Vermont Income Test Package for Tax Year 2020





Vermont Test Cases

Test 1:

Required Vermont Forms/Schedules: IN-111, Sch. IN-113

Taxpayer(s) Information:

Primary SSN: 400-00-9030
Name: Tom T. Taylor
Residency Status: Non-Resident

Mailing Address: 334 Washington Street

City: San Francisco

State: CA Zip Code: 94105

Date of Birth: January 15, 1969

Filing Status: Single School District Code: 999

911 Address: 334 Washington Street

Healthcare Coverage: Yes

Return Information:

Federal AGI: 95,594.00
Charitable Contributions: 5,000.00
Wages: 25,041.00
VT Wages: 5,041.00
Taxable Interest: 1,000.00

Rents, royalties, partnerships,

SCorps, trusts etc: 69,553.00

VT rents, royalties,

partnerships, Scorps, trusts etc: 41,417.00 Estimated payments made 1,000.00

2020 Form IN-111

Vermont Income Tax Return



FILE YOUR RETURN MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name		MI	Social Security Number	Check if
TAYLOR	TOM		T	400009030	Deceased
Spouse's/CU Partner's Last Name	First Name		MI	Social Security Number	Check if Deceased
Mailing Address (Number and Street/Road or PO Box) 334 WASHINGTON ST				hysical Street Address on 12/31/2 WASHINGTON S	2020
City SAN FRANCISCO	State ZIP Code or CA 94105	Foreign Postal Code	Forei	gn Country	
Vermont School District Code Foter Healthcare C	' 	Check all		-	
999 1 (See instructions for	r code options)	1 I I	AMENDE Return	D RECOMPUT	ED EXTENDED Return
Filing Status and Standard Deduction Single (\$6,250) Married (\$12,50)	(CU Filing Jointly 0)	Married/CU Filing Separately (\$6,250	0)	Head of Household (\$9,400)	Qualifying Widow(er) (\$12,500)
Federal Adjusted Gross Income (federal For	m 1040, Line 11)			Check to indicate loss	95594.00
2. Net Modifications to Federal AGI (Schedule	IN-112, Part I, Line	15)	🔲	Check to ← indicate loss 2.	.00
3. Federal AGI with Modifications (Add Lines	1 and 2)		_ _	Check to ← indicate 3.	95594.00
4. 2020 Vermont Standard Deduction from file	ng status section above	e		1055	6250
Please see instructions if you or your sideduction boxes on federal Form 1040 5. Personal Exemptions: 5a. Enter "1" for yourself if no one can describe the property of the p	pouse checked any sta , page 1.	ndard		1	
5b. Enter "1" for your jointly filed spous claim them as a dependent or if you a				5b	
5c. Enter number of other dependents clarifies includes any dependents other to				5c	
5d. Add Lines 5a through 5c					5d1
5e. Multiply Line 5d by \$4,350 (2020 Personal)					4350
6. Add Lines 4 and 5e				6 .	00
7. Vermont Taxable Income (Subtract Line 6 fi	rom Line 3. If less tha	an zero, enter -0-).		7.	84994.00
8. Vermont Income Tax from tax table or tax r				8.	4299.00
(If Line 1 is greater than \$150,000, see instructions). Net Adjustment to Vermont Tax (Schedule I		5)	П	Check to ← indicate loss 9.	.00
10. Vermont Income Tax with Adjustment (Add					4299.00
11. Tax-Deductible Charitable Contribution (See instructions) 5 0 0 0 .00	2. Multiply Line 11 by 5% (' I I)oduot	ion (Ente	tribution or the lesser 000) 13.	²⁵⁰ .00
14. Vermont Income Tax (Line 10 minus Line 1	3. If less than zero. er				4049
15. Income Adjustment (Schedule IN-113, Line					18 5003
16. Adjusted Vermont Income Tax (Multiply Li					 196800
Amount Due					Form IN-111

Taxpayer's Last Name	Social Security Number
TAYLOR	400009030



	Other State Cred	dit (Schedule IN-117, Line 21)	Vermont T	ax Credits (Schedu	le IN-119,	Part II)	Total V	ermont Credits (Add Lines 17 a	nd 18)
17.		.00 +	18		.00	=	19		.00
20.	Vermont Inc. If Line 19 is	ome Tax after credits (Subtrac greater than Line 16, enter -0-)	t Line 19 from Li	ne 16.			. 20	1968	.00
21.	Use Tax for tincluding on	example items on which no sale line purchases. (See instruction	s tax was charged s, worksheet, and	chart)	Check to on the control of the character	certify OR x is due.	21		.00
22. Chi	Total Vermo	nt Taxes (Add Lines 20 and 21 Vermont Veterans Fur) nd Gre	en Up Vermont		Nongame Wildlife	22. e Fund	1968 Total Contribution	.00
23a.		00 + 23b0	00 + 23c	.00	+ 2	23d	00	= 23e	.00
24.	Total of Verm	ont Taxes and Voluntary Cont	ributions (Add Li	nes 22 and 23e)			. 24	1968	.00
25a.	2020 Vermon	nt Tax Withheld from W-2, 10	99	25a.		1700	.00		
	2020 Estimat	ted Tax payments, amount carr made with 2020 extension	ied forward from	2010					
25c.	Refundable (Credits (Schedule IN-112, Part	II)	25c.			.00		
25d.	2020 Vermon	nt Real Estate Withholding from	m Form RW-171	25d.			.00		
	2020 Nonres	ident Estimated Tax payments					.00		
25f.		withholding) allocated on Schonts and Credits (Add Lines 25a						2700	.00
		t. If Line 24 is less than Line 2					26		
27a.	Refund to be	credited to 2021 Estimated Ta	x Payment	27a.			.00		
27b.	Refund to be	credited to 2021 Property Tax	Bill	27b.			.00		
28.	REFUND A	MOUNT (Subtract Lines 27a a	and 23h from Lin	e 26)			28	732	.00
29.	If Line 24 is	more than Line 25th Subtract Lons on tax due	ine 25f from Line	24.					•
30.	Interest and Underpaym			31.	AMOUN	NT DUE			
F	or Amended	Original refund received	Refund due now		Original	l payment	T	Amount due now	
R	eturns Only:	.00.		.00			.00		.00
		perjury, I declare that I have exa , correct and complete. Prepare							ge and
	nature	, correct and complete. I repair		Date (MM/DD/Y	<u> </u>	Date of Birth (MI		Daytime Telephone Number	er
	SIGNED			/ /		01/15	/1969		
		turn, BOTH must sign.)		Date (MM/DD/Y	YYY)	Date of Birth (MI	M/DD/YYYY)	Daytime Telephone Number	er
				/ /		/	/		
Paid	d Preparer's Signa	ature		, ,		Date		Preparer's Telephone Num	nber
						1	/		
Firn	n's Name (or your	s if self-employed) and address				Preparer's SSN	or PTIN	FEIN	
						P12345	678	123456789	

2020 Schedule IN-113



Vermont Income Adjustment Calculations

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

Nonresidents and Part-Year Residents Must Complete Parts I and II Full-Year Residents with Adjustments Complete only Part II

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number 4 0 0 0 0 9 0 3 0
TAYLOR	TOM	T	

PART I. Enter figures as they appear on your federal return or recomputed federal return in Column A and list the Vermont portion in Column B. See instructions.

Dates of Vermont residency in 2020					
From / /	To (MMDDYYYY):	/	/	Name of State(s), Canadian province, or country during non-Vermont residency (use standard 2-character abbreviation)	CA

	ı	A. Federal Amount \$		B. Vermont Portion \$
1.	Wages, salaries, tips, etc	25041	1B	5041.00
2.	Taxable interest	1000.00	2B	.00.
3.	Ordinary dividends	00	3В.	.00.
4.	Taxable IRAs, pensions, and annuities4A	.00.	4B	.00
5.	Taxable Social Security	.00	5B	.00
6.	Taxable refunds of state and local income taxes 6A.	.00	6В.	.00
7.	Alimony received	.00	7B	.00
8.	Business income or loss	.00	Check to indicate loss 8B	.00
9.	Capital gain or loss Check to indicate 9A.	.00	← Check to indicate loss 9B.	.00.
10.	Rents, royalties, partnerships, S corporations, trusts, etc	69553.00	Check to indicate loss 10B	41417.00
11.	Farm income or loss	.00	Check to indicate loss 11B	.00
12.	Unemployment compensation	.00	12B	.00
13.	Other: Specify. Check to indicate 13A.	.00.	Check to indicate 13B. □	.00
	TOTAL INCOME	95594.00	Check to indicate loss 14B.	46458.00

Taxpayer's Last Name	Social Security Number
	400009030



		Column A. Federal Amount \$	Column B. Vermont Portion \$
15.	IRA, Keogh/SEP/SIMPLE (Reported on federal Form 1040) 15A	.00	00
	Self Spouse	_	
16.	Student Loan Interest (Reported on Form 1040) 16A	00 16E	.00
17.	Employee Deductions: Reservists, Performing Artists, Fee-basis Gov't Officials (Reported on Form 1040) 17A	00 17E	s .00
18.	Self-Employment Deductions: Tax and Health Insurance (Reported on Form 1040) 18A.	00	s 00
19.	Health Savings Account (Reported on Form 1040)	.00	.00
20.	Moving Expenses (Reported on Form 1040) . 20A.		.00
21.	Penalty on Early Withdrawal of Savings (Reported on Form 1040)	.00	.00
22.	Alimony Paid (Reported on Form 1040) 22A	.00 228	.00
23.	Domestic Production Activities (Reported on Form 1040)	.00 23E	.00
24.	Educator Expenses and Tuition & Fees (Reported on Form 1040)	.00 24B	.00
25.	Deductions not listed above but reported on Form 1040		.00
26.	TOTAL ADJUSTMENTS (Add Lines 15-25)	200	
27.	Adjusted Gross Income (Subtract Line 26A from Line	14A) Check to indicate loss 27	95594 .00
28.	Vermont Portion of AGI (Subtract Line 26B from Line	± 14B)	s .00
29.	Non-Vermont Income (Subtract Line 28 from Line 27) Also enter on Part II, Line 31 below		o
PAR	T II. Adjustment for Vermont Exempt Inco	me and Military Exempt Income	
30.	Adjusted Gross Income. If Part I completed, enter Line Otherwise, enter amount from Form IN-111, Line 1		o95594 .00
31.	Non-Vermont Income (Line 29 above)	49136 .00	
32.	Military pay. Number of months on active duty (See instructions) 32		
33.	Total (Add Lines 31 and 32)	Check to indicate loss 33	.00
34.	Vermont Income (Subtract Line 33 from Line 30)	Check to ← indicate 34	46458 .00
	INCOME ADJUSTMENT % (Divide Line 34 by Lin	ne 30 out to the fourth decimal place)	48 5993 _{0/0}

Test 2:

Required Vermont Forms/Schedules: IN-111, IN-112, HS-122, HI-144

Taxpayer(s) Information:

Primary SSN: 400-00-9031

Name: Bradley Edgewood

Residency Status: Resident
Mailing Address: PO Box 306
City: Hyde Park

 State:
 VT

 Zip Code:
 05655

 Date of Birth:
 06/18/1960

Filing Status: Married Filing Joint

Spouse SSN: 400-00-9032

Spouse Name: Marjorie Edgewood

School District Code: 097

911 Address: 306 Edgewood Dr.

Healthcare Coverage: Spouse

Primary Occupation: Minister Secretary

Spouse Occupation:

Return Information:

 Federal AGI:
 97,000.00

 Wages:
 95,000.00

 Taxable State Refund:
 2,000.00

Social Security & Medicare Tax

Withheld: 7,268.00

Income Tax Withheld from

Wages: 560.00

Additional Household Members: Tom Taylor 400-00-9030

Additional Members Income: 26,500.00 SSI SPAN: 306-097-00001

Business Use of Dwelling: 0.00%
Rental Use of Dwelling: 0.00%
Improvements: None
Special Situations: None

Housesite Value: 308,900.00
Housesite Education Tax: 3,133.00
Housesite Municipal Tax: 2,200.00
Ownership Interest: 100.00%
Mobile Home Lot Rent: None
Contiguous Property: No

