bie Trust |
| Montpelier | VT 05 | 5602 | | _ | | | |
| Foreign Country (if not United States) | | | | F | or Departmer | it Use Only | |
| | | | | | | | |
| X Check here if this is an EXTENDED r | eturn Check I | nere if this is an AMENE | DED return | | Check here if | this is your FINA | L return |
| A. Were any distributions reported on Federal | Form 1041. Line 18 | 8. made to nonresident | beneficiarie | es? [| y Voc | No | |
| | | | | | A 163 | INO | |
| B. Did the estate or trust have non-Vermont m Line 2a and FIT-166, Part I | | | | | Voc | NIa | |
| Lille 2a aliu i II-100, Fait I | | | | | Yes | x No | |
| | | | | | | | |
| Are any present or future trust beneficiaries | skip persons? | | | | Yes | x No | |
| | | | | | | | |
| Is this return for a Qualified Settlement Fun | d (Federal Form 11 | 20-SF)? | | | Yes | x No | |
| | | | | | | | |
| 1. Federal taxable income from Form 1041, Li | | • | Check to | | | | |
| Qualified Settlement Fund (from federal For | m 1120-SF) | | Check to indicate | 1 | | 3500 | n |
| | | | 1000 | | | 3300 | 0 |
| 2a. Income from Non-Vermont state and local | obligations (from S | chedule FIT-166, Part I, | , Line 3) | 2a | | | |
| | | | | | | | |
| 2b. Bonus Depreciation allowed under federal I | aw for 2017 | | | 2b | | | |
| | | | | | | | |
| 2c. State and local income taxes included on fe | deral Form 1041. L | ine 11. (see instruction | s) | 2c | | | |
| | , | | -, | 20 | | 230 | 0 |
| 3. Federal Taxable Income with Additions (Ad | dlings 1 2a 2h a | nd 2c) | ← Check to indicate | 0 | | | |
| 5. I ederal raxable income with Additions (Ad | u Lilies 1, 2a, 2b, a | iiid 20.) | loss | 3 | | 3730 | 0 |
| 4 14 17 18 18 18 18 | | | | | | | |
| 4a. Interest income from U.S. Obligations | | | | 4a | | | |
| | | | | | | | |
| 4b. Capital Gains Exclusion (from Schedule FIT | -162, Line 21. If le | ss than zero, enter -0) | | 4b | | 140 | nn |
| | | | | | | 140 | 00 |
| 4c. Adjustment for prior years' Bonus Deprecia | tion | | | 4c | | | |
| | | | | | | | |
| 4d. Add Lines 4a, 4b, and 4c | | | | 4d | | | |
| | | | | | | | |
| 5. Vermont taxable income (Line 3 minus Line | 4d) | | Check to | _ | | | |
| o. Vermont taxable moonte (Eme o minas Eme | τα) | | ← indicate loss | 5 | | 233 | 00 |
| C Varmant toy from the tay rate cohedule on a | and 2 of this form | | | _ | | | |
| Vermont tax from the tax rate schedule on p | bage 2 of this form. | | | 6 | | 179 | 4 |
| | | | | | | | - |
| Additions to Vermont Tax (from Schedule F | IT-166, Part II, Line | e 1c) | | 7 | | | |
| | | | | | | | |
| 8. Subtractions from Vermont Tax (From Sche | dule FIT-166, Part | II, Line 2d) | | 8 | | | |
| | | | | | | | |
| 9. Vermont Tax with Additions and Subtraction | ns (add Lines 6 and | 7, then subtract Line 8 | 3) | 9 | | | |
| | , | , | <i>'</i> | J | | 179 |)4 |
| 10. Income Adjustment (from Schedule FIT-166 | Part III Tine 10 / | or 100%) | | 40 | | 400 | |
| 10. Insome Adjustment (nom conclude FTF-100 | ,, . a.t, EC 10, t | J. 100/0j | | 10 | | 100 | |

Name of Estate or Trust FEIN 50-6699885 **Diamond State Trust**



| 11. | Adjusted tax (Multiply Line 10 by Line 11) | 11 | 1794 | | |
|------------|--|---------|-------------|-----|------|
| 12. | Other states credit (from Schedule FIT-167, Line 21) | | | | |
| 13. 14. | Total Vermont taxes (Line 12 minus Line 13) | | | 13 | |
| | 14a. Vermont Tax Withheld on 1099 | 14a | | | |
| | 14b. Estimated Tax or Extension Payments | 14b | 2000 | | |
| | 14c. Vermont Real Estate Withholding | 14c | | | |
| | 14d. Nonresident Payments from Form Wh-435 | 14d | | | |
| | 14e. 2017 Overpayment Applied | 14e | | | |
| 14f. | Total Payments (Add Lines 15a, 15b, 15c, 15d, and 15e) | | | 14f | 2000 |
| 15. | 5. Overpayment: If Line 14 is less than Line 15f, subtract Line 14 from Line 15f | | | 15 | 206 |
| 16. | 6. Amount of overpayment to be credited to 2019 Taxes | | | 16 | |
| 17. | 7. Amount of overpayment to be REFUNDED (Line 15 minus Line 16) | | | 17 | 206 |
| 18. | BALANCE DUE: If Line 14f is less than Line 13, subtract Lin | e 14f 1 | rom Line 13 | 18 | |
| | Vermont 2018 Tay Schedule | | | | |

| Vermont 2018 Tax Schedule | | | | | |
|---------------------------|--------------|-----------------------|--------------------|--|--|
| If Taxable income is over | But not over | The Vermont Tax is | of the amount over | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

If filing for a Qualified Settlement Fund, tax is 8.95% of taxable income.

File this return no later than the 15th day of the fourth month following the close of the operating or income year. Attach a legible copy of the federal Form 1041, U.S. Income Tax Return for Estates and Trusts, or federal Form 1120-SF for the same taxable period.

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, his/her declaration further provides under 32 V.S.A. §§ 5901-5903 this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

| any care percent care aran ter are pr | oparation of the rotating announced a coparation rains con- | isom form to digitou by the to | mpayer and returned by the propar |
|--|--|--------------------------------|---|
| Signature of Responsible Officer | | 06302019 Date (MMDDYY) | 8028288000 Daytime Telephone Number |
| April May Printed Name | april.may@gmail.con Email Address (optional) | n | |
| Preparer's Signature | | 06302019 Date (MMDDYY) | Check if Self-Employed |
| Penny Lane Preparer's Printed Name | penny.lane@gmail.co | om | P00099888 Preparer's SSN or PTIN |
| Lane & Lane LLC Firm's Name (or yours if self-employed) and | address | 06-6666666 FEIN | 8028282720 Preparer's Telephone Number |
| | May the Department of Taxes discuss this return with the preparer shown? | Yes x No | Form FIT-161 |

Rev. 10/18

Capital Gains Exclusion Calculation for Estates or Trusts 2018 Form FIT-162



Attach to Form FIT-161

| ١ | lame of Estate or Trust | FEIN | Ta | ax Year End Date (MMDDYYYY) | | |
|------|---|---------------|----|-----------------------------|--|--|
| | Diamond State Trust | 50-6699885 | • | 12312018 | | |
| P# | ART I Flat Exclusion | | | | | |
| 1. | Enter smaller of Line 18a(2) or 19(2) from federal Form 104 | 1, Schedule D | 1 | 135000 | | |
| 2. | Enter amount from: | | | | | |
| | 2a. Federal Form 1041, Schedule D, Line 18b(2) | 2a | | | | |
| | 2b Federal Form 1041, Schedule D, Line 18c(2) | 2b | | | | |
| 3. | Add Lines 2a and 2b | | 3 | 0 | | |
| 4. | Subtract Line 3 from Line 1. Entry cannot be less than ze | ro | 4 | 135000 | | |
| If y | If you filed federal Form 4952, complete Lines 5 through 7 | | | | | |
| 5. | Enter amount from: | | | | | |
| | 5a. Federal Form 4952, Line 4g | 5a | | | | |
| | 5b. Federal Form 4952, Line 4e | 5b | | | | |
| | 5c. Multiply Line 5a by Line 5b. Enter result here | | 5c | 0 | | |
| | 5d. Federal Form 4952, Line 4b | 5d | | | | |
| | 5e Federal Form 4952, Line 4e | 5e | | | | |
| 6. | Add Lines 5d and 5e. Enter result here | | 6 | 0 | | |
| 7. | Divide Line 5c by Line 6. Enter result here | | 7 | | | |
| 8. | Subtract Line 7 from Line 4. Entry cannot be less than ze | ro | 8 | 135000 | | |
| 9. | Enter the smaller of Line 8 or \$5,000 | | 9 | 5000 | | |

