

Vermont Fiduciary Return of Income 2018 Form FIT-161



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Enter dates in the format: "MMDDYYYY"

For 2018 or fiscal YEAR ending: _____

Name of Estate or Trust		FEIN	Date of Death
Name of Fiduciary		Title of Fiduciary	Tax Year Begin Date
Mailing Address of Fiduciary (Number and Street/Road or PO Box)		State of Domicile at Death and/or Creation of Trust	
Additional Line for Mailing Address of Fiduciary, if needed		Check ONE	
City		<input type="checkbox"/> Estate	<input type="checkbox"/> Bankruptcy Estate
State		<input type="checkbox"/> Revocable Trust	<input type="checkbox"/> Grantor Trust
ZIP Code		<input type="checkbox"/> Irrevocable Trust	
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

- A. Were any distributions reported on Federal Form 1041, Line 18, made to nonresident beneficiaries? . . . Yes No
- B. Did the estate or trust have non-Vermont municipal bond income? If "Yes," see instructions for both Line 2a and FIT-166, Part I Yes No
- C. Are any present or future trust beneficiaries skip persons? Yes No
- D. Is this return for a Qualified Settlement Fund (Federal Form 1120-SF)? Yes No

1. Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF)	← Check to indicate loss	1	.00
2a. Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3)		2a	.00
2b. Bonus Depreciation allowed under federal law for 2017		2b	.00
2c. State and local income taxes included on federal Form 1041, Line 11. (see instructions)		2c	.00
3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.)	← Check to indicate loss	3	.00
4a. Interest income from U.S. Obligations		4a	.00
4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0-.)		4b	.00
4c. Adjustment for prior years' Bonus Depreciation		4c	.00
4d. Add Lines 4a, 4b, and 4c.		4d	.00
5. Vermont taxable income (Line 3 minus Line 4d).	← Check to indicate loss	5	.00
6. Vermont tax from the tax rate schedule on page 2 of this form.		6	.00
7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c).		7	.00
8. Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 2d)		8	.00
9. Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8).		9	.00
10. Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%)		10	%

Name of Estate or Trust _____ FEIN _____



11. Adjusted tax (Multiply Line 9 by Line 10)	11	.00
12. Other states credit (from Schedule FIT-167, Line 21)	12	.00
13. Total Vermont taxes (Line 11 minus Line 12)	13	.00
14. Payment		
14a. Vermont Tax Withheld on 1099	14a	.00
14b. Estimated Tax or Extension Payments	14b	.00
14c. Vermont Real Estate Withholding Attach copy of Form RW-171 or Sch. K-1VT	14c	.00
14d. Nonresident Payments from Form Wh-435	14d	.00
14e. 2017 Overpayment Applied	14e	.00
14f. Total Payments (Add Lines 14a, 14b, 14c, 14d, and 14e)	14f	.00
15. Overpayment: If Line 13 is less than Line 14f, subtract Line 13 from Line 14f	15	.00
16. Amount of overpayment to be credited to 2019 Taxes	16	.00
17. Amount of overpayment to be REFUNDED (Line 15 minus Line 16)	17	.00
18. BALANCE DUE: If Line 14f is less than Line 13, subtract Line 14f from Line 13	18	.00

If Taxable income is over	But not over	The Vermont Tax is	of the amount over
\$0	\$2,600	3.35%	\$0
\$2,600	\$6,100	\$87.00 + 6.60%	\$2,600
\$6,100	\$9,350	\$318.00 + 7.60%	\$6,100
\$9,350	---	\$565.00 + 8.75%	\$9,350

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		Date (MMDDYY)	Daytime Telephone Number
Printed Name		Email Address (optional)	
Preparer's Signature		Date (MMDDYY)	Check if Self-Employed <input type="checkbox"/>
Preparer's Printed Name		Preparer's SSN or PTIN	
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? Yes No