2020 Form IN-111

Vermont Income Tax Return



FILE YOUR RETURN MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

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Space Spac
BRADLEY
EDGEWOOD
December Spouse SCU Partner's Last Name First Name March 2012 Social Security Number Check Spouse SCU Partner's Last Name First Name March 2012 Check March
EDGEWOOD BRADLEY 40009031 Check Spouses CU Partner's Last Name First Name MARJORIE MI Social Security Number 400009032 The Check All Social Security Number 400009000 The Check All Social Security Number 4000090000 The Check All Social Security Number 4000090000000000000000000000000000000
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EDGEWOOD
EDGEWOOD BRADLEY First Name First Name Maring Address (Number and Street/Road or PO Box) PO BOX 306 City HYDE PARK VT 05655 Vermont School District Code 097 Filing Status and Status and Standard Deduction [66,250) I Federal Adjusted Gross Income (federal Form 1040, Line 11) Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 15) Net Modifications to Federal AGI with Modifications (Add Lines 1 and 2) Net Modifications to Federal AGI with Modifications (Add Lines 1 and 2) Please see instructions if you or your spouse checked any stroidard deduction boxes on federal Form 1040, page 1. Fersonal Exemptions: 5a. Enter "1" for yourself in oone can claim you as a dependent. Find Standard Deducts on from your and your seponse checked any stroidard claim them as a dependent or if you are a polyflying indow(er). 5c. Enter number of other dependents claims on federal Form 1041. This includes any dependents other than yourself and your seponse. 5d. Add Lines 5a through 5c. Malliply Line 5d by \$4,350 (2020/sessonal Exemption). State Office Add 1 1200 (2020/sessonal Exempti
EDGEWOOD BRADLEY 400009031 Check Deceas SpouseS/GU Partner's Last Name First Name MARJORIE MI Social Security Number (Deceas MARJORIE) MI Social Security Number (Deceas MARJORIE) MARJORIE MI Social Security Number (Deceas MARJORIE) MARJORIE MARJORI MARJORIE MARJORIE MARJORIE MARJORIE MARJORI MARJORI MARJORI MARJORI MARJORI MA
EDGEWOOD BRADLEY #00009031 Check Decoas: MI Social Security Number #400009032 Check Malling Address (Number and Street/Road or PO Box) PO BOX 306 EDGEWOOD DR State VT D5655 Versional AGI with Modifications (Add Lines 1 and 2) Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 15) Federal AGI with Modifications (Add Lines 1 and 2) Federal AGI with Modifications (Add Lines 1 and 2) Federal AGI with Modifications (Form 1040, page 1. Personal Exemptions: 5a. Enter "1" for yourself if no one can claim you as a dependent or if you are a gendifying widow(er) Social Security Number #400009031 #400009032 #4000090000000000000000000000000000000
EDGEWOOD BRADLEY 400009031 Check Decea Spouse's/CU Partner's Last Name EDGEWOOD Mailing Address (Number and Street/Road or PO Box) PO BOX 306 City HYDE PARK Vermont School District Code 097 Enter Healthcare Coverage Code 097 Last Married/CU Filing Jointly (\$62.50) Married/CU Filing Jointly (\$62.50) Married/CU Filing Jointly (\$62.50) Married/CU Filing Jointly Separately (\$6.250) Married/CU Filing Jointly Separately (\$6.250) Letter Healthcare Coverage Code 097 Check all that apply Ameried/CU Filing Separately (\$6.250) Married/CU Filing Separately (\$6.250) Letter Healthcare Coverage Code (\$62.50) Married/CU Filing Jointly Separately (\$6.250) Married/CU Filing Separately (\$6.250) Letter Healthcare Coverage Code (\$62.50) Married/CU Filing Separately (\$6.250) Letter Healthcare Coverage Code (\$62.50) Married/CU Filing Separately (\$6.250) Married/CU
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EDGEWOOD BRADLEY 400009031 Check Deceasion Spouse's/CU Partner's Last Name EDGEWOOD MARJORIE MI Social Security Number 400009032 The Check In June 1971 Physical Street Address on 12/31/2020 306 EDGEWOOD DR City HYDE PARK Vermont School District Code 097 Enter Healthcare Coverage Code 097 Enter Healthcare Coverage Code 097 Check all that apply Americal/CU Filing Jointly Married/CU Filing Jointly Separately (\$6,250) Married/CU Filing Jointly Separately (\$6,250) Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 15) Net Modifications to Federal AGI with Modifications (Add Lines 1 and 2) 12000 Vermont Standard Deduction from filing status section above. Possible Park All 00009031 MI Social Security Number 400009032 Social Security Number 400009032 Social Security Number 400009032 MI Social Security Number 400009032 Social Security Number 400009032 Deceasion 306 EDGEWOOD DR Extended Foreign Country Married/CU Filing Americal Code Preciping Country Married/CU Filing Americal Cu Filing Return Married/CU Filing Americal Cu Filing Separately (\$6,250) Married/CU Filing Separately (\$6,250) Married/CU Filing Separately (\$6,250) Check to Social Security Number 400009032 Deceasion Married Address on 12/31/2020 Americal Cu Filing Country Married/CU Filing Americal Cu Filing Separately (\$6,250) Married/CU Filing Separately (\$6,2
EDGEWOOD BRADLEY 400009031 Check to pecal standard Deduction from filing status section above. Spouse's/CU Partner's Last Name First Name MARJORIE MI Social Security Number 400009032 D1/Physical Street Address on 12/31/2020 306 EDGEWOOD DR State VT 05655 Foreign Country PO BOX 306 EXTENDED Return RECOMPUTED Return RECOMPUTED Return AMENDED Return RECOMPUTED Return RECOMPUTED Return AMENDED Return Separately (\$6,250) Lead of Household (\$12,500) Recomputed (\$97000) 1. Federal Adjusted Gross Income (federal Form 1040, Line 11) 2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 15) 3. Federal AGI with Modifications (Add Lines 1 and 2) 4. 2020 Vermont Standard Deduction from filing status section above. 4. 2020 Vermont Standard Deduction from filing status section above. 4. 2020 Vermont Standard Deduction from filing status section above. 4. 2020 Vermont Standard Deduction from filing status section above. 4. 2020 Vermont Standard Deduction from filing status section above. 4. 2020 Vermont Standard Deduction from filing status section above. 4. 2020 Vermont Standard Deduction from filing status section above. 4. 2020 Vermont Standard Deduction from filing status section above. 4. 2020 Vermont Standard Deduction from filing status section above.
EDGEWOOD BRADLEY 400009031 Check Decease Spouse's/CU Partner's Last Name EDGEWOOD Mailing Address (Number and Street/Road or PO Box) PO BOX 306 City HYDE PARK VT 05655 Vermont School District Code (See instructions for code options) Filing Status and Standard Deduction Single (See instructions for Foreign Pointly (\$12,500)) Mairied/CU Filing Separately (\$6,250) Married/CU Filing Separately (\$6,250) Left Federal Adjusted Gross Income (federal Form 1040, Line 11) Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 15) Social Security Number 400009032 911/Physical Street Address on 12/31/2020 306 EDGEWOOD DR Foreign Country Foreign Country RECOMPUTED Return RECOMPUTED Return AMENDED Return Head of Household (\$9,400) Qualifying Widow(er) (\$12,500) Check to indicate 1. 97000 Check to indicate 2. 2000 Check to indicate 3.
EDGEWOOD Spouse's/CU Partner's Last Name EDGEWOOD Mailing Address (Number and Street/Road or PO Box) PO BOX 306 City HYDE PARK Vermont School District Code 0 9 7 Filing Status and Single Standard Deduction Single Standard Deduction Single State (\$6,250) Married/CU Filing Jointly Married/CU Filing Jointly Married/CU Filing Separately (\$6,250) Scheck to indicate loss. Add 0 0 0 9 0 3 1 Social Security Number 4 0 0 0 0 9 0 3 2 Decease PO BOX 3 0 6 EDGEWOOD DR Foreign Country Provided Tast State Surple Code of Foreign Postal Code of Foreign Country Check all that apply Married/CU Filing Status and Single Standard Deduction Separately (\$6,250) Married/CU Filing Separately (\$6,250) The derivatives of Foreign Country Widouter) Check all that apply Married/CU Filing Separately (\$6,250) Married/CU Filing Separately (\$6,250) Married/CU Filing Separately (\$6,250) Check to indicate loss. Separately (\$6,250) Check all that apply in the province of the prov
EDGEWOOD BRADLEY 400009031 Check Decease Spouse's/CU Partner's Last Name EDGEWOOD MARJORIE MI Social Security Number 400009032 Check Decease MARJORIE 911/Physical Street Address on 12/31/2020 306 EDGEWOOD DR City HYDE PARK Vermont School District Code 097 Check all that apply Filing Status and Single Standard Deduction Single Single Married/CU Filing Jointly Married/CU Filing Jointly Separately (\$6,250) Married/CU Filing Separately (\$6,250) P7000 Check all that apply Married/CU Filing Separately (\$6,250) Married/CU Filing Separately (\$6,250) Check all that apply Married/CU Filing Separately (\$6,250) Married/CU Filing Separately (\$6,250) Married/CU Filing Separately (\$6,250) Check to indicate 1.
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EDGEWOOD Spouse's/CU Partner's Last Name EDGEWOOD Marjorie Marj
EDGEWOOD Spouse's/CU Partner's Last Name EDGEWOOD Mailing Address (Number and Street/Road or PO Box) PO BOX 306 City BRADLEY 400009031 Social Security Number 400009032 Decease MI Social Security Number 400009032 The post of t
EDGEWOOD Spouse's/CU Partner's Last Name EDGEWOOD Mailing Address (Number and Street/Road or PO Box) PO BOX 306 BRADLEY 400009031 Social Security Number 400009032 Decea MI Social Security Number 400009032 PO BOX 306 BRADLEY 400009031 Social Security Number 400009032 Decea 306 EDGEWOOD DR
EDGEWOOD BRADLEY 400009031 Check Deceal Spouse's/CU Partner's Last Name First Name MI Social Security Number 400009032 Check Deceal Check Deceal Security Number 400009032
EDGEWOOD BRADLEY 400009031 Check Deceal Spouse's/CU Partner's Last Name MI Social Security Number
' ' I I Chark

Social Security Number Taxpayer's Last Name EDGEWOOD 400009031



	Other State Cred	dit (Schedule IN-117, Line 21)	Vermont T	ax Credits (Schedu	ile IN-119, Pa	rt II)	Total V	ermont Credits (Add Lines 17 a	nd 18)
17.		.00 +	18		.00	=	19		.00
20.	Vermont Inc. If Line 19 is	ome Tax after credits (Subtract greater than Line 16, enter -0-)	t Line 19 from Li	ne 16.			20	2679	.00
21.	Use Tax for tincluding on	axable items on which no sales line purchases. (See instructions	tax was charged s, worksheet, and	chart)	Check to cert no Use Tax is	tify OR	21		.00
22. Chi	Total Vermo	nt Taxes (Add Lines 20 and 21) Vermont Veterans Fun)d Gre	en Up Vermont		ongame Wildlife	22	2679 Total Contribution	
23a.		00 + 23b0	0 + 23c	.00	+ 23	d	00	= 23e	.00
24.	Total of Verm	ont Taxes and Voluntary Contr	ributions (Add Li	nes 22 and 23e)			24	2679	.00
25a.	2020 Vermon	nt Tax Withheld from W-2, 109	9	25a.		5 60	.00		
	2020 Estimat	ted Tax payments, amount carri made with 2020 extension	ed forward from	2019			.00		
25c.	Refundable (Credits (Schedule IN-112, Part)	II)	25c.			.00		
25d.	2020 Vermon	nt Real Estate Withholding from	m Form RW-171	25d.			.00		
25e.	2020 Nonres	ident Estimated Tax payments withholding) allocated on Sche	dula V 1VT Lin	a.5. 25a			.00		
25f.		nts and Credits (Add Lines 25a				· •		560	.00
26.	Overpaymen	t. If Line 24 is less than Line 25	5f, Subtract Line	24 from Line 2	5t		26		.00
27a.	Refund to be	credited to 2021 Estimated Tax	x Payment	<mark>2</mark> 7a		·	.00		
27b.	Refund to be	credited to 2021 Property Tax	Bill	27b.		·	.00		
28.	REFUND A	MOUNT (Subtract Lines 27a a	and 27b from Lin	e 26)			28.		.00
29.	If Line 24 is	more than Line 25f. Subtract Lions on tax due	ine 25f from Line	24.					-
30.	Interest and Underpaym			31.	AMOUNT	DUE		2119	.00
F	or Amended	Original refund received	Refund due now		Original pa	ayment		Amount due now	
	eturns Only:	.00.		.00			.00		.00
		perjury, I declare that I have exam , correct and complete. Preparer							ge and
	nature	, contact and completen i repaire		Date (MM/DD/Y		ate of Birth (MM	· •	Daytime Telephone Number	er
S	IGNED			, ,		06/ 18/	1960		
		turn, BOTH must sign.)		Date (MM/DD/Y	YYY) D	ate of Birth (MM	/DD/YYYY)	Daytime Telephone Number	er
				/ /		07/ 25/	1960		
Paid	d Preparer's Signa	ature		<u>, </u>	D	ate		Preparer's Telephone Num	nber
						/ /			
Firn	n's Name (or your	s if self-employed) and address				reparer's SSN o		FEIN 123456789	
Ц									



2020 Schedule IN-112

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or BLACK INK



INCLUDE WITH FORM IN-111

	xpayer's Last Name OGEWOOD	First Name BRADLEY		1 1	axpayer's Social Security Number 400009031	
PA	RT I	·				
AD	DITIONS TO FEDERAL A	ADJUSTED GROSS INC	COME			
1.	Total interest and dividend income obligations exempt from federal ta		0)1.		.00	
2.	Interest and dividend income from obligations included in Line 1		2.		.00	
3.	Income from Non-Vermont State a (Subtract Line 2 from Line 1)		3.		.00	
4.	Bonus Depreciation Allowed under	er Federal Law for 2020	4.		.00	
5.	Total Additions (Add Line 3 and I	Line 4)			5	00.
SU	BTRACTIONS FROM FE	DERAL ADJUSTED GR	OSS INCOME			
6.	Interest Income from U.S. Obligat	tions	6.		00	
7.	Capital Gains Exclusion (Schedule	e IN-153, Line 21)	7		00	
8.	Adjustment for Prior Years' Bonu	s Depreciation	8		00	
9.	Taxable Refunds of State and Loc (Reported on federal Form 1040)		9.	20	.00	
10.	Medical Expense Deduction (see t	the worksheet in the instructions)	10.		00	
11.	Social Security Benefits Exempt for (see the worksheet in the instruction)		11.		.00	
12.	Railroad Retirement income		12.		.00	
13.	Bond/note interest income from (s	see below)	13.		00	
	VSAC Build America	Vermont Telecom Authority	Vermont Po Supply Aut	ublic Power hority		
14.	Total Subtractions (Add Lines 6 th	nrough 13)			14	00
NE	T MODIFICATIONS TO F	EDERAL ADJUSTED G	ROSS INCOMI	_ E		
15.	Subtract Line 14 from Line 5. Ent This can be a negative number.	ter on Form IN-111, Line 2		X	Check to indicate loss 15	2000.00