(continued on next page)



| EIN | ax Year End Date (MMDDYYYY) |
|------------|-----------------------------|
| 50-6699885 | 12312018 |
| | |

PART II Percentage Exclusion

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

| 10. Enter the amount from Part I, Line 4 | 135000 |
|--|---|
| 11. Enter amount of adjusted net capital gain from the sale of assets held for three years or less | . 11 |
| 12. Assets held for more than three years. Subtract Line 11 from Line 10. <i>Entry cannot be less than zero.</i> | . 12 135000 |
| Enter the amount of net adjusted capital gain from the sale of the | ne following assets held for more than three years. |
| 13a. Real estate or portion of real estate used as a primary or nonprimary home | . 13a |
| 13b. Depreciable personal property (except for | |
| farm property or standing timber) | . 13b |
| 13c. Stocks or bonds publicly traded or traded on an | |
| exchange or any other financial instruments | . 13c 90000 |
| 14. Add Lines 13a through 13c | 90000 |
| 15. Subtract Line 14 from Line 12. Enter result here. | |
| Entry cannot be less than zero. This is the amount of net capital gain eligible for exclusion. | . 15 45000 |

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

| federal Form 4952 | | |
|---|----|-------|
| 17. Subtract Line 16 from Line 15. <i>Entry cannot be less than zero.</i> | 17 | |
| 18. Multiply Line 17 by 40%. Enter result here | 18 | 18000 |
| PART III Capital Gain Exclusion | | |
| 19. Enter the greater of Line 9 or Line 18 | 19 | 18000 |
| 20. Multiply x 40%. Enter result here Federal Taxable Income from Form FIT-161, Line 1 | 20 | 14000 |
| 21. Enter the smaller of Line 19 or Line 20. This is the capital gain exclusion. | | |
| Enter on Form FIT-161, Line 4b | 21 | 14000 |

Vermont Beneficiary Information for Fiduciaries Schedule K-1VT-F



| For the taxable period beginning, 20 | , and ending | | , 20 | | | | | dule is REQUIRE Form FIT-161 | D |
|---|------------------------|---------|-----------------|----------|------------------------|-----------|-------|--|-------------|
| Estate or Trust's Name | | | | | | | | FEIN | |
| Diamond State Trust | | | | | | | | 50-6699885 | |
| н | EADER IN | IFOR | MATION - | REQ | UIRED I | ГЕМЅ | | | |
| Entity Name | | | | | | | | FEIN | |
| | | | | | | | | | |
| OR Individual Last Name (Beneficiary) | | First | Name | | | | MI | OR Social Security Nu | ımber |
| May | | Ар | ril | | | | | 00000000 | |
| Address | | | | | | | | 00999999999999999999999999999999999999 | |
| 133 State St. Address, Line 2 (if needed) | | | | | | | | (I, C, S, L, P, X, or T) Residency Status | 1 |
| Address, Line 2 (ii fleeded) | | | | | | | | VT Resident | Nonresident |
| City | | | State ZIP | Code | | | | X | Nonicaldent |
| Manchester | | | NH 0 | 3013 | 2-1401 | | | Check here if this is your FINAL return | |
| Foreign Country (if not United States) | | | Percentage of E | Estate's | or Trust's inc | | | | |
| | | | Calculate perce | | · | Ū | | , | |
| ERMONT RESIDENT BENEFICIARY | | | Place an ") | | | of the li | ne ni | umber to indicate a lo | ss amour |
| . Beneficiary's share of distributed net income al | located to Ve | ermont | | | Check to indicate loss | 1 | | | |
| 2. Interest / dividends from obligations of other sta | ates | | | | | 2 | | | |
| Deterant / dividende from LLC obligations | | | | | | | | | |
| Interest / dividends from U.S. obligations | | | | | | 3 | | | |
| /ERMONT NONRESIDENT BENEFICIARY | | | | | | | | | |
| 4a. Interest income | | 4a | | | | | | | |
| 4b. Dividend Income | | 4b | | | | | | | |
| 4c. Business Income | Check to indicate loss | 4c | | | | | | | |
| 4d. Capital gain or loss | Check to indicate loss | 4d | | | | | | | |
| 4e. Partnership, S Corporation, LLC | Check to indicate loss | 4e | | | | | | | |
| 4f. Rent, royalties, estates, trusts | Check to indicate loss | 4f | | | 12000 |) | | | |
| 4g. Farm income | Check to indicate loss | 4g | | | | | | | |
| 4h. Other income | Check to indicate loss | 4h | | | | | | | |
| i. Total nonresident income | | | | | Check to indicate loss | 4i | | 1200 | 0 |
| PAYMENT INFORMATION | | | | | | | | | |
| 5. Total annual nonresident estimated payments a | allocated to the | nis bei | neficiary | | | 5 | | | |
| Total annual real estate withholding payments allocated to this beneficiary | | | | | | 6 | | 1200 | |
| 7. Other payments allocated to this beneficiary | | | | | | 7 | | | |

Case : FIT-161, FIT-162, FIT-166 and FIT-16

For 2018 or fiscal YEAR ending:



