

2020 Form FIT-161

Vermont Fiduciary Return of Income



Name of Estate or Trust 123456789012345678901234567890123456			FEIN 123456789	Date of Death (MMDDYYYY) MM / DD / YYYY
Name of Fiduciary 123456789012345678901234567890123456			Title of Fiduciary 123456789012345	Tax year BEGIN date (MMDDYYYY) MM / DD / YYYY
Mailing Address of Fiduciary (Number and Street/Road or PO Box) 123456789012345678901234567890123456			State of Domicile at Death and/or Creation of Trust 12	Tax year END date (MMDDYYYY) MM / DD / YYYY
Additional Line for Mailing Address of Fiduciary, if needed 123456789012345678901234567890123456			Check ONE <input checked="" type="checkbox"/> Estate <input checked="" type="checkbox"/> Revocable Trust <input checked="" type="checkbox"/> Bankruptcy Estate <input checked="" type="checkbox"/> Grantor Trust <input checked="" type="checkbox"/> Irrevocable Trust	
City 12345678901234567890123	State 12	ZIP Code 1234567890	<input checked="" type="checkbox"/> Check here if this is an EXTENDED return <input checked="" type="checkbox"/> Check here if this is an AMENDED return <input checked="" type="checkbox"/> Check here if this is your FINAL return	
Foreign Country 12345678901234567890123456789012				

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

1. Federal taxable income from Form 1041, Line 23, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF)	<input checked="" type="checkbox"/> ← Check to indicate loss	1. <u>12345678901234</u> .00
2a. Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3)		2a. <u>12345678901234</u> .00
2b. Bonus Depreciation allowed under federal law for 2020		2b. <u>12345678901234</u> .00
2c. State and local income taxes included on federal Form 1041, Line 11. (see instructions).		2c. <u>12345678901234</u> .00
3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.)	<input checked="" type="checkbox"/> ← Check to indicate loss	3. <u>12345678901234</u> .00
4a. Interest income from U.S. Obligations		4a. <u>12345678901234</u> .00
4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0-).		4b. <u>12345678901234</u> .00
4c. Adjustment for prior years' Bonus Depreciation		4c. <u>12345678901234</u> .00
4d. Add Lines 4a, 4b, and 4c.		4d. <u>12345678901234</u> .00
5. Vermont taxable income (Line 3 minus Line 4d).	<input checked="" type="checkbox"/> ← Check to indicate loss	5. <u>12345678901234</u> .00
6. Vermont Tax from the tax rate schedule on page 2 of this form		6. <u>12345678901234</u> .00
7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c).		7. <u>12345678901234</u> .00
8. Subtractions from Vermont Tax (from Schedule FIT-166, Part II, Line 2d)		8. <u>12345678901234</u> .00
9. Vermont Tax with Additions and Subtractions (Add Lines 6 and 7, then subtract Line 8)		9. <u>12345678901234</u> .00
10. Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%)		10. <u>123</u> . <u>1234</u> %

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FEIN 123456789



- 11. Adjusted tax (Multiply Line 9 by Line 10).....11. 12345678901234 .00
- 12. Other states credit (from Schedule FIT-167, Line 21)12. 12345678901234 .00
- 13. Total Vermont taxes (Line 11 minus Line 12)13. 12345678901234 .00
- 14. **Payment**
 - 14a. Vermont Tax Withheld on 1099.....14a. 12345678901234 .00
 - 14b. Estimated Tax or Extension Payments 14b. 12345678901234 .00
 - 14c. Vermont Real Estate Withholding14c. 12345678901234 .00
Attach copy of Form RW-171 or Schedule K-1VT
 - 14d. Nonresident Payments from Form WH-435..... 14d. 12345678901234 .00
 - 14e. 2019 Overpayment Applied14e. 12345678901234 .00
- 14f. Total Payments (Add Lines 14a, 14b, 14c, 14d, and 14e) 14f. 12345678901234 .00
- 15. Overpayment: If Line 13 is less than Line 14f, subtract Line 13 from Line 14f 15. 12345678901234 .00
- 16. Amount of overpayment to be credited to 2021 taxes16. 12345678901234 .00
- 17. Amount of overpayment to be REFUNDED (Line 15 minus Line 16)17. 12345678901234 .00
- 18. **BALANCE DUE:** If Line 14f is less than Line 13, subtract Line 14f from Line 13..... 18. 12345678901234 .00

Vermont 2020 Tax Schedule			
If Taxable income is over	But not over	The Vermont Tax is	of the amount over
\$0	\$2,750	3.35%	\$0
\$2,750	\$6,350	\$92.00 + 6.60%	\$2,750
\$6,350	\$9,750	\$330.00 + 7.60%	\$6,350
\$9,750	---	\$588.00 + 8.75%	\$9,750

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	Daytime Telephone Number
		MMDDYYYY	123-123-1234
Printed Name		Email Address (optional)	
1234567890123456789012345678901		123456789012345678901234567890123456789	
Paid Preparer's Signature		Date	Preparer's Telephone Number
<input checked="" type="checkbox"/> Check if self-employed		MMDDYYYY	123-123-1234
Preparer's Printed Name		Preparer's Email Address (optional)	
1234567890123456789012345678901		123456789012345678901234567890123456789	
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN	FEIN
123456789012345678901234567890123456789012		123456789	123456789

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

Keep a copy for your records.

For Department Use Only	
Ck. Amt.	Init.

Form FIT-161
Rev. 10/20