Taxpayer's Last Name	Social Security Number
EDGEWOOD	400009031



PART II

RE	FUNDABLE CREDITS		Line 1 is for FULL-Y	EAR residents
1.	Low Income Child & Dependent Care Credit If your federal Adjusted Gross Income is \$30,000 (or \$40,000 for Married Filing Jointly) of child care services are provided by a Vermont accredited daycare provider, enter 50% of Form 2441, Line 11. If you are not a Vermont resident or your daycare provider is not accepted line 11. If you are not a Vermont resident or your daycare provider is not accepted line 11. If you are not a Vermont resident or your daycare provider is not accepted line 11. If you are not a Vermont resident or your daycare provider is not accepted line 11. If you are not a Vermont resident or your daycare provider is not accepted line 11. If you are not a Vermont resident or your daycare provider is not accepted line 11. If you are not a Vermont resident or your daycare provider is not accepted line 11. If you are not a Vermont resident or your daycare provider is not accepted line 11. If you are not a Vermont resident or your daycare provider is not accepted line 11. If you are not a Vermont resident or your daycare provider is not accepted line 11. If you are not a Vermont resident or your daycare provider is not accepted line 11. If you are not a Vermont resident or your daycare provider is not accepted line 11. If you are not a Vermont resident or your daycare provider is not accepted line 11. If you are not a Vermont resident or your daycare provider is not accepted line 11. If you are not a Vermont resident or your daycare provider is not accepted line 11. If you are not a Vermont resident or your daycare provider is not accepted line 11. If you are not a Vermont resident or your daycare provider is not accepted line 11. If you are not a Vermont resident or your daycare provider is not accepted line 11. If you are not a Vermont resident or your daycare provider is not a Vermont resident or your daycare provider is not a Vermont resident or your daycare provider is not a Vermont resident or your daycare provider is not a Vermont resident or your daycare provider is not a Vermont resident or	or less, and of federal credited, u	duse	.00
VEI	RMONT EARNED INCOME TAX CREDIT	For FUL	L-YEAR residents and PART-Y	EAR residents
ELI	GIBILITY QUESTIONS MUST BE ANSWERED			
A.	Enter number of qualifying children			
В.	Enter number of qualifying children under the age of 18		В	
C.	Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at the If you answered "No" and do not have any qualifying children, you do not qualify	end of 20 for Ear	020? C. Land Income Tax Credit	Yes No
FUL	L-YEAR RESIDENTS	•		
	Answer eligibility questions above and complete Lines 2 and 3			
2.	Earned income tax credit (Reported on federal Form 1040)		00	
3.	Vermont Earned Income Tax Credit. Multiply Line 2 by 36% (0.36)		3.	.00
PAF	Answer eligibility questions above and complete Lines 4 through 10 A Federal Amount \$ Enter figures in Column A from your federal Column A from your federa	al	B. Vermont Port For Vermont Portion, enter i while a Vermont resident as Schedule IN-113, Column B 10, and 11	ncome earned shown on
4.	Wages, salaries, tips, etc. (Schedule IN-113, Line 1)	.00	4B.	.00
5.	Other earned income	.00	Check to indicate 5B.	
6.	Total earned income (Add Lines 4 and 5)	.00	6В	.00
7.	Earned income tax credit adjustment (Divide Line 6B by Line 6A and enter here, but n	ot more t	nan 100%)	%
8.	Earned income tax credit	.00		
9.	Multiply Line 8 by 36% and enter the result here.		9	00.
10.	Vermont Earned Income Tax Credit (Multiply Line 9 by Line 7)		10.	.00
11.	TOTAL REFUNDABLE CREDITS (Add Line 1 to Line 3 or Line 10. Enter this amount on the IN-111, Line 25c)		11.	.00

2021 Form HS-122

Vermont Homestead Declaration AND Property Tax Credit Claim



DUE DATE: April 15, 2021. You may file up to Oct. 15, 2021, but the town may assess a penalty. For details on late filing, see the instructions.

How to file a Homestead Declaration: Please complete Section A of this form, sign in the signature section at the bottom of page 2, and send the form to the Vermont Department of Taxes

How to file a Property Tax Credit Claim: To be considered for a Property Tax Credit, you must file a 1) Homestead Declaration (Section A of this form), 2) Property Tax Credit Claim (Section B of this form), and 3) Schedule HI-144, Household Income. Sign this form in the signature section at the bottom of page 2 and send the forms to the Department.

Tired of paper forms? It's fast and convenient to file your claim online at myVTax.vermont.gov.

Annual Vermont Homestead Declaration

SECTION A.

This form must be filed each year by every Vermont resident whose property neets the definition of a homestead. A Vermont homestead is the principal dwelling and parcel of land surrounding the dwelling, owned and occupied by a resident individual as the individual's domicile on April 1, 2021. If your homestead is leased to a tenant on April 1, 2021, you may still claim it as a homestead if it is not leased for more than 182 days in the 2021 calendar year.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name	MI	Claimant's Social Security Number		
EDGEWOOD	BRADLEY		400009031	
Spouse's/CU Partner's Last Name	First Name	MI	Spouse's or CU Partner's Social Secur	ity Number
EDGEWOOD	MARJORIE (400009032	
Mailing Address (Number and Street/Road or PO Box)			Claimant's Date of Birth (MMDDYYYY))
PO BOX 306			06/ 18/1960	
City	State ZIP Code		SPAN - REQUIRED (from the 2020/20	21 property tax bill)
HYDE PARK	VT 05655		30609700001	
Location of Homestead (Use a number, street/road name.	Do not use a PO Box or "same."	")	City/Town of Legal Residence on April	
306 EDGEWOOD DR			HYDE PARK	VT
Federal	Marriad/CII		Married/CU	Head of
Filing Status Single	Married/CU Filing Jointly		Filing Separately	Household
A1. Business Use of Dwelling			A1	0.00 %
A3. Business or Rental Use of Improvements Not including the dwelling, are improvement	ents or other buildings loca			3. Yes No
A4-A7 Special Situations (see instructions for i	nore information). Check	the following if it app	iles:	
A4. Grantor and sole beneficiary of a revocable trust owning the property			operty crosses town boundaries ion for each town.)	
A5. Life estate holder of the property			welling on the homestead by a related farmer.	

Please continue to Page 2, Part B, for property tax credit. Sign on Page 2.

Mail to: Vermont Department of Taxes

PO Box 1881

Montpelier, VT 05601-1881

Claimant's Last Name	Social Security Number
EDGEWOOD	400009031

DUE DATE: April 15, 2021. Claims accepted up to Oct. 15, 2021.

S	ECTION B.	PROPERTY TAX CR For Household Income up to \$138,500. Co		ule HI-144.
		meet the requirements for filing a homestead declarations must be answered.	on in addition to the following	requirements.
B1.	Were you domic	ciled in Vermont all of calendar year 2020?	Yes, Go to Line B2.	No, STOP.
	-		Yes, STOP.	No, Go to Line B3.
В3.	Do you anticipa before April 1, 2	te selling this Vermont housesite on or 2021?	Yes, STOP.	No, Continue
Amo	unts for Lines B	4-B6 are found on the 2020/2021 property tax bill. Ro	und amounts to the nearest d	
B4.	Housesite Value			.B400
B5.	Housesite Educa	ation Tax		.B53133.00
В6.	Housesite Muni	cipal Tax		.B600
		rest		B7100.00 %
B8.	Household Inco	me (Schedule HI-144, Line z). ch Schedule HI-144	116622	
Com _j B9.	plete the followin	ng ONLY if applicable. See instructions for details e Number (from Form LC-142)		1685836280 - 002
B10.	Lot Rent (Alloc	able Rent from Form LC-142 - include Form LC-142 with	claim.)	B1000
Attac	ch documentatio	on for Allocated Property Tax from Land Trust, Cooper	rative, or Nonprofit Mobile H	Iome Park
B11.	Allocated Educa	ation Tax		B1100
B12.	Allocated Munic	cipal Tax		B1200
		m contiguous property if housestly has less than 2 acres perty Education Tax		в1300
B14.	Contiguous prop	perty Municipal Tax		B1400
		MAXIMUM CREDIT AMO	UNT IS \$8,000.	
		jury, I declare that I have examined this return and accompa prect, and complete. Preparers cannot use return information		
	nature	meet, and complete. I reparers cannot use return miormatic	Date (MMDDYYYY)	Daytime Telephone Number
S	IGNED			
Sign	nature (If a joint return	n, BOTH must sign.)	Date (MMDDYYYY)	Daytime Telephone Number
Paid	l Preparer's Signature	9	Date (MMDDYYYY)	Preparer's Telephone Number
Firm	s's Name (or yours if s	self-employed) and address	Preparer's SSN or PTIN	



2020 Schedule HI-144

Household Income

For the year Jan 1 - Dec 31, 2020



Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2020 Renter Rebate Claim (Form PR-141) OR the 2021 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name EDGEWOOD	First Name BRADLEY	MI	Claimant's Social Security Number 400009031
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY)
EDGEWOOD	MARJORIE		

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2020. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Other Person #1 Last Name	First Name	MI	Other Person #1 Social Security Number
TAYLOR	TOM	T	400009030
Other Person #2 Last Name	First Name	MI	other Person #2 Social Security Number

Yearly totals of ALL members of the household	Claimant /Claynant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
a. Cash public assistance and relief (See instructions for exclusions)	a	.00	00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable	b00	00	00
c. Unemployment compensation/worker's compensation	. c00	.00	.00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)	d. 95000 .00	00	.00
e. Interest and dividends	e00	00	00.
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable	f00	00	00
g. Alimony and support money	g00	00	.00
h. Child support and cash gifts			2400 00
Please specify	h00	00	.00
i. Business income. If the amount is a loss, enter	i00	00	00
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0 See instructions for offsetting a loss	j00	00	00
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions	k00	00	00
I. Rental and royalty income. If the amount is a loss, enter -0 See instructions for offsetting a loss	i00	00	00
m. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0 See Line m instructions for only exception to offset a loss	m00	00	00
n. Other income (see instructions for examples of other income)			
Please specify	n00	00	.00
o. Total Income: Add Lines a through n	o9500000		

Schedule HI-144 Rev. 10/20

5454

Claimant's Last Name	Social Security Number
EDGEWOOD	400009031



95000 28900 .00 .00 .00 Carried forward from Line o 1. Claimant /Claimant 2. Filing separately **p.** See instructions. Enter Social Security and 3. Other Persons Spouse or CU Partner and jointly filed Spouse Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE 7268 .00 00.if not included with income tax filing p. q. Child support paid. You must include .00 .00 .00proof of payment. See instructions q. Support paid to: Last Name First Name Social Security Number MI r. Allowable adjustments from Federal Form 1040 .00 .00.00 **r1.** Business expenses for Reservists **r1.** .00 .00 r2. Alimony paidr2. **r3.** Self-employed health .00 .00 .00.00 .00 r4. Health Savings Account deduction . . . r4. **r5.** Tuition and Fees as reported on 00 00..00s. Add Lines p, q, and total of Lines r1 to r5 7268 .00.00t. Subtract Line s from Line o of each column. 28900 .00 If a negative amount, enter -0-..... 116632 .00 it, enter -0**u.** Add all three amounts from Line tale a negative amounts v. Complete if born Jan. 1, 1956 and after Enter interest and dividend income from .00 .00 .00 z. HOUSEHOLD INCOME. Add Line u and Line y....z. If Line z Household Income is \$47,000 or less, you may be eligible for a renter rebate. Complete Form PR-141 Renter Rebate Claim. **RENTERS** This schedule must be filed with the Renter Rebate Claim. Claims are due April 15, 2021, but can be filed up to Oct. 15, 2021.

HOMEOWNERS

Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year.

If Household Income is more than \$47,000, you do not qualify for a renter rebate.

Homeowners with Household Income up to \$138,500 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. This schedule must be filed with Form HS-122.