| B. Did the estate or trust have non-Vermont municipal board income? If "Yes," see instructions for both Line 2a and FIT-166, Part I | | | | | | | iiiei ud | ites iii tiie | Homiat. WiWiDDTTTT | |
|--|-----|--|----------------|--------------------------------|----------------|-----------------------------|--|---------------|----------------------------|-----|
| Name of Fiduciary Title of Fiduciary Tax Year Begin Date Tax Year End Date Tyrtee (1912018 1232018 1232018) Mailing Address of Fiduciary (Number and Street/Road or PO Box) State of Domoile at Doath and Cornel of Trust 100 Church St. Additional Line for Mailing Address of Fiduciary, if needed Check ONE Estate Additional Line for Mailing Address of Fiduciary, if needed Check ONE Estate Additional Line for Mailing Address of Fiduciary, if needed Check ONE Estate Additional Line for Mailing Address of Fiduciary, if needed Check ONE Estate Additional Line for Mailing Address of Fiduciary, if needed Check ONE Estate Additional Line for Mailing Address of Fiduciary, if needed Check ONE Estate Additional Line for Mailing Address of Fiduciary, if needed Check ONE Estate Additional Line for Mailing Address of Fiduciary, if needed Check ONE Estate Additional Line (Part Additional Line) Check here if this is an EXTENDED return Check here if this is your FINAL return A. Were any distributions reported on Federal Form 1041, Line 18, made to nonresident beneficiaries? Yes X No Dies and the estate or trust have non-Vermont municipal board income? If "Yes," see instructions for both X Yes No Line 2a and Ti-166, Part I, Line 21, Check Income of Check here if this is an AMENDED return Check here if this is your FINAL return A. Were any present or future trust beneficiaries skip persons? Yes X No Line state or trust have non-Vermont municipal board income? If "Yes," see instructions for both X Yes No Line state or trust have non-Vermont municipal board income? If "Yes," see instructions for both X Yes X No Line state or trust have non-Vermont municipal board income? If "Yes," see instructions for both X Yes X No Line state or trust have non-Vermont form 1041, Line 22, or modified gross income of Chack Income from Income from Toth (Form 1120-SF) Yes X No Line state or trust have non-Vermont form 1041, Line 20, 20, 20, 20, 20, 20, 20, 20, 20, 20, | N | lame of Estate or Trust | | | FEIN | | | | Date of Death | |
| Name of Fiduciary Title of Fiduciary Tax Year Begin Date Tax Year End Date Tax Y | | Mickey Mouse Trust | | | 77-7 | 79206 | 323 | | | |
| Malling Address of Fiduciary (Number and Street/Road or PO Box) 100 C Nurch St. Additional Line for Mailing Address of Fiduciary, if needed City State ZIP Code Burlington Foreign Country (if not United States) Check here if this is an EXTENDED return Check here if this is your FINAL return A. Were any distributions reported on Federal Form 1041, Line 18, made to nonresident beneficiaries? yes X No D. In eastate or trust have non-Vermont municipal board income? If 'Yes,' see instructions for both Line 2a and FIT-166, Part I, Line 21, Yes X No D. Is this return for a Qualified Settlement Fund (Federal Form 1120-SF)? Yes X No Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3), 2a 5600 Sonus Depreciation allowed under federal law for 2017. 2b Contained Settlement Fund (from federal Form 1041, Line 11, (see instructions)), 2c 2e | N | lame of Fiduciary | | Title of Fiduciary | | | |) | Tax Year End Date | 9 |
| Malling Address of Fiduciary (Number and Street/Road or PO Box) 100 C Nurch St. Additional Line for Mailing Address of Fiduciary, if needed City State ZIP Code Burlington Foreign Country (if not United States) Check here if this is an EXTENDED return Check here if this is your FINAL return A. Were any distributions reported on Federal Form 1041, Line 18, made to nonresident beneficiaries? yes X No D. In eastate or trust have non-Vermont municipal board income? If 'Yes,' see instructions for both Line 2a and FIT-166, Part I, Line 21, Yes X No D. Is this return for a Qualified Settlement Fund (Federal Form 1120-SF)? Yes X No Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3), 2a 5600 Sonus Depreciation allowed under federal law for 2017. 2b Contained Settlement Fund (from federal Form 1041, Line 11, (see instructions)), 2c 2e | | Pluto Dog | | Trustee | | | _ | | 12312018 | |
| 100 Church St. Additional Line for Mailing Address of Fiduciary, if needed City State ZIP Code Estate Revocable Trust Check ONE Estate Revocable Trust X Invocable Trust X Inv | • | | | | | | 01012018 State of Demisile at Death | | | |
| Additional Line for Mailing Address of Fiduciary, if needed City Burlington Foreign Country (if not United States) Check here if this is an EXTENDED return Check here if this is your FINAL r | | | | , | | | | | V I | |
| City State ZIP Code Revocable Trust X irroccable Trust X irroccable Trust X irroccable Trust X irroccable Trust Department Use Only Check here if this is an EXTENDED return Check here if this is an AMENDED return Check here if this is your FINAL return A Were any distributions reported on Federal Form 1041, Line 18, made to nonresident beneficiaries? Yes X No Did the estate or trust have non-Vermont municipal board income? If Yes, see instructions for both Line 2a and FIT-166, Part I. A rea any present or future trust beneficiaries skip persons? Yes X No D. Is this return for a Qualified Settlement Fund (Federal Form 1120-SF)? Yes X No D. Is this return for a Qualified Settlement Fund (Federal Form 1120-SF)? Yes X No D. Is this return for a Qualified Settlement Fund (Form Schedule FIT-166, Part I, Line 3). 2a 5600 D. Is now be preciation allowed under federal law for 2017. 2b Bonus Depreciation allowed under federal Form 1041, Line 11, (see instructions). 2c 2900 State and local income taxes included on federal Form 1041, Line 11, (see instructions). 2c 2900 Interest income from U.S. Obligations. 4a Interest income from U.S. Obligations. 4a Capital Gains Exclusion (from Schedule FIT-162, Line 21, If less than zero, enter -0) 4b 5000 Add Lines 4a, 4b, and 4c. 4d 5000 Capital Gains Exclusion (Line 3 minus Line 4d). 6d Capital Gains Exclusion from Schedule FIT-166, Part II, Line 1c). 7 Add Lines 4a, 4b, and 4c. 6d 13252 Additions to Vermont Tax (from Schedule FIT-166, Part III, Line 1c). 7 Substructions from Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8). 9 12052 | Δ | | v. if neede | ed | | Check ONE Rankruntcy Estate | | | | |
| City | | 9 | , | | | Danita upto y Lotato | | | | |
| Burlington Foreign Country (if not United States) Check here if this is an EXTENDED return Check here if this is your FINAL return A. Were any distributions reported on Federal Form 1041, Line 18, made to nonresident beneficiaries? Yes X No Did the estate or trust have non-Vermont municipal board income? If 'Yes,' see instructions for both Line 2a and FIT-166, Part I. Yes X No C. Are any present or future trust beneficiaries skip persons? Yes X No D. Is this return for a Qualified Settlement Fund (Federal Form 1120-SF)? Yes X No 1. Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF). 2a. Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3). 2a. Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3). 2b. Bonus Depreciation allowed under federal law for 2017. 2c. State and local income taxes included on federal Form 1041, Line 11. (see instructions). 2c 29900 3. Federal Taxable income with Additions (Add Lines 1, 2a, 2b, and 2c.) 4c. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0-) 4d. Add Lines 4a, 4b, and 4c. 4d. 5000 4d. Add Lines 4a, 4b, and 4c. 4d. 5000 5. Vermont taxable income (Line 3 minus Line 4d). 4d. Add Lines 4a, 4b, and 4c. 4d. 5000 4d. Add Lines 4a, 4b, and 4c. 4d. 5000 5. Vermont taxable income (Line 3 minus Line 4d). 4d. 5000 5. Vermont taxable income (Line 3 minus Line 4d). 4d. 5000 5. Vermont taxable income (Line 3 minus Line 4d). 5. Vermont Tax (from Schedule FIT-166, Part II, Line 1c). 7 8. Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 1c). 9 10 Juncere Additions and Subtractions (add Lines 6 and 7, then subtract Line 8). 9 10 Juncere Additions and Subtractions (add Lines 6 and 7, then subtract Line 8). 9 10 Juncere Add | (| City | State 7 | IP Code | | | | Truct | | ıct |
| Check here if this is an EXTENDED return Check here if this is an AMENDED return Check here if this is your FINAL return PYes X No X Yes No Local Person Yes X No 150000 Local Final Settlement Fund (from Form 1041, Line 120-SF)? Yes X No Local Final Settlement Fund (from Form 1120-SF)? Yes X No Local Final Settlement Fund (from Form 1120-SF)? Yes X No Local Final Settlement Fund (from Form 1120-SF)? Yes X No Local Final Settlement Fund (from Form 1120-SF)? Yes X No Local Final Settlement Fund (from Form 1120-SF)? Yes X No Local Final Settlement Fund (from Form Form 1041, Line 1120-SF)? Zetlement Fund (from Setlement Fund (from Setl | | • | | | | 10 | evocable | ilust | A illevocable fit | 131 |
| Check here if this is an EXTENDED return Check here if this is an AMENDED return Check here if this is an AMENDED return Check here if this is your FINAL return A. Were any distributions reported on Federal Form 1041, Line 18, made to nonresident beneficiaries? Did the estate or trust have non-Vermont municipal board income? If "Yes," see instructions for both Line 2a and FIT-166, Part I. X. Yes No Are any present or future trust beneficiaries skip persons? Are any present or future trust beneficiaries skip persons? Yes X. No Is this return for a Qualified Settlement Fund (Federal Form 1120-SF)? Yes X. No Is rederal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF). Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3). Bonus Depreciation allowed under federal law for 2017. Co. State and local income taxes included on federal Form 1041, Line 11. (see instructions). Federal Taxable income with Additions (Add Lines 1, 2a, 2b, and 2c.). Interest income from U.S. Obligations. 4a Interest income from U.S. Obligations. 4b Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0). 4d Add Lines 4a, 4b, and 4c. 4d 5000 5 Vermont taxable income (Line 3 minus Line 4d). 4d 5000 5 Vermont tax from the tax rate schedule on page 2 of this form. 6 13252 7 Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c). 8 Subtractions from Vermont Tax (from Schedule FIT-166, Part III, Line 2d). 9 Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8). 9 12052 | F | oreign Country (if not United States) | VI | 05401 | | | For | Departme | ent Use Only | |
| A Were any distributions reported on Federal Form 1041, Line 18, made to nonresident beneficiaries? | | oronger obtained (in most oriminal ortation) | | | | | | _ opu | | |
| A Were any distributions reported on Federal Form 1041, Line 18, made to nonresident beneficiaries? | | | | | | | | | | |
| B. Did the estate or trust have non-Vermont municipal board income? If "Yes," see instructions for both Line 2a and FIT-166. Part I. X Yes No C. Are any present or future trust beneficiaries skip persons? Yes X No Is this return for a Qualified Settlement Fund (Federal Form 1120-SF)? Yes X No 1. Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF). 2a. Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3). 2b. Bonus Depreciation allowed under federal law for 2017. 2c. State and local income taxes included on federal Form 1041, Line 11. (see instructions). 2c. 2g900 3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.) | | Check here if this is an EXTENDED re | eturn | Check here if this is an Al | MENDED re | eturn | С | heck here i | if this is your FINAL retu | ırn |
| Line 2a and FIT-166, Part I. Are any present or future trust beneficiaries skip persons? Yes X No Pes X No Is this return for a Qualified Settlement Fund (Federal Form 1120-SF)? Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF) Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3) Bonus Depreciation allowed under federal law for 2017. State and local income taxes included on federal Form 1041, Line 11. (see instructions) Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.) Interest income from U.S. Obligations. Line 13 | A. | | | | | | | Yes | x No | |
| C. Are any present or future trust beneficiaries skip persons? Yes X No Is this return for a Qualified Settlement Fund (Federal Form 1120-SF)? Yes X No Yes X No 1. Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF) 2a. Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3) 2b. Bonus Depreciation allowed under federal law for 2017. 2c. State and local income taxes included on federal Form 1041, Line 11. (see instructions) 2c. State and local income with Additions (Add Lines 1, 2a, 2b, and 2c.) 4a. Interest income from U.S. Obligations. 4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0) 4c. Adjustment for prior years' Bonus Depreciation 4d. Add Lines 4a, 4b, and 4c. 4d. Add Lines 4a, 4b, and 4d. 5000 4d. Vermont taxable income (Line 3 minus Line 4d). 4d. Add Lines 4a, 4b, and 4c. 5vermont taxable income (Line 3 minus Line 4d). 4d. Vermont tax from the tax rate schedule on page 2 of this form. 6 133252 7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c). 8 Subtractions from Vermont Tax (From Schedule FIT-166, Part III, Line 2d) 9 Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8). 9 12052 | B. | | • | | | | | | | |
| D. Is this return for a Qualified Settlement Fund (Federal Form 1120-SF)? Yes x No 1. Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF). 2a. Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3). 2b. Bonus Depreciation allowed under federal law for 2017. 2c. State and local income taxes included on federal Form 1041, Line 11. (see instructions). 2c. State and local income with Additions (Add Lines 1, 2a, 2b, and 2c.). 4a. Interest income from U.S. Obligations. 4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0) 4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0) 4c. Adjustment for prior years' Bonus Depreciation 4d. Add Lines 4a, 4b, and 4c. 4d. Sooo 5. Vermont taxable income (Line 3 minus Line 4d). 4d. Add Lines 4a, 4b, and 4c. 6 13252 7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c). 8 Subtractions from Vermont Tax (From Schedule FIT-166, Part III, Line 2d) 9 Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8). 9 12052 | | Line 2a and FIT-166, Part I | | | | | · · · · Х | Yes | No | |
| D. Is this return for a Qualified Settlement Fund (Federal Form 1120-SF)? Yes x No 1. Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF). 2a. Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3). 2b. Bonus Depreciation allowed under federal law for 2017. 2c. State and local income taxes included on federal Form 1041, Line 11. (see instructions). 2c. State and local income with Additions (Add Lines 1, 2a, 2b, and 2c.). 4a. Interest income from U.S. Obligations. 4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0) 4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0) 4c. Adjustment for prior years' Bonus Depreciation 4d. Add Lines 4a, 4b, and 4c. 4d. Sooo 5. Vermont taxable income (Line 3 minus Line 4d). 4d. Add Lines 4a, 4b, and 4c. 6 13252 7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c). 8 Subtractions from Vermont Tax (From Schedule FIT-166, Part III, Line 2d) 9 Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8). 9 12052 | _ | | | | | | | _ | | |
| 1. Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF) | C. | Are any present or future trust beneficiaries | skip perso | ons? | | | | Yes | ^X No | |
| 1. Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF) | _ | | | E 4400 05\0 | | | | _ | | |
| Qualified Settlement Fund (from federal Form 1120-SF) Image: Content of the cont | D. | is this return for a Qualified Settlement Fund | d (Federal | Form 1120-SF)? | | | | Yes | x No | |
| Qualified Settlement Fund (from federal Form 1120-SF) Image: Content of the cont | 1 | Federal taxable income from Form 1041 Li | ne 22 or r | modified gross income of | | | | | | |
| 2a. Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3) 2a 5600 2b. Bonus Depreciation allowed under federal law for 2017 2b 2c. State and local income taxes included on federal Form 1041, Line 11. (see instructions) 2c 2900 3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.) | ٠. | | | | Che ind | eck to licate | 1 | | | |
| 2b. Bonus Depreciation allowed under federal law for 2017 | | • | | , | los | S | ' | | 150000 | |
| 2b. Bonus Depreciation allowed under federal law for 2017 | 2a. | Income from Non-Vermont state and local | obligations | (from Schedule FIT-166, I | Part I, Line 3 | 3) | 2a | | =000 | |
| 2c. State and local income taxes included on federal Form 1041, Line 11. (see instructions) | | | J | , | , | | 24 | | 5600 | |
| 2c. State and local income taxes included on federal Form 1041, Line 11. (see instructions) | 2b. | Bonus Depreciation allowed under federal la | aw for 201 | 7 | | | 2h | | | |
| 3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.) | | | | | | | | | | |
| 3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.) | 2c. | State and local income taxes included on fe | deral Forr | n 1041, Line 11. (see instru | ıctions) | | 2c | | 0000 | |
| 4a. Interest income from U.S. Obligations | | | | | - | | | | 2900 | |
| 4a. Interest income from U.S. Obligations | 3. | Federal Taxable Income with Additions (Add | d Lines 1, | 2a, 2b, and 2c.) | Che | eck to licate | 3 | | 450500 | |
| 4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0) | | | | | los | S | | | 158500 | |
| 4c. Adjustment for prior years' Bonus Depreciation | 4a. | Interest income from U.S. Obligations | | | | | 4a | | | |
| 4c. Adjustment for prior years' Bonus Depreciation | | | | | | | | | | |
| 4c. Adjustment for prior years' Bonus Depreciation | 4b. | Capital Gains Exclusion (from Schedule FIT | -162, Line | e 21. If less than zero, enter | r - 0) | | 4b | | E 000 | |
| 4d. Add Lines 4a, 4b, and 4c | | | | | | | | | 5000 | |
| 5. Vermont taxable income (Line 3 minus Line 4d) | 4c. | Adjustment for prior years' Bonus Depreciat | tion | | | | 4c | | | |
| 5. Vermont taxable income (Line 3 minus Line 4d) | | | | | | | | | | |
| 5. Vermont taxable income (Line 3 minus Line 4d). | 4d. | Add Lines 4a, 4b, and 4c | | | | | 4d | | 5000 | |
| 6. Vermont tax from the tax rate schedule on page 2 of this form | | | | | - | | | | 5000 | |
| 6. Vermont tax from the tax rate schedule on page 2 of this form | 5. | Vermont taxable income (Line 3 minus Line | 4d) | | Che | eck to licate | 5 | | 450500 | |
| 7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c) | | | | | los | S | | | 153500 | |
| 7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c) | 6. | Vermont tax from the tax rate schedule on p | age 2 of t | his form | | | 6 | | 40050 | |
| 8. Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 2d) | | | | | | | | | 13252 | |
| 9. Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8) | 7. | Additions to Vermont Tax (from Schedule F | IT-166, Pa | art II, Line 1c) | | | 7 | | | |
| 9. Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8) | | | | | | | | | | |
| 9. Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8) | 8. | Subtractions from Vermont Tax (From Sche | dule FIT-1 | 166, Part II, Line 2d) | | | 8 | | 1200 | |
| 12052 | | | | | | | | | 1200 | |
| 10. Income Adjustment (from Schedule FIT-166. Part III. Line 10. or 100%) | 9. | Vermont Tax with Additions and Subtraction | ns (add Lir | nes 6 and 7, then subtract L | ine 8) | | 9 | | 12052 | |
| 10. Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%) | | | | | | | | | 12002 | |
| | 10. | Income Adjustment (from Schedule FIT-166 | 6, Part III, I | Line 10, or 100%) | | | 10 | | 8 4 10 | |

