

Vermont Department of Taxes

2020 Form FIT-161

Vermont Fiduciary Return of Income



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Form header section with fields for Name of Estate or Trust, FEIN, Date of Death, Name of Fiduciary, Title of Fiduciary, Tax year BEGIN date, Mailing Address of Fiduciary, State of Domicile at Death, Tax year END date, Additional Line for Mailing Address of Fiduciary, Check ONE (Estate, Revocable Trust, Bankruptcy Estate, Grantor Trust, Irrevocable Trust), City, State, ZIP Code, Foreign Country, 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?
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.
C. Are any present or future trust beneficiaries skip persons?
D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)?

Table with 10 rows for tax calculations: 1. Federal taxable income from Form 1041, Line 23, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF); 2a. Income from Non-Vermont state and local obligations; 2b. Bonus Depreciation allowed under federal law for 2020; 2c. State and local income taxes included on federal Form 1041, Line 11; 3. Federal Taxable Income with Additions; 4a. Interest income from U.S. Obligations; 4b. Capital Gains Exclusion; 4c. Adjustment for prior years' Bonus Depreciation; 4d. Add Lines 4a, 4b, and 4c; 5. Vermont taxable income; 6. Vermont Tax from the tax rate schedule; 7. Additions to Vermont Tax; 8. Subtractions from Vermont Tax; 9. Vermont Tax with Additions and Subtractions; 10. Income Adjustment.

Name of Estate or Trust
 123456789012345678901234567890123456
 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 Withholding 14c. 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 Applied 14e. 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 taxes 16. 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
		MMDYYYY	123-123-1234
Printed Name		Email Address (optional)	
1234567890123456789012345678901		123456789012345678901234567890123456789	
Paid Preparer's Signature		<input checked="" type="checkbox"/> Check if self-employed	Preparer's Telephone Number
		MMDYYYY	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