Form HS-122 The due date to file is April 15, 2021. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 15, 2021, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

Test 3:

Required Vermont Forms/Schedules: IN-111, IN-112, IN-119, HS-122, HI-144

Taxpayer(s) Information:

Primary SSN: 400-00-9034

Primary Name: Christopher Renaud

Residency Status: Resident
Mailing Address: PO Box 322
City: ST Johnsbury

State: VT
Zip Code: 05863
Country: USA

Date of Birth: 06/18/1977

Filing Status: Head of Household

School District Code: 182

911 Address: 189 Martin St. Town of Legal Residence: Sheffield Healthcare Coverage: **Taxpayer Primary Occupation:** Manager Dependent 1 Name: John Renaud Dependent 1 SSN: 400-00-9002 Dependent 2 Name: Valerie Renaud Dependent 2 SSN: 400-00-9003

Return Information:

Federal AGI: 37,500.00
Wages: 37,500.00
Tax Withheld from Wages: 789.00
Social Security & Medicare Tax Withheld: 1,866.00
EIC from Federal Form 1040: 2,088.00

Interest/Dividend Income from All State

& Local Obligations: 370.00

Interest/Dividend Income from VT State

Obligations: 185.00
Railroad Retirement Income: 12,750.00
Vermont Higher Education Investment: 2,500.00
Bond Note Interest Income: 355.00

Bond Note Interest Income received

from: VSAC

SPAN #: 579-182-12345
Housesite Value: 125,980.00
Housesite Education Tax: 1,969.00
Housesite Municipal Tax: 233.00
Ownership Interest: 100%

2020 Form IN-111

Vermont Income Tax Return



FILE YOUR RETURN
ELECTRONICALLY FOR A
FASTER REFUND. GO TO
TAX.VERMONT.GOV FOR
MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

Vermont School District Code The Enter Healthcare (VT 05863 Coverage Code	Chook all	AMENDE	:D □RI	ECOMPUTED	EXTENDE Return	D
0 4 8	or code options) //CU Filing Jointly		Return	□R	eturn	Return lifying Widow(er)	_
Standard Deduction (\$6,250) (\$12,50		Separately (\$6,250	0)	Head of House (\$9,400)		,500)	_
Federal Adjusted Gross Income (federal For	rm 1040, Line 11)			Check to indicate loss 1		37500	00
2. Net Modifications to Federal AGI (Schedule	e IN-112, Part I, Line	e 15)	X	Check to		12920	00
3. Federal AGI with Modifications (Add Lines	s 1 and 2)			Check to indicate loss 3.		24580	00
4. 2020 Vermont Standard Deduction from fili Please see instructions if you or your s	ng status section abo	ove		4 .		9400	00
deduction boxes on federal Form 1040 5. Personal Exemptions:	, page 1.			5a.	1		
5a. Enter "1" for yourself if no one can of5b. Enter "1" for your jointly filed spous claim them as a dependent or if you	se or CU partner if no	o one can					
5c. Enter number of other dependents of This includes any dependents other t	aimed on federal For	m 1040.			2		
5d. Add Lines 5a through 5c						j. 3	
5e. Multiply Line 5d by \$4,350 (2020 Personal						13050	00
6. Add Lines 4 and 5e				6		22450	00
7. Vermont Taxable Income (Subtract Line 6 f	From Line 3. If less the	han zero, enter -0-).				2130	00
8. Vermont Income Tax from tax table or tax r				8		71	00
(If Line 1 is greater than \$150,000, see instr 9. Net Adjustment to Vermont Tax (Schedule	· · · · · · · · · · · · · · · · · · ·	16)	🗌	Check to indicate loss 9		·	00
10. Vermont Income Tax with Adjustment (Add	d Lines 8 and 9. If le	ess than zero, enter -0	0-)	10		71	00
11. Tax-Deductible Charitable Contribution (See instructions)00	12. Multiply Line 11 by 5%		/C	tribution er the lesser 000) 13			00
14. Vermont Income Tax (Line 10 minus Line 1	3. If less than zero,					71	00
15. Income Adjustment (Schedule IN-113, Line	35, or 100.0000%).				15100	0000	%
16. Adjusted Vermont Income Tax (Multiply Li	ine 14 by Line 15)			16		71	00
Amount Duo					 Form	IN-111	

Taxpayer's Last Name	Social Security Number
RENAUD	400009034



	Other State Cred	lit (Schedule IN-117, Line 21)	Vermont T	ax Credits (Sched	ule IN-119	, Part II)	Total V	/ermont Credits (Add Lines 17	7 and 18)
17.		.00 +	18	250	.00	=	19	25	00.0
20.	Vermont Inco If Line 19 is	ome Tax after credits (Subtrac greater than Line 16, enter -0-)	t Line 19 from Li	ne 16.			. 20		00
		axable items on which no sale ine purchases. (See instruction							
22. Chi	Total Vermon	nt Taxes (Add Lines 20 and 21 Vermont Veterans Fu) nd Gre	en Up Vermont			. 22. e Fund	Total Contribut	$\frac{0}{\text{ions}}$.00
		00 + 23b0							
24.	Total of Verm	ont Taxes and Voluntary Cont	ributions (Add Li	nes 22 and 23e)		. 24		00.0
25a.	2020 Vermon	nt Tax Withheld from W-2, 10	99	25a.		789	.00		
	2020 E-4:	red Tax payments, amount carr made with 2020 extension	: - 1 C 1 C	2010			.00		
25c.	Refundable (Credits (Schedule IN-112, Part	II)			752	.00		
25d.	2020 Vermon	nt Real Estate Withholding from	m Form RW-171	25 <mark>d.</mark>			.00		
25e.	2020 Nonres	ident Estimated Tax payments	- 41- V 13/T I :	. 5	V		00		
25f.		withholding) allocated on Schots and Credits (Add Lines 25a						154	1.00
26.		t. If Line 24 is less than Line 2					. 26		<u>1</u> .00
27a.	Refund to be	credited to 2021 Estimated Ta	x Payment	27a.			.00		
27b.	Refund to be	credited to 2021 Property Tax	Bill	27b.			.00		
28.	REFUND A	MOUNT (Subtract Lines 27a	and 27b from Lin	e 26)			. 28.	154	1.00
29.		more than Line 25th Subtract Lons on tax due							
30.		Penalty on ent of Estimated Tax 30. N-152 or IN-152A)		00	AMO U (Add Li	NT DUE nes 29 and 30)	. 31		00
1	or Amended	Original refund received	Refund due now	0.4	1 -	al payment	0.0	Amount due now	0.0
	eturns Only:	.00.		.00			.00		.00
		perjury, I declare that I have exa correct and complete. Prepare							edge and
	nature			Date (MM/DD/)		Date of Birth (MN		Daytime Telephone Nur	mber
S	IGNED			/ /	,	06/ 18	/1977		
		turn, BOTH must sign.)		Date (MM/DD/)	YYY)	Date of Birth (MN	M/DD/YYYY)	Daytime Telephone Nur	nber
				, ,	,	/	/		
Paid	I Preparer's Signa	ature		, ,		Date	ı	Preparer's Telephone N	umber
	•					,	1		
Firm	's Name (or vour	s if self-employed) and address				/ Preparer's SSN	or PTIN	FEIN	
		- F - 7 - 17 - 17 - 17 - 17 - 17 - 17 -				P12345		123456789	



2020 Schedule IN-112

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or BLACK INK



INCLUDE WITH FORM IN-111

	xpayer's Last Name	First Name	1 1	axpayer's Social Security Number	
RI	ENAUD	CHRISTOPHER		100009034	
	RT I DITIONS TO FEDERAL ADJUST	ED GROSS INCOME			
1.	Total interest and dividend income from all st obligations exempt from federal tax (Reported		3	.00	
2.	Interest and dividend income from Vermont s obligations included in Line 1		1	.00	
3.	Income from Non-Vermont State and Local C (Subtract Line 2 from Line 1)	bligations		.00	
4.	Bonus Depreciation Allowed under Federal L	aw for 2020 4.		.00	
5.	Total Additions (Add Line 3 and Line 4)			5	00
SU	BTRACTIONS FROM FEDERAL	ADJUSTED GROSS INC	OME		
6.	Interest Income from U.S. Obligations			00	
7.	Capital Gains Exclusion (Schedule IN-153, La	ine 21)		00	
8.	Adjustment for Prior Years' Bonus Depreciati	on 8		00	
9.	Taxable Refunds of State and Local Income T (Reported on federal Form 1040)			.00	
10.	Medical Expense Deduction (see the workshe	et in the instructions)10.		00	
11.	Social Security Benefits Exempt from Taxatic (see the worksheet in the instructions).			.00	
12.	Railroad Retirement income		127	.00	
13.	Bond/note interest income from (see below).	13	3	.00	
	▼ VSAC Build America		rmont Public Power pply Authority		
14.	Total Subtractions (Add Lines 6 through 13)			14.	00
NE	T MODIFICATIONS TO FEDERAL	ADJUSTED GROSS IN	COME		
15.	Subtract Line 14 from Line 5. Enter on Form This can be a negative number.	IN-111, Line 2	x ←	Check to indicate loss 15	12920.00

Taxpayer's Last Name	Social Security Number
RENAUD	400009034



PART II

י או	XI II				
REI	FUNDABLE CREDITS		Line 1	is for FUL	L-YEAR residents
1.	Low Income Child & Dependent Care Credit If your federal Adjusted Gross Income is \$30,000 (or \$40,000 for Married Filing Jointly) of child care services are provided by a Vermont accredited daycare provider, enter 50% of Form 2441, Line 11. If you are not a Vermont resident or your daycare provider is not accepted lines. See instructions if your providers are both accredited and second control of the contro	r less, ar f federal credited,	use	1	.00
VEF	RMONT EARNED INCOME TAX CREDIT	For FU	LL-YEAR residents	s and PAR	T-YEAR residents
ELIC	GIBILITY QUESTIONS MUST BE ANSWERED				
A.	Enter number of qualifying children			A.	2
B.	Enter number of qualifying children under the age of 18			В.	2
C.	Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at the If you answered "No" and do not have any qualifying children, you do not qualify	end of 2 for Ear	020?	C. Credit	Yes No
FUL	L-YEAR RESIDENTS	•			
	Answer eligibility questions above and complete Lines 2 and 3		2088.00		
2.	Earned income tax credit (Reported on federal Form 1040)		00		
3.	Vermont Earned Income Tax Credit. Multiply Line 2 by 36% (0.36)			3	752.00
	A Federal Amount \$ Enter figures in Column A from your federal Street and Schedule IN-113	al	For Vermont I while a Vermo	ont resident	Portion \$ ter income earned tas shown on n B, Lines 1, 8,
4.	Wages, salaries, tips, etc. (Schedule IN-113, Line 1)	00		4B	.00
5.	Other earned income (Schedule IN-113, Lines 8, 10, and N)	00	← Check to indicate loss	5B	.00
6.	Total earned income (Add Lines 4 and 5)	00		6B	.00
7.	Earned income tax credit adjustment (Divide Line 6B by Line 6A and enter here, but n	ot more 1	han 100%)	7	%
8.					
9.	Multiply Line 8 by 36% and enter the result here.			9	.00
10.	Vermont Earned Income Tax Credit (Multiply Line 9 by Line 7)	• • • • • • •		.10	.00
11.	TOTAL REFUNDABLE CREDITS (Add Line 1 to Line 3 or Line 10. Enter this amount on the IN-111, Line 25c)			.11.	752 .00

Г

Vermont Department of Taxes

2020 Schedule IN-119

Vermont Tax Adjustments and Nonrefundable Credits



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

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
RENAUD	CHRISTOPHER		400 00 9034

PART I ADJUSTMENTS TO VERMONT INCOME TAX ADDITIONS TO VERMONT TAX 1. Tax on Qualified Plans including IRA, HSA, and MSA (Reported .00 on federal Form 1040, U.S. Individual Income Tax Return. 1. 2. Recapture of Federal Investment Tax Credit .00 .00 3. Tax from federal Form 4972, Tax on Lump-Sum Distributions . . 3. .00 .00 **6.** Recapture of Vermont Credits (See instructions).................6. .00 SUBTRACTIONS FROM VERMONT TAX 8. Credit for Child & Dependent Care Expenses .00 .00 9. Credit for the Elderly or the Disabled (Federal hedule R 10. Investment Tax Credit - Vermont-based only (See instructions) 10. 11. Vermont Farm Income Averaging © .00 (From worksheet in instructions) .00 **12.** Add Lines 8 through 1100 13. _ .00 Vermont-based Solar Energy Credit carryforward.....14. .00 **NET ADJUSTMENTS TO VERMONT TAX** 16. Subtract Line 15 from Line 7. Enter on Form IN-111, Vermont Income Tax Return, .00 indicate 16. Line 9. This can be a negative number.

Taxpayer's Last Name	Social	Securit	ty Number
RENAUD	400	00	9034



INCLUDE WITH FORM IN-111

PART II VERMONT INCOME TAX CREDITS

1.	Vermont Higher Education	eligible for credit					Credit
	Investment (32 V.S.A § 5825a) See instructions	2500.00		TIMES (X) .10	=	_	<u>250</u> .00
	credits earned through an S-Corporation,	LLC, or Partnership, enter	name and FEIN				
Na	ame of Entity			FEIN			
If cr	redits from more than one business entity,	fill out a separate IN-119 f	for each entity.				
		Column A Earned in 2020	PLUS (+)	<u>Column B</u> Carryforward		UALS (=)	Column C
2.	Charitable Housing (32 V.S.A. § 5830c) 2A	00	2B.		00	2C	.00
3.	Qualified Sale of Mobile Home Park (32 V.S.A. § 5828)	00	3B.	Δ	00	3C	.00
4.	Research & Development (32 V.S.A. § 5930ii) 4A				.00	4C	.00
Pric	or approval required from Vermont Hous						
5.	Affordable Housing (32 V.S.A § 5930u)	00	5B.		00	5C	.00
6.	Historic Rehabilitation (32 V.S.A. § 5930cc(a)) 6A	00	6B.		00	6C	.00
7.	Facade Improvement (32 V.S.A. § 5930cc(b)) 7A				00		00
8.	Code Improvements (32 V.S.A. § 5930cc(c)) 8A		8B.		00		.00
9.	Add Column C, Lines 1-8. If no credit		this amount on	Form IN-111, Li	ne 18		
Tax	x Credit Calculation Worksheet						
	Vermont Entrepreneur's Seed Capital F					10	.00
11.	Enter adjusted Vermont income tax am	ount from Form IN-111, I	Line 16			11	.00.
12.	Enter credit for income tax paid to anot	her state or Canadian prov	vince from Form	n IN-111, Line 17	·	12	.00.
13.	Subtract Line 12 from Line 11					13	.00
14.	Enter the lesser of Line 9 or Line 13					14	.00
15.	Subtract Line 14 from Line 13. The rest	ult cannot be less than zero	o			15	.00
16.	Multiply Line 15 by 50%					16	.00
17.	Enter the lesser of Line 10 or Line 16					17	.00
18.	Total Credits Allowable. Enter the total	of Lines 14 and 17				18	.00
19.	Total Income Tax Credits Available. Enter this amount on Form IN-111 Lin		3 or Line 18.			19.	.00

2021 Form HS-122

Vermont Homestead Declaration AND Property Tax Credit Claim



DUE DATE: April 15, 2021. You may file up to Oct. 15, 2021, but the town may assess a penalty. For details on late filing, see the instructions.