Name of Estate or Trust Mickey Mouse Trust 77-7980623

| | | | * | T 8 T (| 6 1 1 2 0 0 * |
|------------|--|----------|--------------|---------|---------------|
| 11. | Adjusted tax (Multiply Line 10 by Line 11) | | | 11 | 10136 |
| 12. | Other states credit (from Schedule FIT-167, Line 21) | 12 | 313 | | |
| 13. 14. | Total Vermont taxes (Line 12 minus Line 13) | | | 13 | 9823 |
| | 14a. Vermont Tax Withheld on 1099 | 14a | | | |
| | 14b. Estimated Tax or Extension Payments | 14b | | | |
| | 14c. Vermont Real Estate Withholding | 14c | | | |
| | 14d. Nonresident Payments from Form Wh-435 | 14d | 85 | 500 | |
| | 14e. 2017 Overpayment Applied | 14e | 2 | 000 | |
| 14f. | 14f. Total Payments (Add Lines 15a, 15b, 15c, 15d, and 15e) | | | | 10500 |
| 15. | 5. Overpayment: If Line 14 is less than Line 15f, subtract Line 14 from Line 15f | | | | 677 |
| 16. | Amount of overpayment to be credited to 2019 Taxes | 16 | 677 | | |
| 17. | Amount of overpayment to be REFUNDED (Line 15 minus L | 17 | | | |
| 18. | BALANCE DUE: If Line 14f is less than Line 13, subtract Lin | ie 14f f | from Line 13 | 18 | |
| | V | | | | |

| Vermont 2018 Tax Schedule | | | | | | |
|---------------------------|--------------|-----------------------|--------------------|--|--|--|
| If Taxable income is over | But not over | The Vermont Tax is | of the amount over | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

If filing for a Qualified Settlement Fund, tax is 8.95% of taxable income.