How to file a Homestead Declaration: Please complete Section A of this form, sign in the signature section at the bottom of page 2, and send the form to the Vermont Department of Taxes

How to file a Property Tax Credit Claim: To be considered for a Property Tax Credit, you must file a 1) Homestead Declaration (Section A of this form), 2) Property Tax Credit Claim (Section B of this form), and 3) Schedule HI-144, Household Income. Sign this form in the signature section at the bottom of page 2 and send the forms to the Department.

Tired of paper forms? It's fast and convenient to file your claim online at myVTax.vermont.gov.

Annual Vermont Homestead Declaration

SECTION A.

This form must be filed each year by every Vermont resident whose property preets the definition of a homestead. A Vermont homestead is the principal dwelling and parcel of land surrounding the dwelling, owned and occupied by a resident individual as the individual's domicile on April 1, 2021. If your homestead in leased to a tenant on April 1, 2021, you may still claim it as a homestead if it is not leased for more than 182 days in the 2021 salendar year.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name	First Name	MI	Claimant's Social Security Number	
RENAUD	CHRISTOPHER		400009034	
Spouse's/CU Partner's Last Name	First Name	MI	Spouse's or CU Partner's Social Security Number	
Mailing Address (Number and Street/Road or PO Box) PO BOX 322			Claimant's Date of Birth (MMDDYYYY) 06/18/1977	
City	State ZIP Code		SPAN - REQUIRED (from the 2020/2021 property	tav hill)
SAINT JOHNSBURY	VT 05863		57918212345	lax biii)
Location of Homestead (Use a number, street/road name.			City/Town of Legal Residence on April 1, 2021	& State
189 MARTIN ST			SHEFFIELD	VT
Federal	Manied/CU	П	Married/CU Head	of
Filing Status Single	Filing Jointly		Filing Separately Hous	
11. Business Use of Dwelling			A1.	%
12. Rental Use of Dwelling			A2.	%
A3. Business or Rental Use of Improvements Not including the dwelling, are improvement	ents or other buildings located o			No
A4-A7 Special Situations (see instructions for i	nore information). Check the fo	ollowing if it app	lies:	
A4. Grantor and sole beneficiary of a revocable trust owning the property	A		operty crosses town boundaries tion for each town.)	
A5. Life estate holder of the property	ПА		lwelling on the homestead by a related farmer.	

Please continue to Page 2, Part B, for property tax credit. Sign on Page 2.

Mail to: Vermont Department of Taxes

PO Box 1881

Montpelier, VT 05601-1881

Claimant's Last Name	Social Security Number
RENAUD	400009034

DUE DATE: April 15, 2021. Claims accepted up to Oct. 15, 2021.

9	SECTION B.	PROPERTY TAX For Household Income up to \$138,500.		Schedule HI-1	144.
		neet the requirements for filing a homestead declans must be answered.	•		
		led in Vermont all of calendar year 2020?	X Yes, Go to Line B2.	No,	, STOP.
B2. B3.	Do you anticipate	d as a dependent in 2020 by another taxpayer? e selling this Vermont housesite on or 021?			, Go to Line B3.
Amo	•	-B6 are found on the 2020/2021 property tax bill.			
B4.	Housesite Value				125980.00
B5.	Housesite Educati	ion Tax		B5	1969.00
B6.	Housesite Munici	ipal Tax		В6	233.00
B7.	Ownership Interes	est		J	B7. 100.0000 %
В8.	Household Income	ne (Schedule HI-144, Line z). h Schedule HI-144			eck here if amended Schedule 144, Household Income, is included.
		Number (from Form LC-142)		15858	336270 - 001
B10.	. Lot Rent (Allocab	ble Rent from Form LC-142 - include Form LC-142	with claim.)	B10	.00
Atta	ich documentation	n for Allocated Property Tax from Land Trust, Co	operative, or Nonprofit M	Mobile Home Par	– rk
B11.	. Allocated Educati	ion Tax			.00
B12.	. Allocated Municip	ipal Tax			.00
		a contiguous property if housesite has less than 2 acerty Education Tax		B13	.00
B14.	. Contiguous prope	erty Municipal Tax		B14	.00
		MAXIMUM CREDIT A	•		
		rry, I declare that I have examined this return and accorrect, and complete. Preparers cannot use return inform			
_	gnature		Date (MMDD		Daytime Telephone Number
	IGNED				
Sign	gnature (If a joint return, B	3OTH must sign.)	Date (MMDD)YYYY)	Daytime Telephone Number
Pai	id Preparer's Signature		Date (MMDD	OYYYY)	Preparer's Telephone Number

123456789

FEIN

Firm's Name (or yours if self-employed) and address

Preparer's SSN or PTIN

P12345678



2020 Schedule HI-144

Household Income

For the year Jan 1 - Dec 31, 2020



Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2020 Renter Rebate Claim (Form PR-141) OR the 2021 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name RENAUD	First Name CHRISTOPHER	MI	Claimant's Social Security Number 4 0 0 0 0 9 0 3 4
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY)

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2020. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Other Person #1 Last Name	First Name	I MI	Other Person #1 Social Security	Number
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security	Number
		I ⊿		
			,	
Yearly totals of ALL	1. Claimant /Clai	nant	2. Filing separately	2 Other Demonstra
members of the household	and jointly filed Sp	ouse	Spouse or CU Partner	3. Other Persons
		•••		0.0
a. Cash public assistance and relief (See instruc	tions for exclusions) a.	.00	.00	.00
-	•			

a. Cash public assistance and relief (See instructions for exclusions) a.	. 90	.00	.00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxableb	12750.00	00	.00
c. Unemployment compensation/worker's compensation	.00	00	.00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)	37500.00	00	.00
e. Interest and dividends	185.00	00	.00
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable	355.00	00	.00
g. Alimony and support money	00	00	.00
	00	00	00
Please specify h. h	00	.00	00
See instructions for offsetting a lossi	.00	00	.00
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0 See instructions for offsetting a loss j.	.00	00	.00
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions	.00	00	.00
I. Rental and royalty income. If the amount is a loss, enter -0 See instructions for offsetting a loss	.00	00	.00
m. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0 See Line m instructions for only exception to offset a loss	00	00	.00
n. Other income (see instructions for examples of other income)			
Please specify	.00	00	.00
o. Total Income: Add Lines a through n	50790.00	00.	.00

Claimant's Last Name	Social Security Number
RENAUD	400009034



50790 .00 .00.00Carried forward from Line o 1. Claimant /Claimant 2. Filing separately **p.** See instructions. Enter Social Security and 3. Other Persons Spouse or CU Partner and jointly filed Spouse Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE 1866 .00 00.if not included with income tax filing p. q. Child support paid. You must include .00 .00 .00proof of payment. See instructions q. Support paid to: Last Name First Name Social Security Number MI r. Allowable adjustments from Federal Form 1040 .00 .00.00 **r1.** Business expenses for Reservists **r1.** .00 .00 **r3.** Self-employed health .00 .00 .00 .00 .00 r4. Health Savings Account deduction . . . r4. **r5.** Tuition and Fees as reported on 00 00..00s. Add Lines p, q, and total of Lines r1 to r5 1866 .00.00t. Subtract Line s from Line o of each column. .00 .00 If a negative amount, enter -0-..... 48924 **u.** Add all three amounts from Line tale a negative amounts nt. enter -0v. Complete if born Jan. 1, 1956 and after Enter interest and dividend income from 540 .00. .00 10,000.00 .00 v. Subtract Line x from Line w. If Line x is more than Line w, enter -0-48924 z. HOUSEHOLD INCOME. Add Line u and Line y....z.

RENTERS

If Line z Household Income is \$47,000 or less, you may be eligible for a renter rebate. Complete Form PR-141 Renter Rebate Claim. This schedule must be filed with the Renter Rebate Claim. Claims are due April 15, 2021, but can be filed up to Oct. 15, 2021.

If Household Income is more than \$47,000, you do not qualify for a renter rebate.

HOMEOWNERS

Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year.

Homeowners with Household Income up to \$138,500 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. This schedule must be filed with Form HS-122.

Form HS-122 The due date to file is April 15, 2021. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 15, 2021, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

Test 4:

Required Vermont Forms/Schedules: IN-111, HS-122, HI-144

Taxpayer(s) Information:

Primary SSN: 400-00-9035

Name: Sammy R. Goodrich

Residency Status:

Mailing Address:

City:

Chester

State:

VT

Zip Code:

Resident

PO Box 349

Chester

VT

05143

Date of Birth: 06/14/1947

Filing Status: Married Filing Joint

Spouse SSN: 400-00-9036

Spouse Name: Patty M. Goodrich

Spouse Date of Birth: 09/14/1950

School District Code: 045

911 Address: 13 Sugarbush Rd.
Healthcare Coverage: Taxpayer & Spouse
Primary Occupation: Chief Operator
Spouse Occupation: Secretary

Return Information:

Federal AGI: 59,095.00 Wages: 48,595.00 Taxable Social Security Income: 10,500.00

Social Security & Medicare Tax

Withheld: 3,718.00

Income Tax Withheld from

Wages: 1,200.00

Overpayment applied to 2020

Property Tax Bill: Yes

SPAN: 114-045-12345

Business Use of Dwelling: 0.00%
Rental Use of Dwelling: 0.00%
Improvements: None
Special Situations: None
Housesite Value: 155,500.00

Housesite Value. 133,300.00
Housesite Education Tax: 1,888.00
Housesite Municipal Tax: 1,143
Ownership Interest: 100.00%
Mobile Home Lot Rent: None
Contiguous Property: No

2020 Form IN-111

Vermont Income Tax Return



FILE YOUR RETURN
ELECTRONICALLY FOR A
FASTER REFUND. GO TO
TAX.VERMONT.GOV FOR
MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

					Form IN-111
16. Adjusted Vermont Incom	ne Tax (Multiply Line 14 by	Line 15)		16.	.00
15. Income Adjustment (Scho	edule IN-113, Line 35, or 1	00.0000%)			15
14. Vermont Income Tax (Li	ne 10 minus Line 13. If les	s than zero, enter -0-)			7 97 .0 0
11. Tax-Deductible Charitable C (See instructions)	12. Multipl	y Line 11 by 5% (0.05) 50 .00	13. Charitable Co Deduction (Er of Line 12 or \$		50
10. Vermont Income Tax wit	h Adjustment (Add Lines 8	and 9. If less than zer	o, enter -0-)	10	00
9. Net Adjustment to Vermo		Part I, Line 16)		Check to indicate loss 9	.00
8. Vermont Income Tax from (If Line 1 is greater than S	m tax table or tax rate scheo \$150,000, see instructions)	lule		8	.00
7. Vermont Taxable Income	e (Subtract Line 6 from Line	e 3. If less than zero, e	nter -0-)	7	252950 0
6. Add Lines 4 and 5e		,		6	23300.00
5e. Multiply Line 5d by \$4,3	50 (2020 Personal Exempti	on)		5e	8700 . 00
5d. Add Lines 5a thro	ough 5c				5d
	other dependents claimed or dependents other than your		e	5c	- 2
claim them as a de	ependent or if you are a qua	infying widow(er)		5b1	-
5a. Enter "1" for your	rself if no one can claim your jointly filed spouse or CU	*	A		-
deduction boxes on 5. Personal Exemptions:	ons if you or your spouse ch federal Form 1040, page 1.	necked any standard		1	
4. 2020 Vermont Standard I	Deduction from filing status	s section above		4	1460000
3. Federal AGI with Modific	cations (Add Lines 1 and 2))		Check to indicate loss 3	48595.00
2. Net Modifications to Fed	eral AGI (Schedule IN-112	, Part I, Line 15)	×	Check to indicate loss 2	00
1. Federal Adjusted Gross In	ncome (federal Form 1040,	Line 8b)		Check to indicate loss	
	,,				
Filing Status and Single Standard Deduction (\$6,25)		Jointly Marrie	d/CU Filing ately (\$6,250)	Head of Household (\$9,400)	Qualifying Widow(er) (\$12,500)
Vermont School District Code 0 4 5	3 Enter Healthcare Coverage C (See instructions for code opt	Code Check all that apply	AMEND Return	RECOM Return	PUTED EXTENDED Return
CHESTER	VT	05143			
PO BOX 349	State	ZIP Code or Foreign Po	stal Code Fore	SUGARBUSH R	D
Mailing Address (Number and Stree		· <u> </u>	I	/Physical Street Address on 12	2/31/2020
Spouse's/CU Partner's Last Name GOODRICH	First Nan		MI M	Social Security Number 40009936	Check if Deceased
GOODRICH	SAMM		R	400009035	Check if Deceased
Taxpayer's Last Name	First Nam	ne	MI	Social Security Number	

Taxpayer's Last Name Social Security Number GOODRICH 400009035



	Other State Cred	dit (Schedule IN-117, Line 21)	Vermont T	ax Credits (Schedu	ıle IN-119, P	art II)	Total V	ermont Credits (Add Lines 17 a	nd 18)
17.		.00 +	18		.00	=	19		.00
20.	Vermont Inc. If Line 19 is	ome Tax after credits (Subtrac greater than Line 16, enter -0-)	t Line 19 from Li	ne 16.			. 20	797	.00
21.		taxable items on which no sale line purchases. (See instruction							.00
22. Chi	Total Vermo	nt Taxes (Add Lines 20 and 21 Vermont Veterans Fu) nd Gre	en Up Vermont			. 22. e Fund	797 Total Contribution	.00
23a.		00 + 23b(00 + 23c	.00	+ 23	3d	00		
24.	Total of Verm	ont Taxes and Voluntary Cont	ributions (Add Li	nes 22 and 23e)		• • • • • • • • • • •	. 24	797	.00
25a.	2020 Vermon	nt Tax Withheld from W-2, 10	99	25a.		1200	.00		
25b.	2020 Estimat	ted Tax payments, amount carn made with 2020 extension	ried forward from	2019,			.00		
25c.	Refundable (Credits (Schedule IN-112, Part	II)	25c.			.00		
25d.	2020 Vermon	nt Real Estate Withholding fro	m Form RW-171	25d.			.00		
25e.	2020 Nonres	ident Estimated Tax payments	1 1 1/ 11/17 1	5 25:			.00		
25f.		withholding) allocated on Sch nts and Credits (Add Lines 25a						1200	.00
		t. If Line 24 is less than Line 2					. 26	409	-
27a.	Refund to be	credited to 2021 Estimated Ta	x Payment	27a.			.00		
27b.	Refund to be	credited to 2021 Property Tax	Bill	27b.		409	.00		
28.	REFUND A	MOUNT (Subtract Lines 27a	and 27b from Lin	e 26)			. 28.		.00
29.	If Line 24 is	more than Line 25f. Subtract I ons on tax due	Line 25f from Line	e 24.					.00
30.	Interest and Underpaym (Worksheet I	Penalty on ent of Estimated Tax 30. N-152 or IN-152A)		00	AMOUN (Add Line	T DUE es 29 and 30)	. 31		.00
F	or Amended	Original refund received	Refund due now		Original p	payment		Amount due now	
R	eturns Only:	.00		.00)		.00		.00
		perjury, I declare that I have exa , correct and complete. Prepare							ge and
Sigr	nature			Date (MM/DD/Y	YYY) [Date of Birth (MI	M/DD/YYYY)	Daytime Telephone Number	er
S	IGNED			/ /		06/ 14	/1947		
Sigr	nature (If a joint re	turn, BOTH must sign.)		Date (MM/DD/Y	YYY) I	Date of Birth (MI	M/DD/YYYY)	Daytime Telephone Number	er
S	IGNED			/ /		09/ 14	/1950		
Paid	l Preparer's Signa	ature			1	Date		Preparer's Telephone Num	nber
						/	/		
Firm	i's Name (or your	s if self-employed) and address				Preparer's SSN P12345		FEIN 123456789	
								-	

SOCIAL S	SECURITY	EXEMPTION	WORKSHEET
----------	----------	------------------	-----------

Instructions: It is important that you answer the questions in Section I to determine if you qualify for a full or partial exemption. If you qualify for a partial exemption, you may move on to Section II to calculate the

		nount of the exemption.	ii ii to can	culate the
SECT	ION	I: Do you qualify for the Vermont Social Security full or partial exemption?		
		Did you report an amount on federal Form 1040, U.S. Individual Income Tax Return, Lin Security benefits that were taxable in the current tax year? No. You do not qualify for this exemption. Yes. Proceed to question 2.	e 5b, earn	ing Social
	2. If	f you are:		
	•	Married filing jointly, is your Adjusted Gross Income (AGI) on Form IN-111, Vermont less than \$70,000?	Income T	ax Return, Line 1,
	•	Single, head of household, qualifying widow(er), or married filing separately, is your A less than \$55,000?	GI on For	m IN-111, Line 1,
		 No. You do not qualify for this exemption. Yes. You qualify for Vermont's Social Security exemption. Proceed to quest 	tion 3.	
	3. I	f you are:		
	•	Married filing jointly, is your AGI less than \$60,000?		
	•	 Single, head of household, qualifying widow(er), or married filing separately, is your in the No. Please proceed to Section II of this worksheet. Yes. You qualify for a full exemption. Please enter the full amount from fed Schedule IN-112, Line 10. 		
SECT	ION	II: Calculating your Social Security Partial Exemption		
	fo	his section is for married joint filers with an Adjusted Gross Income (AGI) between \$6 or single, head of household, qualifying widow(er), or married separate filers with an AG 55,000.		
	4. I	f you are:		
	•	Married filing jointly, enter \$70,000.		
	•	All other filing statuses, enter \$55,000	4	70000
	5. F	Enter your AGI from Form IN-111, Line 1		
		Subtract Line 5 from Line 4. If Line 5 is greater than Line 4, enter -0		
	7. [Divide Line 6 by \$10,000. This value will be a decimal. Please round to the second lecimal place (<i>Example</i> : .481 would round to .48)		
	8. E	Enter the lesser of Line 7 or the value 1 (This line should not be greater than 1)	8	1_
		Enter the amount from federal Form 1040. Line 5h		

Note about civil unions: If you are in a civil union and filing jointly, you should file for this exemption as married filing jointly. If you are a civil union and filing separately, you should file as married filing separately.

10. Amount of **partial exemption.** Multiply Line 9 by Line 8.

2021 Form HS-122

Vermont Homestead Declaration AND Property Tax Credit Claim



DUE DATE: April 15, 2021. You may file up to Oct. 15, 2021, but the town may assess a penalty. For details on late filing, see the instructions.

How to file a Homestead Declaration: Please complete Section A of this form, sign in the signature section at the bottom of page 2, and send the form to the Vermont Department of Taxes

How to file a Property Tax Credit Claim: To be considered for a Property Tax Credit, you must file a 1) Homestead Declaration (Section A of this form), 2) Property Tax Credit Claim (Section B of this form), and 3) Schedule HI-144, Household Income. Sign this form in the signature section at the bottom of page 2 and send the forms to the Department.

Tired of paper forms? It's fast and convenient to file your claim online at myVTax.vermont.gov.

Annual Vermont Homestead Declaration

SECTION A.

This form must be filed each year by every Vermont resident whose property neets the definition of a homestead. A Vermont homestead is the principal dwelling and parcel of land surrounding the dwelling, owned and occupied by a resident individual as the individual's domicile on April 1, 2021. If your homestead is leased to a tenant on April 1, 2021, you may still claim it as a homestead if it is not leased for more than 182 days in the 2021 calendar year.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name	First Name	MI	Claimant's Social Security Number	
GOODRICH	SAMMY	R	400009035	
Spouse's/CU Partner's Last Name	First Name	MI	Spouse's or CU Partner's Social Security Num	oer
GOODRICH	PATTY	M	400009036	
Mailing Address (Number and Street/Road or PO Box)			Claimant's Date of Birth (MMDDYYYY)	
PO BOX 349			06/14 /1947	
City	State ZIP Code		SPAN - REQUIRED (from the 2020/2021 proper	erty tax bill)
CHESTER	VT 05143		11404512345	
Location of Homestead (Use a number, street/road name.	Do not use a PO Box or "same	.")	City/Town of Legal Residence on April 1, 2021	& State
13 SUGARBUSH RD			CHESTER	VT
Federal	Married/CII		Married/CU	lead of
Filing Status Single	X Married/CU Filing Jointly			lousehold
				0 00 04
A1. Business Use of Dwelling			A1.	0.00 %
				0.00 %
A2. Rental Use of Dwelling			A2.	0.00 %
A3. Business or Rental Use of Improvements		-4-1	4 f - 1 i 42	
Not including the dwelling, are improvement	ents or other buildings loc	ated on your parcel use	ed for business or rented? A3.	es No
A4-A7 Special Situations (see instructions for a	mana information) Charle	the fellowing if it ann	lian	
A4-A7 Special Situations (see instructions for i	more information). Check	the following if it app	nes:	
A4. Grantor and sole beneficiary of a		A6. Homestead pro	operty crosses town boundaries	
revocable trust owning the property		(File a declarat	ion for each town.)	
A5. Life estate holder of the property			welling on the homestead	
Line estate floider of the property		☐'' parcel owned b	by a related farmer.	

Please continue to Page 2, Part B, for property tax credit. Sign on Page 2.

Mail to: Vermont Department of Taxes

PO Box 1881

Montpelier, VT 05601-1881

Claimant's Last Name	Social Security Number
GOODRICH	400009035

DUE DATE: April 15, 2021. Claims accepted up to Oct. 15, 2021.

S	ECTION B.	PROPERTY TAX For Household Income up to \$138,500.			e HI-144.	
		meet the requirements for filing a homestead declar ons must be answered.	aration in additio	n to the following re	quirements.	
B1.	Were you domi	ciled in Vermont all of calendar year 2020?	X Yes, Go to Line	e B2.	No, STOP.	
B2.	Were you claim	ned as a dependent in 2020 by another taxpayer?	Yes, STOP.		X No, Go to Line B3.	
В3.	Do you anticipa before April 1,	ate selling this Vermont housesite on or 2021?	Yes, STOP.		No, Continue	
Amo	unts for Lines B	34-B6 are found on the 2020/2021 property tax bill.	Round amount	s to the nearest doll	ar.	
B4.	Housesite Value	e		В	415550	0.00
B5.	Housesite Educ	ation Tax			5188	<u>8</u> .00
B6.		cipal Tax				·3.00
B7.	Ownership Inte	rest			B7100.0	0 %
B8.	Household Inco You MUST atta	ome (Schedule HI-144, Line z). ach Schedule HI-144	В8.	55377.00	Check here if amended Sched HI-144, Household Income, is	ule included.
B10.	Lot Rent (Alloc	te Number (from Form LC-142)	with claim.)			00
B11.	Allocated Educa	ation Tax		B1	1	00
B12.	Allocated Muni	cipal Tax		B1	2	00
<u>OR</u> I B13.	Property Tax fro	m contiguous property If housestte has less than 2 as perty Education Tax	cres (see instruc	tions.)	3	00
B14.	Contiguous pro	perty Municipal Tax		B1	4	00
		MAXIMUM CREDIT	AMOUNT IS \$8,0	00.		
		jury, I declare that I have examined this return and accorrect, and complete. Preparers cannot use return infor				edge and
Sign	nature			Date (MMDDYYYY)	Daytime Telephone Num	nber
S	IGNED					
Sign	nature (If a joint return	n, BOTH must sign.)	1	Date (MMDDYYYY)	Daytime Telephone Num	nber
Paid	l Preparer's Signatur	e		Date (MMDDYYYY)	Preparer's Telephone No	ımber
Firm	n's Name (or yours if	self-employed) and address	1	Preparer's SSN or PTIN P12345678	FEIN 123456789	



Other Person #1 Last Name

Other Person #2 Last Name

Vermont Department of Taxes

2020 Schedule HI-144

Household Income

For the year Jan 1 - Dec 31, 2020



Other Person #1 Social Security Number

Other Person #2 Social Security Number

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2020 Renter Rebate Claim (Form PR-141) OR the 2021 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name	First Name	MI	Claimant's Social Security Number
GOODRICH	SAMMY	R	400009035
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY)
GOODRICH	PATTY	М	

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2020. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

First Name

First Name

Other Person #2 Last Name	Filst Name	IVII	Ottler Person #2 Social Security IN	number
Yearly totals of ALL members of the household	-	Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
a. Cash public assistance and relief (See	instructions for exclusio	ns) a	.00	.00
 b. Social Security, SSI, disability, railroa veteran's benefits, taxable and nontaxa 		b1050000	00	00.
c. Unemployment compensation/worker	's compensation	c00	.00	.00
d. Wages, salaries, tips, etc. (See instruct dependent's exempt income.)		d. 48595.00	00	.00
e. Interest and dividends		e00	.00	.00
f. Interest on U.S., state, and municipal catavable and nontaxable		f00	00	00.
g. Alimony and support money		g00	00	.00
h. Child support and cash gifts				
Please specify		h00	00	.00
i. Business income. If the amount is a los See instructions for offsetting a loss	ss, enter 0	i00	00	00
j. Capital gains, taxable and nontaxable. enter -0 See instructions for offsetting	If the amount is a loss, ng a loss	j00	00	00
k. Taxable pensions, annuities, IRA and distributions. See instructions	other retirement fund an	d k00	00	00
I. Rental and royalty income. If the amore See instructions for offsetting a loss		100	00	00
m. Farm/partnerships/S corporations/LLC If the amount is a loss, enter -0 See I exception to offset a loss	Line m instructions for or	nly	00	00
n. Other income (see instructions for exa	mples of other income)			
Please specify		n00	.00	.00

.00

o. Total Income: Add Lines a through n

Claimant's Last Name	Social Security Number
GOODRICH	400009035



59095 .00 .00.00Carried forward from Line o 1. Claimant /Claimant 2. Filing separately **p.** See instructions. Enter Social Security and 3. Other Persons Spouse or CU Partner and jointly filed Spouse Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE .00 00.if not included with income tax filing p. q. Child support paid. You must include .00 00..00proof of payment. See instructions q. Support paid to: Last Name First Name Social Security Number MI r. Allowable adjustments from Federal Form 1040 .00 .00.00 **r1.** Business expenses for Reservists **r1.** __ .00 .00 r2. Alimony paidr2. **r3.** Self-employed health .00 .00 .00.00 .00 r4. Health Savings Account deduction . . . r4. **r5.** Tuition and Fees as reported on 00..0000 s. Add Lines p, q, and total of Lines r1 to r5 .00.00t. Subtract Line s from Line o of each column. .00 .00 If a negative amount, enter -0-..... 55377 nt, enter -0**u.** Add all three amounts from Line tale a negative amounts v. Complete if born Jan. 1, 1956 and after Enter interest and dividend income from .00 .00 .00 Lines e and f..... .00 v. Subtract Line x from Line w. If Line x is more than Line w, enter -0-....v. .00 z. HOUSEHOLD INCOME. Add Line u and Line y....z. If Line z Household Income is \$47,000 or less, you may be eligible for a renter rebate. Complete Form PR-141 Renter Rebate Claim. **RENTERS** This schedule must be filed with the Renter Rebate Claim. Claims are due April 15, 2021, but can be filed up to Oct. 15, 2021.