File this return no later than the 15th day of the fourth month following the close of the operating or income year. Attach a legible copy of the federal Form 1041, U.S. Income Tax Return for Estates and Trusts, or federal Form 1120-SF for the same taxable period.

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, his/her declaration further provides under 32 V.S.A. §§ 5901-5903 this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

| and the person canon and the are pro- | ropalation of the rotatin anness a copalate valid con- | 20.11.10.11.10 o.g.10a 27 t.10 ta. | ipayor and rotamou by the propar |
|---|--|------------------------------------|---|
| | | 04152019 | 8028282720 |
| Signature of Responsible Officer | | Date (MMDDYY) | Daytime Telephone Number |
| Pluto Dog | pluto.dog@gmail.cor | m | |
| Printed Name | Email Address (optional) | | |
| Preparer's Signature | | 04152019 Date (MMDDYY) | X Check if Self-Employed |
| Penny Lane Preparer's Printed Name | penny.lane@gmail.c | om | P00099888 Preparer's SSN or PTIN |
| Lane & Lane LLC Firm's Name (or yours if self-employed) and | address | 06-6666666 FEIN | 8028288000 Preparer's Telephone Number |
| | May the Department of Taxes discuss this return with the preparer shown? | x Yes No | Form FIT-161 |

Rev. 10/18

Vermont Income Adjustments and Tax Computations for Fiduciaries 2018 Form FIT-166



Attach to Form FIT-161

| Name of Estate or Trust | FEIN | Tax Year End Date (MMDDYYYY) |
|---|-----------------------------------|------------------------------|
| Mickey Mouse Trust | 77-7980623 | 12312019 |
| PART I Taxable Municipal Bond Income | | |
| Total interest and dividend income from all state and loca federal tax (see Line-by-Line Instructions) | | 1 8200 |
| 2. Interest and dividend income from Vermont state and local | al obligations included in Line 1 | 2 2600 |
| 3. INCOME FROM NON-VERMONT STATE AND LOCAL OF VERMONT TAXABLE INCOME. (Subtract Line 2 from L Enter here and on Form FIT-161, Line 2a | ine 1, but not less than zero.) | 3 5600 |
| PART II ADDITIONS AND SUBTRACTIONS | TO TAX | |
| Additions to Vermont Tax | | |
| 1a. Tax on lump-sum distributions (from federal Forms 4972 and 5329) | 1a | |
| 1b. Recapture of federal investment credit (from federal Form 4255) | 1b | |
| 1c. Total additions (Add Lines 1a and 1b; then, multiply by 24 Enter here and on Form FIT-161, Line 7 | | 1c |
| 2 Subtractions from Vermont tax | | |
| 2a. Investment tax credit - Vermont-based only (from federal Form 3468) | 2a | |
| 2b. Multiply Line 2a by 24% | 2b | |
| 2c. Research & Development Credit, 32 V.S.A. § 5930d | 2c 12 | 200 |
| 2d. Total subtractions from Vermont tax (Add Lines 2b and 2d Enter here and on Form FIT-161, Line 8 | , | ^{2d} 1200 |



Name of state(s), Canadian province or

| Name of Estate or Trust | FEIN | Tax Year End Date (MMDDYYYY) |
|-------------------------|------------|------------------------------|
| Mickey Mouse Trust | 77-7980623 | 12312019 |

PART III INCOME ADJUSTMENT CALCULATION

Nonresidents and Part-Year Residents must complete this section.

Dates of Vermont residency in 2018

| From (MM DD YYYY) To (MM DD YYYY) | | | | country during noi (use standard 2-cha | n-Verm | nont residency | |
|------------------------------------|--|---------------------------|----|---|---------------------------|----------------|-----------------------|
| | | | | A. Federal Amount \$ | | | B. Vermont Portion \$ |
| Interest income | | | 1A | 5700 | | 1B | 5700 |
| 2. Total ordinary d | ividends | | 2A | 2500 | | 2B | 2500 |
| 3 Business incom | e (or loss) | Check to indicate loss | ЗА | | ← Check to indicate loss | 3B | |
| 4. Capital gain (or | loss) | Check to indicate loss | 4A | 60000 | Check to indicate loss | 4B | 60000 |
| 5. Rents, royalties | • • | | | | | | |
| S Corporations, estates and trus | sts, etc | ← Check to indicate loss | 5A | 250000 | ← Check to indicate loss | 5B | 200000 |
| 6. Farm income (c | r loss) | Check to indicate loss | 6A | | Check to indicate loss | 6B | |
| 7. Ordinary gain (| or loss) | Check to indicate loss | 7A | | Check to indicate loss | 7B | |
| 8. Other income (s | pecify type of income | Check to ← indicate loss | 8A | | Check to ← indicate loss | 8B | |
| 9. Total income (A | dd Lines 1 through 8) | ← Check to indicate loss | 9A | 318200 | ← Check to indicate loss | 9B | 268200 |
| • | O. Adjustment percentage. Divide Line 9B by Line 9A. Express as a percentage, with two digits to the right of the decimal. Enter here and on Form FIT-161, Line 10 | | | | | | |

Vermont Income Adjustments and Tax Computations for Fiduciaries 2018 Form FIT-166



Attach to Form FIT-161

| Name of Estate or Trust | FEIN | Tax Year End Date (MMDDYYYY) |
|---|-----------------------------------|------------------------------|
| Mickey Mouse Trust | 77-7980623 | 12312019 |
| PART I Taxable Municipal Bond Income | | |
| Total interest and dividend income from all state and loca federal tax (see Line-by-Line Instructions) | | 1 8200 |
| 2. Interest and dividend income from Vermont state and local | al obligations included in Line 1 | 2 2600 |
| 3. INCOME FROM NON-VERMONT STATE AND LOCAL OF VERMONT TAXABLE INCOME. (Subtract Line 2 from L Enter here and on Form FIT-161, Line 2a | ine 1, but not less than zero.) | 3 5600 |
| PART II ADDITIONS AND SUBTRACTIONS | TO TAX | |
| Additions to Vermont Tax | | |
| 1a. Tax on lump-sum distributions (from federal Forms 4972 and 5329) | 1a | |
| 1b. Recapture of federal investment credit (from federal Form 4255) | 1b | |
| 1c. Total additions (Add Lines 1a and 1b; then, multiply by 24 Enter here and on Form FIT-161, Line 7 | | 1c |
| 2 Subtractions from Vermont tax | | |
| 2a. Investment tax credit - Vermont-based only (from federal Form 3468) | 2a | |
| 2b. Multiply Line 2a by 24% | 2b | |
| 2c. Research & Development Credit, 32 V.S.A. § 5930d | 2c 12 | 200 |
| 2d. Total subtractions from Vermont tax (Add Lines 2b and 2d Enter here and on Form FIT-161, Line 8 | , | ^{2d} 1200 |



Name of state(s), Canadian province or

| Name of Estate or Trust | FEIN | Tax Year End Date (MMDDYYYY) |
|-------------------------|------------|------------------------------|
| Mickey Mouse Trust | 77-7980623 | 12312019 |

PART III INCOME ADJUSTMENT CALCULATION

Nonresidents and Part-Year Residents must complete this section.