HOMEOWNERS

Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year.

If Household Income is more than \$47,000, you do not qualify for a renter rebate.

Homeowners with Household Income up to \$138,500 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. This schedule must be filed with Form HS-122.

Form HS-122 The due date to file is April 15, 2021. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 15, 2021, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

Test 5: Required Vermont Forms/Schedules:

IN-111, IN-117

Taxpayer(s) Information:

Primary SSN: 400-00-9037
Name: Michael Lane
Residency Status: Resident

Mailing Address: 17 Ferndell Ln. City: Colchester

State: VT
Zip Code: 05446
Date of Birth: 01/15/1982
Filing Status: Single
School District Code: 048

911 Address: 17 Ferndell Ln.

Healthcare Coverage: Taxpayer

Return Information:

 Federal AGI:
 115,000.00

 Wages:
 115,000.00

 NY Wages:
 57,500.00

 VT Income Tax Withheld from Wages:
 5,000.00

 NY Taxes Paid:
 5,000.00

 Use Tax Due:
 115.00

 Estimated payments made
 2,750.90

2020 Form IN-111

Vermont Income Tax Return



FILE YOUR RETURN MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

_						Form IN-111
	sted Vermont Income Tax (Multiply L					5645
15. Incon	ne Adjustment (Schedule IN-113, Line	e 35, or 100.0000%).				50000
14. Verm	nont Income Tax (Line 10 minus Line	13. If less than zero,	enter -0-)		14	5645
1	Deductible Charitable Contribution instructions) .00	12. Multiply Line 11 by 5%	0 (0.03) I	naritable Co eduction (En Line 12 or \$7	ntribution ter the lesser 1,000) 13	•
10. Verm	ont Income Tax with Adjustment (Add	d Lines 8 and 9. If le	ess than zero, ent	ter -0-)	10	5645
9. Net A	Adjustment to Vermont Tax (Schedule	IN-119, Part I, Line	16)		check to indicate loss 9.	•
(If Li	ont Income Tax from tax table or tax in 1 is greater than \$150,000, see instr	ructions)				
7. Verm	ont Taxable Income (Subtract Line 6 t	from Line 3. If less the	han zero, enter -	0-)	7.	·
	Lines 4 and 5e					104400
						10600
	aply Line 5d by \$4,350 (2020 Personal					4350
5d	Add Lines 5a through 5c		-			5d 1
5c.	Enter number of other dependents of This includes any dependents other	aimed on federal For	rm 104 <mark>0.</mark>			
5b.	Enter "1" for your jointly filed spour claim them as a dependent or if you				5b.	
5. Perso	nal Exemptions: Enter "1" for yourself if no one can		de <mark>nt</mark>		5a1	
	Vermont Standard Deduction from fill Please see instructions if you or your s deduction boxes on federal Form 1040	spouse checked any s	ve		4	•
	al AGI with Modifications (Add Lines				loss	· 6250
	Modifications to Federal AGI (Schedul				Check to	115000
					loss ———————————————————————————————————	
1 F.J.	ral Adjusted Gross Income (federal Fo	1040 I : 11)			Check to findicate 1.	115000
Filing Stat Standard	tus and Single Married (\$6,250)	d/CU Filing Jointly 00)	Married/CU F Separately (\$		Head of Household (\$9,400)	Qualifying Widow(er) (\$12,500)
048	See instructions f	or code options)	Check all that apply	AMEND Return	ED RECOMP Return	PUTED EXTENDE Return
	IESTER chool District Code	VT 05446				
17 FE	RNDELL LN	State ZIP Code	or Foreign Postal Co		FERNDELL LN eign Country	
•	dress (Number and Street/Road or PO Box)			I .	 Physical Street Address on 12/	31/2020 Dece
	CU Partner's Last Name	First Name		МІ	Social Security Number	Dece
laxpayer's	Last Name	First Name MICHAEL		MI	Social Security Number 4000097	Checl

Taxpayer's Last Name	Social Security Number
LANE	400009037



	Other State Cred	dit (Schedule IN	-117, Line 21)		Vermont Ta	ax Credits (S	Schedule	e IN-119, Part II)	Total V	ermont Credits (Add Lines	17 and 18)
17.		2823	.00	- 1	18			.00	=	19	28	23.00
20.	Vermont Inc. If Line 19 is	ome Tax afte greater than	er credits (Sub Line 16, enter	tract Lin	ne 19 from Li	ne 16.				20	28	22.00
21.			s on which no es. (See instruc					Check to certify to Use Tax is du	ie. OR	21		58 .00
22.	Total Vermo	nt Taxes (Ad	ld Lines 20 and Vermont Veterans	d 21)						22.	28	00. 08
23a.		VV + 2	23b	00	+ 23c	·•	UU	+ 23d.		00	= 23e	00
24.	Total of Verm	ont Taxes ar	nd Voluntary C	Contribut	ions (Add Li	nes 22 and	23e) .			24	28	<u>80</u> .00
25a.	2020 Vermon	nt Tax Withh	neld from W-2	1099		2	5a		5000	.00		
	2020 Estimat	ted Tay navn	nents, amount 2020 extension	carried f	orward from	2019						
25c.	Refundable (Credits (Sche	dule IN-112, I	Part II)		2	25c.	·		.00		
25d.	2020 Vermon	nt Real Estat	e Withholding	from Fo	orm RW-171	2	5d			.00		
25e.	2020 Nonres	ident Estima	ted Tax payme allocated on	ents Schedule	e K-1VT. Lin	e 52	25e.			.00		
25f.			its (Add Lines								77	<u>50</u> .00
26.	Overpaymen	t. If Line 24	is less than Li	ne 25f, S	Subtract Line	24 from L	ine 25:	i		26	48	70.00
27a.	Refund to be	credited to 2	2021 Estimated	l Tax Pa	yment	2	⁷ a			.00		
27b.	Refund to be	credited to 2	2021 Property	Tax Bill		2	7b			.00		
28.	REFUND A	MOUNT (S	ubtract Lines	7a and 2	7b from Line	26)				28.	48	70 .00
29.	If Line 24 is	more than Li	ine 25 f. S ubtra	ct Line 2	25f from Line	24.						
30.	Interest and	Penalty on ent of Estim	ated Tax 30			00	31. A	MOUNT D	UE			0.0
F	or Amended	Original refund	d received	Re	efund due now			Original paym	nent	I	Amount due now	
	eturns Only:		•	00			.00			.00		.00
			lare that I have complete. Prep								to the best of my know eturns.	vledge and
Sigr	nature					Date (MM	I/DD/YY	YY) Date	of Birth (M	M/DD/YYYY)	Daytime Telephone N	umber
S	IGNED					/	/	01	L/ 15	/1982		
Sigr	nature (If a joint re	eturn, BOTH mu	st sign.)			Date (MM	I/DD/YY	YY) Date	of Birth (M	M/DD/YYYY)	Daytime Telephone N	umber
						/	/		/	/		
Paid	d Preparer's Signa	ature						Date			Preparer's Telephone	Number
									/	/		
Firn	n's Name (or your	s if self-employe	ed) and address					Prep	arer's SSN	or PTIN	FEIN	
								P1	2345	678	12345678	9

2020 Schedule IN-117



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

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

For Residents and Some Part-Year Residents ONLY.

You must complete a separate Schedule IN-117 for each state or Canadian province and include a copy of the other state return(s). Please see instructions.

	xpayer's Last Name ANE	First Name MICHAEL	MI	Taxpayer's Social Security No.	umber
1.	Name of state or Canadian province. Use st	andard two-letter abbreviation			
	Enter Adjusted Gross Income taxed in anoth subject to Vermont income tax. This entry of the entry on Form IN-111, Line 1. (If less the strength of the control of the contr	her state or Canadian province that is als	so	⁷⁵⁰⁰ .00	
3.	2020 Bonus Depreciation add back taxed in Canadian province AND taxed in Vermont.	another state or		.00	
4.	Non-Vermont state/local obligations taxed in Canadian province AND taxed in Vermo			.00	
5.	Add Lines 2 through 4			5.	⁵⁷⁵⁰⁰ .00
	Bonus Depreciation subtracted from income or Canadian province in tax year 2020	e in another state		.00	
7.	U.S. Government interest income subtracted another state or Canadian province in tax years.	d from income in		.00	
Q	Add Lines 6 and 7			8.	.00
	Modified Adjusted Gross Income for incomtaxed in Vermont (Subtract Line 8 from Lin	ne taxed in another state or Canadian pro	vince Al		57500 .00
10.	Adjusted Gross Income from Form IN-111, (If less than zero, enter -0-)	Line 1.		.00	
11.	Non-Vermont state/local obligations from Schedule IN-112, Part I, Line 3	11.		00.	
12.	Bonus Depreciation from Schedule IN-112,	Part I, Line 4 12.		00.	
13.	Add Lines 10 through 12			13	$\phantom{00000000000000000000000000000000000$
14.	U.S. Government interest income from Schedule IN-112, Part I, Line 6	14		00	
15.	Bonus Depreciation from Schedule IN-112,	Part I, Line 8 15.		00.	
16.	Add Lines 14 and 15			16	.00
17.	Subtract Line 16 from Line 13				115000.00
18.	Vermont income tax from Form IN-111, Lin	ne 14		.00	
19.	Computed tax credit (Divide Line 9 by Line Line 9 57500 x Line 18_	5645	esult can	not be more than 100% o	2022
	Line 1/ ₁₁₅₀₀₀			19	00
20.	Income tax paid to another state or Canadia Income from Line 9 above			20.	.00
21.	VERMONT CREDIT for income tax paid Enter the lesser of Line 19 or Line 20. Also			21.	00

Did you buy taxable items without paying Vermont Sales Tax? This includes orders over the internet, by mail, or by phone on which you did not pay Vermont Sales Tax. This also includes out-of-state purchases on which you paid tax at a rate less than 6%, including purchases of liquor to be consumed in Vermont. ☐ Yes, but I did not keep accurate records. Go to Part 1. ☐ Yes, and I kept accurate records. Go to Part 2. ☐ No. Skip to Part 4.					
All of the following questions relate only to		nere Vermont Sales Tax was not charged.			
	e cords e Estimated Use Tax Table below that cor Form IN-111, Line 1				
1b. Did you make purchase(s) of \$1,00	0 or more per item?				
Yes. Go to Part 3.	ata Farm INI 111 Lina 21 and akin the raw	saindar of this workshoot			
X No. Enter Line 1a amount of	nto Form IN-111, Line 21 and skip the rem Estimated Use Tax Table	lanider of this worksheet.			
Adjusted Gross Income Use Tax is:	Adjusted Gross Income Use Tax is:	Adjusted Gross Income Use Tax is:			
Up to \$10,000\$5 \$10,001 - \$20,000\$10 \$20,001 - \$30,000\$20 \$30,001 - \$40,000\$30	\$40,001 - \$50,000\$40 \$50,001 - \$60,000\$50 \$60,001 - \$70,000\$60 \$70,001 - \$80,000\$70	\$80,001 - \$90,000\$80 \$90,001 - \$100,000\$90 \$100,001 and over 0.1% (0.001) of AGI or \$500, whichever is less.			
Part 2 If you did keep accurate recor	ds				
	ses of items under \$1,000 each				
2b. Multiply Line 2a by 6% (0.06). Ent	er the amount here	2b			
Part 3 Total Use Tax due					
_	ses of items \$1,000 or more each item				
	ter the amount here				
	3c. Add Line 3b to either Line 1a or Line 2b (the line with a value entered)				
3d. Enter the amount of sales tax paid to another state for the purchases on Lines 2a and 3a, if any. 3d.					
3e. Line 3c minus Line 3d. Enter here and on Form IN-111, Line 21					
Part 4 Certification of No Use Tax D					
You do not owe use tax if: 1) you did not make any taxable purchases by internet, mail-order, over the phone, or out of state, or 2) you made purchases using any of these methods but paid at least 6% sales tax at the time of purchase on all of them.					

www.tax.vermont.gov

If one of the situations above is true, check the box next to Line 21 and enter -0- on that line. The failure to pay use tax may

result in the assessment of penalties of up to 100% of the unreported tax and interest.

Test 6:

Required Vermont Forms/Schedules: IN-111, IN-112, IN-119, IN-153

Taxpayer(s) Information:

Primary SSN: 400-00-9038
Name: John Siloway
Residency Status: Resident

Mailing Address: 1413 Boudro Road

City: Randolph
State: VT
Zip Code: 05060

Date of Birth: 12/28/1953

Filing Status: Married Filing Joint Spouse SSN: 400-00-9039 Mary

Spouse Name: Siloway
School District Code: 159

911 Address: 1413 Boudro Road

Healthcare Coverage: Spouse Primary Occupation: Teacher

Dependent Name: Michael Siloway
Dependent SSN: 400-00-9004

Return Information:

Federal AGI: 56,604.00

Taxable Social Security: 1,256.00

Interest & Dividend Income from State &

Local Obligations Exempt from Federal Taxes: 266,000.00

VT Interest & Dividend Income from State &

Local Obligations Exempt from Federal Taxes: 255,570.00
Income Tax Withheld from Wages: 1,200.00
Estimated Payments Made: 1,000.00
Interest Income from US Obligations: 7,279.00
Bond/Note Interest Income: 500.00

Bond/Note Interest Income received from: Build America

Federal Child & Dependent Care: 600.00

Vermont Higher Education Investment: 500.00

VT Housing Rehabilitation Credit Earned: 90.00

Housing Community Inc.