Dates of Vermont residency in 2018

| From (MM DD YYY | | To (MM DD Y) | | | country during not (use standard 2-cha | n-Verm | nont residency |
|----------------------------------|-------------------------|--------------------------|----|----------------------------------|---|--------|-----------------------|
| | | | | A. Federal Amount \$ | | | B. Vermont Portion \$ |
| Interest income | | | 1A | 5700 | | 1B | 5700 |
| 2. Total ordinary d | ividends | | 2A | 2500 | | 2B | 2500 |
| 3 Business incom | e (or loss) | Check to indicate loss | ЗА | | Check to indicate loss | 3B | |
| 4. Capital gain (or | loss) | Check to indicate loss | 4A | 60000 | Check to indicate loss | 4B | 60000 |
| 5. Rents, royalties | • • • | | | | | | |
| S Corporations, estates and trus | sts, etc | ← Check to indicate loss | 5A | 250000 | ← Check to indicate loss | 5B | 200000 |
| 6. Farm income (c | r loss) | Check to indicate loss | 6A | | Check to indicate loss | 6B | |
| 7. Ordinary gain (| or loss) | Check to indicate loss | 7A | | Check to indicate loss | 7B | |
| 8. Other income (s | specify type of income) | Check to indicate loss | 8A | | Check to indicate loss | 8B | |
| 9. Total income (A | dd Lines 1 through 8) | Check to indicate loss | 9A | 318200 | ← Check to indicate loss | 9B | 268200 |
| • | - | | | as a percentage, with two digits | | 10 | 84.10 % |

Name of Estate or Trust

Vermont Credit for Tax Paid to Another State or Canadian Province for Fiduciaries 2018 Form FIT-167



Attach to Form FIT-161

Tax Year End Date (MMDDYYYY)

For Residents and Some Part-Year Residents Only

| | Mickey Mouse Trust | | 77-7980623 | | 12312019 | |
|-----|---|------------|-------------------------|-----------|-----------------------|----------|
| | u must complete a separate Schedule FIT-16 ite return. See instructions. | 7 for ea | ach state or Canadian p | rovince a | nd attach a copy of t | he othei |
| 1. | Name of state or Canadian province. Use standard two-le | etter abbi | reviation | | 1 | MA |
| 2. | Enter total income taxed in another state or Canadian province and also subject to Vermont tax Check indicate loss | to 2 | 10000 | | | |
| 3. | 2018 Bonus Depreciation add back taxed in another state or Canadian province AND taxed in Vermont | | | | | |
| 4. | Non-Vermont state/local obligations taxed in another state or Canadian province AND taxed in Vermont | . 4 | | | | |
| 5. | Add Lines 2 through 4. If negative, enter -0 | | | 5 | 10000 | |
| 6. | Bonus Depreciation subtracted from income in another state or Canadian province in TY 2018 | . 6 | | | | |
| 7. | U.S. Government interest income | . 7 | | | | |
| 8. | Add Lines 6 and 7 | | | 8 | | |
| 9. | Modified total income for income taxed in another state or taxed in Vermont (Line 5 minus Line 8) | | · | 9 | 10000 | |
| 10. | Total income (from federal Form 1041, Line 9) Check indicate loss | to 10 | 318200 | | | |
| 11. | Non-Vermont state/local obligations from FIT-161, Line 2a | . 11 | | | | |
| 12. | Bonus Depreciation from Form FIT-161, Line 2b | . 12 | | | | |
| 13. | Add Lines 10 through 12. If negative, enter -0 | | | 13 | 318200 | |
| 14. | U.S. Government interest income from FIT-161, Line 4a | . 14 | | | | |
| 15 | Danua Danraciation from Form FIT 161 Line 40 | 15 | | | | |

FEIN

318200

16

17

16. Add lines 14 and 15.....

17. Line 13 minus Line 16.....



| Name of Estate or Trust | FEIN | | Tax Year End Date (MMDDYYYY) |
|--|------------|----|------------------------------|
| Mickey Mouse Trust | 77-7980623 | | 12312019 |
| | | | |
| 8. Vermont income tax from Form FIT-161, Line 6 | | 18 | 13252 |
| Computed tax credit (Divide Line 9 by Line 17 and multiply result by L Result cannot be more than 100% of Vermont tax. | ine 18). | | |
| Line 9 10000 x Line 18 13252 318200 | | 19 | 416 |
| Income tax paid to another state or Canadian province based on modified total income from Line 9 above | | 20 | 313 |
| VERMONT CREDIT for income tax paid to another state or Canadian Enter the <i>lesser</i> of Line 19 or Line 20. Also enter on Form FIT-161, L | · | 21 | 313 |

Case 8: mended FIT-161 and FIT-162

Vermont Fiduciary Return of Income 2018 Form FIT-161

For 2018 or fiscal YEAR ending:



Enter dates in the format: "MMDDYYYY"

| Name of Estate or Trust | | FEIN | | Date of Death | |
|---|----------------------------|----------------------------|---------------|-------------------------|------|
| Frog Pond Trust | | 89-569874 | .0 | Date of Death | |
| J | tle of Fiduciary | Tax Year Begin | | Tax Year End Date | |
| · | 01012018 | | 12312018 | | |
| Mailing Address of Fiduciary (Number and Street/Road or PO E | Frustee | State of Domicil | e at Death | 12312010 | |
| 133 State St. | | and/or Creation | | | |
| Additional Line for Mailing Address of Fiduciary, if needed | (| Check ONE | | Bankruptcy Est | tate |
| | | Estat | е | Grantor Trust | |
| City State ZIP Code | 9 | Revo | cable Trust | X Irrevocable Tru | st |
| Williamstown VT 056 | 78 | | | | |
| Foreign Country (if not United States) | | | For Departmen | t Use Only | |
| | | | | | |
| Check here if this is an EXTENDED return X Check | here if this is an AMEND | ED return | Check here if | this is your FINAL retu | rn |
| A. Were any distributions reported on Federal Form 1041, Line | | | Yes | x No | |
| B. Did the estate or trust have non-Vermont municipal board inc Line 2a and FIT-166, Part I | · | | Yes | x No | |
| C. Are any present or future trust beneficiaries skip persons? | | | Yes | x No | |
| D. Is this return for a Qualified Settlement Fund (Federal Form | 120-SF)? | | Yes | x No | |
| | | | 100 | 140 | |
| Federal taxable income from Form 1041, Line 22, or modified Qualified Settlement Fund (from federal Form 1120-SF) | | Check to indicate loss 1 | | 20000 | |
| 2a. Income from Non-Vermont state and local obligations (from | Schedule FIT-166, Part I, | Line 3) 2a | | | |
| 2b. Bonus Depreciation allowed under federal law for 2017 | | 2b | | 3000 | |
| 2c. State and local income taxes included on federal Form 1041, | Line 11. (see instructions | s) 2c | | 250 | |
| 3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, | and 2c.) | ← Check to indicate loss 3 | | 23250 | |
| 4a. Interest income from U.S. Obligations | | 4a | | | |
| 4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If I | ess than zero, enter -0) | 4b | | 5000 | |
| 4c. Adjustment for prior years' Bonus Depreciation | | 4c | | 1500 | |
| 4d. Add Lines 4a, 4b, and 4c | | 4d | | 6500 | |
| 5. Vermont taxable income (Line 3 minus Line 4d) | | ← Check to indicate loss 5 | | 16750 | |
| 6. Vermont tax from the tax rate schedule on page 2 of this form | 1 | 6 | | 1218 | |
| 7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Li | ne 1c) | 7 | | | |
| 3. Subtractions from Vermont Tax (From Schedule FIT-166, Pa | rt II, Line 2d) | 8 | | | |
| 9. Vermont Tax with Additions and Subtractions (add Lines 6 an | nd 7, then subtract Line 8 |)9 | | | |
| 10. Income Adjustment (from Schedule FIT-166, Part III, Line 10 | or 100%) | 10 | | 100 | |

Name of Estate or Trust FEIN Frog Pond Trust 89-5698740



| | | | | _ 0 _ 0 | 1 1 2 0 0 |
|------------|--|---------|-------------|---------|-----------|
| 11. | Adjusted tax (Multiply Line 10 by Line 11) | | | 11 | 1218 |
| 12. | Other states credit (from Schedule FIT-167, Line 21) | | | 12 | |
| 13. 14. | Total Vermont taxes (Line 12 minus Line 13) | | | 13 | 1218 |
| | 14a. Vermont Tax Withheld on 1099 | 14a | | | |
| | 14b. Estimated Tax or Extension Payments | 14b | | | |
| | 14c. Vermont Real Estate Withholding | 14c | | | |
| | 14d. Nonresident Payments from Form Wh-435 | 14d | | | |
| | 14e. 2017 Overpayment Applied | 14e | 2000 | | |
| 14f. | Total Payments (Add Lines 15a, 15b, 15c, 15d, and 15e) | | | 14f | 2000 |
| 15. | Overpayment: If Line 14 is less than Line 15f, subtract Line | 14 fror | n Line 15f | 15 | 782 |
| 16. | Amount of overpayment to be credited to 2019 Taxes | | | 16 | |
| 17. | Amount of overpayment to be REFUNDED (Line 15 minus Line 16) | | | 17 | 782 |
| 18. | BALANCE DUE: If Line 14f is less than Line 13, subtract Lin | e 14f f | rom Line 13 | 18 | |

Vermont 2018 Tax Schedule If Taxable The Vermont of the amount But not over income is over Tax is over

If filing for a Qualified Settlement Fund, tax is 8.95% of taxable income.

File this return no later than the 15th day of the fourth month following the close of the operating or income year. Attach a legible copy of the federal Form 1041, U.S. Income Tax Return for Estates and Trusts, or federal Form 1120-SF for the same taxable period.

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, his/her declaration further provides under 32 V.S.A. §§ 5901-5903 this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

| , | · · · | 3 , | , , , , , , , , , , , , , , , , , , , |
|---|--|---------------------------|--|
| Signature of Responsible Officer | | 11112019 Date (MMDDYY) | 8028282720 Daytime Telephone Number |
| Kermit Frog Printed Name | kermit.frog@gmail Email Address (optional) | .com | |
| Preparer's Signature | | 11112019 Date (MMDDYY) | Check if Self-Employed |
| Penny Lane Preparer's Printed Name | penny.lane@gma Email Address (optional) | il.com | P00099888 Preparer's SSN or PTIN |
| Lane & Lane LLC | | 06-666666 | 8028288000 |
| Firm's Name (or yours if self-employed) and | address | FEIN | Preparer's Telephone Number |
| | May the Department of Taxes discuss this return with the preparer shown? | x Yes No | Form FIT-161 |

Rev. 10/18

Capital Gains Exclusion Calculation for Estates or Trusts 2018 Form FIT-162



Attach to Form FIT-161

| ١ | ame of Estate or Trust | FEIN | Ta | ax Year End Date (MMDDYYYY) | |
|------|---|--------------------|----|-----------------------------|--|
| | Frog Pond Trust | 89-5698740 | | 12312018 | |
| P/ | RT I Flat Exclusion | | | | |
| 1. | Enter smaller of Line 18a(2) or 19(2) from federal Form 104 | 1, Schedule D | 1 | 80000 | |
| 2. | Enter amount from: | | | | |
| | 2a. Federal Form 1041, Schedule D, Line 18b(2) | ^{2a} 1000 | 00 | | |
| | 2b Federal Form 1041, Schedule D, Line 18c(2) | 2b | | | |
| 3. | Add Lines 2a and 2b | | 3 | 10000 | |
| 4. | Subtract Line 3 from Line 1. Entry cannot be less than ze | ro | 4 | 70000 | |
| If y | If you filed federal Form 4952, complete Lines 5 through 7 | | | | |
| 5. | Enter amount from: | | | | |
| | 5a. Federal Form 4952, Line 4g | 5a | | | |
| | 5b. Federal Form 4952, Line 4e | 5b | | | |
| | 5c. Multiply Line 5a by Line 5b. Enter result here | | 5c | | |
| | 5d. Federal Form 4952, Line 4b | 5d | | | |
| | 5e Federal Form 4952, Line 4e | 5e | | | |
| 6. | Add Lines 5d and 5e. Enter result here | | 6 | | |
| 7. | Divide Line 5c by Line 6. Enter result here | | 7 | | |
| 8. | Subtract Line 7 from Line 4. Entry cannot be less than ze | ro | 8 | 70000 | |
| 9. | Enter the smaller of Line 8 or \$5,000 | | 9 | 5000 | |

(continued on next page)



| Name of Estate or Trust | FEIN | Tax Year End Date (MMDDYYYY) |
|-------------------------|------------|------------------------------|
| Frog Pond Trust | 89-5698740 | 12312018 |

PART II Percentage Exclusion

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

| 10. Enter the amount from Part I, Line 4 | 10 70000 |
|---|---|
| 44 Fator are unt of adjusted and applied asia from | |
| 11. Enter amount of adjusted net capital gain from | |
| the sale of assets held for three years or less | 11 |
| 12. Assets held for more than three years. Subtract Lii | ne 11 |
| from Line 10. Entry cannot be less than zero | |
| HOITI LINE TO. LINEY Carriot be less than zero | 12 |
| Enter the amount of net adjusted capital gain from the sa 13a. Real estate or portion of real estate used as | ale of the following assets held for more than three years. |
| primary or nonprimary home | |
| primary or nonprimary nome | |
| 12h Denregiable personal property (except for | |
| 13b. Depreciable personal property (except for | 425 |
| farm property or standing timber) | 13b |
| 40 - Ota also as beautiful stated and autoridad as | |
| 13c. Stocks or bonds publicly traded or traded on | |
| exchange or any other financial instruments. | ^{13c} 70000 |
| 44 | |
| 14. Add Lines 13a through 13c | 70000 |
| | |
| 15. Subtract Line 14 from Line 12. Enter result here. | |
| Entry cannot be less than zero. This is the amou | _ |
| of net capital gain eligible for exclusion | |
| | |

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

| 16. | Enter amount from Part I, Line 7, or recomputed federal Form 4952 | | |
|-----|--|----|------|
| 17. | Subtract Line 16 from Line 15. <i>Entry cannot be less than zero.</i> | 17 | 0 |
| 18. | Multiply Line 17 by 40%. Enter result here | 18 | 0 |
| PA | RT III Capital Gain Exclusion | | |
| 19. | Enter the greater of Line 9 or Line 18 | 19 | 5000 |
| 20. | Multiply x 40%. Enter result here | 20 | 8000 |
| 21 | Enter the smaller of Line 19 or Line 20. This is the capital gain exclusion. | | |
| ۷۱. | Enter on Form FIT-161, Line 4b | 21 | 5000 |

Capital Gains Exclusion Calculation for Estates or Trusts 2018 Form FIT-162



Attach to Form FIT-161

| ١ | ame of Estate or Trust | FEIN | Ta | ax Year End Date (MMDDYYYY) | |
|------|---|--------------------|----|-----------------------------|--|
| | Frog Pond Trust | 89-5698740 | | 12312018 | |
| P/ | RT I Flat Exclusion | | | | |
| 1. | Enter smaller of Line 18a(2) or 19(2) from federal Form 104 | 1, Schedule D | 1 | 80000 | |
| 2. | Enter amount from: | | | | |
| | 2a. Federal Form 1041, Schedule D, Line 18b(2) | ^{2a} 1000 | 00 | | |
| | 2b Federal Form 1041, Schedule D, Line 18c(2) | 2b | | | |
| 3. | Add Lines 2a and 2b | | 3 | 10000 | |
| 4. | Subtract Line 3 from Line 1. Entry cannot be less than ze | ro | 4 | 70000 | |
| If y | If you filed federal Form 4952, complete Lines 5 through 7 | | | | |
| 5. | Enter amount from: | | | | |
| | 5a. Federal Form 4952, Line 4g | 5a | | | |
| | 5b. Federal Form 4952, Line 4e | 5b | | | |
| | 5c. Multiply Line 5a by Line 5b. Enter result here | | 5c | | |
| | 5d. Federal Form 4952, Line 4b | 5d | | | |
| | 5e Federal Form 4952, Line 4e | 5e | | | |
| 6. | Add Lines 5d and 5e. Enter result here | | 6 | | |
| 7. | Divide Line 5c by Line 6. Enter result here | | 7 | | |
| 8. | Subtract Line 7 from Line 4. Entry cannot be less than ze | ro | 8 | 70000 | |
| 9. | Enter the smaller of Line 8 or \$5,000 | | 9 | 5000 | |

(continued on next page)



| Name of Estate or Trust | FEIN | Tax Year End Date (MMDDYYYY) |
|-------------------------|------------|------------------------------|
| Frog Pond Trust | 89-5698740 | 12312018 |

PART II Percentage Exclusion

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

| 10. Enter the amount from Part I, Line 4 | 10 70000 |
|---|---|
| 44 Fator amount of adjusted and applied asia from | |
| 11. Enter amount of adjusted net capital gain from | |
| the sale of assets held for three years or less | 11 |
| 12. Assets held for more than three years. Subtract Li | ne 11 |
| from Line 10. Entry cannot be less than zero | |
| HOITI LINE TO. LINEY Carriot be less than zero | 12 |
| Enter the amount of net adjusted capital gain from the sa 13a. Real estate or portion of real estate used as | ale of the following assets held for more than three years. |
| primary or nonprimary home | |
| primary or nonprimary nome | |
| 12h Denregiable personal property (except for | |
| 13b. Depreciable personal property (except for | 425 |
| farm property or standing timber) | 13b |
| 40 - Ota also and banda with Balantan dad an top dad an | |
| 13c. Stocks or bonds publicly traded or traded on | |
| exchange or any other financial instruments. | ^{13c} 70000 |
| 44 | |
| 14. Add Lines 13a through 13c | 70000 |
| | |
| 15. Subtract Line 14 from Line 12. Enter result here. | |
| Entry cannot be less than zero. This is the amou | _ |
| of net capital gain eligible for exclusion | |
| | |

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

| 16. | Enter amount from Part I, Line 7, or recomputed federal Form 4952 | | |
|-----|--|----|------|
| 17. | Subtract Line 16 from Line 15. <i>Entry cannot be less than zero.</i> | 17 | 0 |
| 18. | Multiply Line 17 by 40%. Enter result here | 18 | 0 |
| PA | RT III Capital Gain Exclusion | | |
| 19. | Enter the greater of Line 9 or Line 18 | 19 | 5000 |
| 20. | Multiply x 40%. Enter result here | 20 | 8000 |
| 21 | Enter the smaller of Line 19 or Line 20. This is the capital gain exclusion. | | |
| ۷۱. | Enter on Form FIT-161, Line 4b | 21 | 5000 |

Case : FIT-168, Extension with payment

Application for Extension of Time to File Vermont Fiduciary Tax Return 2018 Form FIT-168



- File this application on or before the due date of the Vermont Fiduciary Tax Return.
- With the filing of this application, you are granted an automatic five and one-half month extension of time to file the tax return.

Enter dates in the format: "MMDDYYYY"

| Name of Estate or Trust | FEIN | FEIN | | | | |
|---|------------------|-------------------------|---------|-----------------|---------------------|--|
| Sams Trust | | | | 65362 | | |
| Name of Fiduciary | | Title of Fiduciary | Tax Yea | r Begin Date | Tax Year End Date | |
| Tim Jones | | Trustee | 0101 | 2018 | 12312018 | |
| Mailing Address of Fiduciary (Number and stre | eet/read | or PO Box | | | | |
| 133 State Street | 133 State Street | | | | | |
| Additional Line for Mailing Address of Fiduciar | y, if need | ded | | Estate | Grantor Trust | |
| | | | | Revocable Trust | X Irrevocable Trust | |
| City | State | ZIP Code | | | | |
| Montpelier | VT | 05602 | | | | |
| Foreign Country (if not United States) | | For Department Use Only | | | | |
| , | | | | • | • | |
| | | | | | | |

Payment to accompany extension request

| 1. | Estimated tax liability | 1 | 250 | 0 | |
|----|---|---|-----|---|------|
| 2. | Previous payments | 2 | | | |
| 3. | Amount of TAX DUE with this application (Line 1 minus Line 2) | | | | 2500 |

An extension of time to file a Vermont fiduciary tax return does not extend the time for paying the tax. Any tax due and unpaid by the original due date will bear interest and penalty at the statutory rate. Returns filed after the due date without an authorized extension are subject to a late filing fee.

Mail to:

Vermont Department of Taxes PO Box 1700 Montpelier, VT 05601-1700 Case 10: FIT-168, Extension without payment

Application for Extension of Time to File Vermont Fiduciary Tax Return 2018 Form FIT-168



- File this application on or before the due date of the Vermont Fiduciary Tax Return.
- With the filing of this application, you are granted an automatic five and one-half month extension of time to file the tax return.

Enter dates in the format: "MMDDYYYY" FEIN Name of Estate or Trust 83-888888 Tax Year Begin Date Oak Tree Estate Title of Fiduciary Name of Fiduciary Tax Year End Date Margaret Tree Executrix 01012018 12312018 Mailing Address of Fiduciary (Number and street/read or PO Box Check ONE 133 State Street
Additional Line for Mailing Address of Fiduciary, if needed Bankruptcy Estate X Estate **Grantor Trust** Revocable Trust Irrevocable Trust City State ZIP Code Montpelier Foreign Country (if not United States) 05602 For Department Use Only

Payment to accompany extension request

| 1. | Estimated tax liability | 1 | 500 | | | |
|----|---|---|-----|---|---|--|
| 2. | Previous payments | 2 | 500 |) | | |
| 3. | Amount of TAX DUE with this application (Line 1 minus Line 2) | | | | 0 | |

An extension of time to file a Vermont fiduciary tax return does not extend the time for paying the tax. Any tax due and unpaid by the original due date will bear interest and penalty at the statutory rate. Returns filed after the due date without an authorized extension are subject to a late filing fee.

Mail to:

Vermont Department of Taxes PO Box 1700 Montpelier, VT 05601-1700 Case 11: FIT-160, Payment ou he

Instructions for Vermont Fiduciary Income Tax Return Payment Voucher Form FIT-160

General Information

Use Form FIT-160 to direct a payment for Fiduciary Income tax accounts, which include trusts and estates. Do not include Form FIT-160 if you are making payments with another return or form, such as:

- FIT-161 VT Fiduciary Income Tax Return
- FIT-168 Application for Extension of Time FIT-160 may be used, for example, if:
 - You mailed your form or payment coupon, but forgot to include a check.

u ry ur a r ar r dy ur d cu electronically, and you want to send a check separately.

Instructions

• Print in blue or black ink.

F

• Enter the beginning and ending date of the entity's tax year in the required format -- MMDDYYYY.

r Fdra yrdicai u r

- Enter the trust or estate name and address, including country, if other than the United States.
- Enter the total amount of payment included with this coupon. Enter a whole dollar amount.

Form FIT-160 Instructions Rev. 10/18

Vermont Fiduciary Income
Tax Return Payment Voucher
Form FIT-160



USE THIS FORM IF NOT SUBMITTING PAYMENT WITH FORM FIT-161
If you filed electronically, DO NOT include a copy of that return with this payment.

| Name of Estate or Trust | | | FEIN | | | | |
|---|---------------|----------|----------|-------------------------|-------------------|--|--|
| | | | | | | | |
| Name of Fiduciary | Title of Fidu | uciary | Tax Year | BEGIN date (MMDD | YYYY) | | |
| | | | | | | | |
| Mailing Address of Fiduciary (Number and Street/Road or I | PO Box) | | Tax Year | END date (MMDDY) | YYY) | | |
| | | | | | | | |
| Additional Line for Mailing Address of Fiduciary, if needed | | | Check C | Check ONE: | | | |
| | | | | | Bankruptcy Estate | | |
| City | State | ZIP Code | | Estate | Grantor Trust | | |
| | | | | Revocable Trust | Irrevocable Trust | | |
| Foreign Country (if not United States) | | | | For Department Use Only | | | |
| | | | | | | | |

Vermont Department of Taxes 133 State Street Montpelier, VT 05633-1401 Phone: (802) 828-5723

Case 12: FIT-165 Estimated Payment

Instructions for Vermont Fiduciary Estimated Tax Payment Voucher Form FIT-165

Estimated payments are now required for estates and trusts. This voucher r idd ryu r i i a d ay ard y ur duciary a liability. Please complete the coupon above with all information pertaining to the estate or trust including the Federal ID Number, and send it to the address shown below.

| Payment Dates | | | | | | |
|---------------|--------|--|--|--|--|--|
| 1st payment | APR 15 | | | | | |
| 2nd payment | JUN 15 | | | | | |
| 3rd payment | SEP 15 | | | | | |
| 4th payment | JAN 15 | | | | | |

Mail payment voucher to:

Vermont Department of Taxes Taxpayer Services Division-Income Tax PO Box 1700 Montpelier, VT 05601-1700

E-mail: tax.estate@vermont.gov

Telephone: (802) 828-6820 (802) 828-2720 Fax:

> Form FIT-165 Instructions Rev. 10/18

DEPT USE ONLY Please PRINT in BLUE or BLACK INK

Vermont Fiduciary Estimated Tax Payment Voucher Form FIT-165



| Name of Estate or Trust | FEIN | | | | | | | | |
|--|-------------------------|------------|----------|-----------------------------------|-----|-------------------|--|--|--|
| | | | | | | | | | |
| Name of Fiduciary | Title of Fidu | uciarv | Tax Year | BEGIN date (MMDD) | YYY | Y) | | | |
| The of Fiducial y | | | | Tax 150. Been date (IIIIIBB 1111) | | | | | |
| Mailing Address of Fiduciary (Number and Street/Road or PC | D Box) | | Tax Year | END date (MMDDYY | ΥY |) | | | |
| maining radioses of radiosary (radioser and odoser road of r o box) | | | | , | | | | | |
| Additional Line for Mailing Address of Fiduciary, if needed | | Check ONE: | | | | | | | |
| | | | | | | Bankruptcy Estate | | | |
| City | State | ZIP Code | | Estate | | Grantor Trust | | | |
| , and the second | | | | | | | | | |
| | | | | Revocable Trust | | Irrevocable Trust | | | |
| Foreign Country (if not United States) | For Department Use Only | | | | | | | | |
| , | | | | | | - | | | |

Amount of this payment \$

.00

Montpelier, VT 05633-1401 Vermont Department of Taxes 133 State Street

Phone: (802) 828-5723