Entity Credit from: FEIN 40-0008045

Charitable Contributions Made: 500.00

2020 Form IN-111

Vermont Income Tax Return

(from Line 31)



FILE YOUR RETURN MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

	xpayer's Last Name	First Name		MI	Social Security Number		Che	ck if
	ILOWAY	JOHN		ļ	400009038			eased
	pouse's/CU Partner's Last Name	First Name		MI	Social Security Number		Che	ck if
	ILOWAY ailing Address (Number and Street/Road or PO Box)	MARY		011/0	400009039	124/2020	Dece	easec
	413 BOUDRO RD				Physical Street Address on 12 L3 BOUDRO RD			
Ci		State ZIP Code	or Foreign Postal Code		gn Country			
	ANDOLPH	VT 05060	•	1 0101	gir Gountry			
	ermont School District Code		Check all					
	5 9 Enter Healthcare (See instructions f	or code options)	10.01.00 P	MENDE Return	D RECOM	PUTED	Return	ΞD
Fi	ling Status and Single Marrier	d/CLL Filing Injustry	Married/CU Filing	Ctuiii	Head of Household			
	sandard Deduction Single (\$6,250) Married (\$12,50)	d/CU Filing Jointly 00)	Separately (\$6,250))	(\$9,400)	(\$12,500)	Widow(er)	
					Check to	5	6604	00
1.	Federal Adjusted Gross Income (federal For	rm 1040, Line 11)			indicate 1.			.00
2	Nat Madification at Federal ACI (Calcadal	- INI 110 D	. 15)		Check to ← indicate 2.		3605	.00
۷.	Net Modifications to Federal AGI (Schedul	e IN-112, Part I, Line	(15)	🔼	← indicate 2			·VV
3	Federal AGI with Modifications (Add Lines	s 1 and 2)			Check to ← indicate 3.	5	2999	.00
٥.	1 cuciai 7101 with Wodifications (71ud Eme.	3 1 ana 2)			loss			100
4.	2020 Vermont Standard Deduction from file	ing status section abo	ve		4.	1	3550	.00
	Please see instructions if you or your s deduction boxes on federal Form 1040	spouse checked any s	tandard		-			
5.	Personal Exemptions:	o, page 1.			1			
	5a. Enter "1" for yourself if no one can	claim you as a depen	de <mark>nt</mark>		5a			
	5b. Enter "1" for your jointly filed spour	se or CU partner if no	o on <mark>e ca</mark> n		1			
	claim them as a dependent or if you				5b			
	5c. Enter number of other dependents cl	laimed on federal For	rm 104 <mark>0.</mark>		_ 1			
	This includes any dependents other	than yourself and/or	your spouse		5c			
	5d Add Lines So through So					£.a	3	
	5d. Add Lines 5a through 5c				• • • • • • • • • • • • • • • • • • • •			
5e.	Multiply Line 5d by \$4,350 (2020 Personal	Exemption)				1	3050	.00
6.	Add Lines 4 and 5e				6.		6600	.00
							6399	
7.	Vermont Taxable Income (Subtract Line 6 to	from Line 3. If less the	han zero, enter -0-).		7.			.00
							884	
8.	Vermont Income Tax from tax table or tax i				8		884	.00
	(If Line 1 is greater than \$150,000, see instr				Check to		70	ΛΛ
9.	Net Adjustment to Vermont Tax (Schedule	IN-119, Part I, Line	16)	[X]	Check to indicate loss 9.			.00
10	Vermont Income Tax with Adjustment (Ado	dlimas Qamd Q Ifla	as them some enten (10		814	.00
10.	vermont income Tax with Adjustment (Add	d Lines 8 and 9. If ie	ss than zero, enter -()-)	10.			·VV
1	Tax-Deductible Charitable Contribution	12. Multiply Line 11 by 5%	(0.05) 13. Charita					
	(See instructions) 500 .00		TOUDALL I	i on (Ente	er the lesser 000) 13		25	.00
Ш			OI LINC	12 ΟΙ ΨΊ,				
14.	Vermont Income Tax (Line 10 minus Line	13. If less than zero,	enter -0-)		14		789	.00
						100	0000	
15.	Income Adjustment (Schedule IN-113, Line	e 35, or 100.0000%).				15		
							789	00
16.	Adjusted Vermont Income Tax (Multiply L	ine 14 by Line 15)			16.			.UU
							444	
	Amount Due	.00	D 4 50	5454	1	Form IN-1		
	(from Line 31)	•00	Page 1 of 2		1	Rev. 10	/ Z U	

Taxpayer's Last Name	Social Security Number
SILOWAY	400009038



	Other State Cred	lit (Schedule IN-117, Line 21)	Vermont T	ax Credits (Schedu	ile IN-119	, Part II)	Total V	'ermont Credits (Add Lines 17 a	and 18)
17.		.00. +	18	140	.00	=	19	140	00
20.	Vermont Inco If Line 19 is	ome Tax after credits (Subtract greater than Line 16, enter -0-).	Line 19 from Li	ne 16.			. 20	649	00
21.		axable items on which no sales ine purchases. (See instructions							
22. Chi	Total Vermo	nt Taxes (Add Lines 20 and 21) Vermont Veterans Fund	d Gre	en Up Vermont		Nongame Wildlife	. 22.	649 Total Contributio	00
23a.		00 + 23b0	0 + 23c	00	+	23d	00	= 23e	
24.	Total of Verm	ont Taxes and Voluntary Contr	ibutions (Add Li	nes 22 and 23e)			. 24	649	00
25a.	2020 Vermon	nt Tax Withheld from W-2, 109	9	25a.		1200	.00		
25b.	2020 Estimat	ed Tax payments, amount carrimade with 2020 extension	ad familiand fuana	2010					
25c.	Refundable (Credits (Schedule IN-112, Part I	I)				.00		
25d.	2020 Vermon	nt Real Estate Withholding fron	n Form RW-171	25d.			.00		
25e.	2020 Nonres	ident Estimated Tax payments	1 1 1/ 13/77 1	5 25:			.00		
25f.		withholding) allocated on Schents and Credits (Add Lines 25a						2200	.00
		t. If Line 24 is less than Line 25							
27a.	Refund to be	credited to 2021 Estimated Tax	Payment	27a.			.00		
27b.	Refund to be	credited to 2021 Property Tax	Bill	27b.			.00		
28.	REFUND A	MOUNT (Subtract Lines 27a a	nd 27h from Nin	e 26)			28	1551	00
29.	If Line 24 is	more than Line 25f Subtract Lines on tax due	ne 25f from Line	e 24.					_
30.	Interest and Underpayme			31.	AMOU	NT DUE			
F	or Amended	Original refund received	Refund due now		Origina	al payment		Amount due now	
R	eturns Only:	.00		.00)		.00		.00
		perjury, I declare that I have exar correct and complete. Preparers							ge and
	nature	Correct and complete. I reparer	s cannot use retu	Date (MM/DD/Y	<u> </u>	Date of Birth (MN		Daytime Telephone Numb	er
S	IGNED			·	,	12/28	ŕ		
		turn, BOTH must sign.)		Date (MM/DD/Y	YYY)	Date of Birth (MN		Daytime Telephone Numb	er
	IGNED	• ,		, ,		,	, I		
	Preparer's Signa	ture		/ /		Date	•	Preparer's Telephone Nur	nber
	. 5					,	ı		
Firm	n's Name (or vour	s if self-employed) and address				Preparer's SSN of	or PTIN	FEIN	
	(5.) 5011	F - 7 - 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				P12345		123456789	



2020 Schedule IN-112

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or BLACK INK



INCLUDE WITH FORM IN-111

	kpayer's Last Name	First Name			axpayer's Social Security Number	
SI	LOWAY	JOHN		4	:00009038	
PAI	RT I					
AD	DITIONS TO FEDERAL A	ADJUSTED GROSS INC	OME			
1.	Total interest and dividend income	e from all state and local		2660	100	
	obligations exempt from federal ta	` *	0) 1.		.00	
2.	Interest and dividend income from obligations included in Line 1		2.	2555	. 00	
3.	Income from Non-Vermont State a (Subtract Line 2 from Line 1)		3.	104	.00	
4.	Bonus Depreciation Allowed under	er Federal Law for 2020	4.		.00	10420
5.	Total Additions (Add Line 3 and I	Line 4)			5.	00
SU	BTRACTIONS FROM FE	DERAL ADJUSTED GR	OSS INCOME		•	
				72	79 00	
6.	Interest Income from U.S. Obligat	tions	6.		00	
7.	Capital Gains Exclusion (Schedule	e IN-153, Line 21)	7	50	.00	
8.	Adjustment for Prior Years' Bonu	s Depreciation	8.		00	
9.	Taxable Refunds of State and Loc (Reported on federal Form 1040)		9.		00.	
10.	Medical Expense Deduction (see t	the worksheet in the instructions)	10.		00	
11.	Social Security Benefits Exempt f		41	12	.00	
	(see the worksheet in the instruction	ons)	11.		00	
12.	Railroad Retirement income		12.		00	
13.	Bond/note interest income from (s	see below)	13.	5	.00 <u>000</u>	
	VSAC Build America	Vermont Telecom Authority	Vermont Publi Supply Author			
14.	Total Subtractions (Add Lines 6 th	hrough 13)			14.	<u>14035</u> .00
NE	T MODIFICATIONS TO F	EDERAL ADJUSTED G	ROSS INCOME			
15.	Subtract Line 14 from Line 5. Ent	ter on Form IN-111, Line 2		X ←	Check to indicate loss 15	3605 .00
	This can be a negative number.					

Taxpayer's Last Name	Social Security Number
SILOWAY	400009038



PART II

RE	FUNDABLE CREDITS		Line 1 is fo	or FULL-YEAR residents
	Low Income Child & Dependent Care Credit If your federal Adjusted Gross Income is \$30,000 (or \$40,000 for Married Filing Jointly) of child care services are provided by a Vermont accredited daycare provider, enter 50% of Form 2441, Line 11. If you are not a Vermont resident or your daycare provider is not accepted line 119, Part I, Line 8. See instructions if your providers are both accredited and	or less, ar of federal credited,	1. nd use	
VEI	RMONT EARNED INCOME TAX CREDIT	For FU	LL-YEAR residents an	d PART-YEAR residents
ELI	GIBILITY QUESTIONS MUST BE ANSWERED			
A.	Enter number of qualifying children			A.
В.	Enter number of qualifying children under the age of 18			B
C.	Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at the If you answered "No" and do not have any qualifying children, you do not spalify	end of 2 for Ear	020?	C. Yes No
FUL	L-YEAR RESIDENTS	•		
	Answer eligibility questions above and complete Lines 2 and 3			
2.	Earned income tax credit (Reported on federal Form 1040)		.00	
3.	Vermont Earned Income Tax Credit. Multiply Line 2 by 36% (0.36)			.00
PAF	A Federal Amount \$ Enter figures in Column A from your federal Charles and Schedule IN-113	al	For Vermont Porti while a Vermont r	nont Portion \$ ion, enter income earned esident as shown on Column B, Lines 1, 8,
4.	Wages, salaries, tips, etc. (Schedule IN-113, Line 1)	.00	4B.	.00.
5.				.00
6.	Total earned income (Add Lines 4 and 5)	.00	6B.	.00
7.	Earned income tax credit adjustment (Divide Line 6B by Line 6A and enter here, but n	ot more	than 100%)	%
8.	Earned income tax credit	.00		
9.	Multiply Line 8 by 36% and enter the result here.	• • • • • • •		.00
10.	Vermont Earned Income Tax Credit (Multiply Line 9 by Line 7)			.00
11.	TOTAL REFUNDABLE CREDITS (Add Line 1 to Line 3 or Line 10. Enter this amount on the IN-111, Line 25c)		11.	.00



2020 Schedule IN-119

Vermont Tax Adjustments and Nonrefundable Credits



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

	Taxpayer's Last Name SILOWAY	First Name JOHN	MI	Taxpayer's Social Security Number 40009038	
PART I ADJUSTMENTS TO VERMONT INCOME TAX					

PA	RT I ADJUSTMENTS TO VERMONT INCOME TAX	
AD	DITIONS TO VERMONT TAX	
1.	Tax on Qualified Plans including IRA, HSA, and MSA (Reported on federal Form 1040, U.S. Individual Income Tax Return	.00
2.	Recapture of Federal Investment Tax Credit	-
	(Reported on Form 1040)	.00
3.	Tax from federal Form 4972, Tax on Lump-Sum Distributions3.	.00
4.	Add Lines 1 through 34.	.00
5.	Multiply Line 4 by 24%	.00
6.	Recapture of Vermont Credits (See instructions)6.	.00
7.	Add Lines 5 and 6.	700
SU	BTRACTIONS FROM VERMONT TAX	
8.	Credit for Child & Dependent Care Expenses (Reported on Form 1040)	.00
9.	Credit for the Elderly or the Disabled (Federal Schedule R) . 9.	.00
	Investment Tax Credit - Vermont-based only (See instructions)	.00
11.	Vermont Farm Income Averaging Credit (From worksheet in instructions)11.	.00
12.	Add Lines 8 through 11	.00
13.	Multiply Line 12 by 24%	.00
14.	Vermont-based Solar Energy Credit carryforward14.	.00
15.	Add Lines 13 and 14.	15
NE	T ADJUSTMENTS TO VERMONT TAX	
16.	Subtract Line 15 from Line 7. Enter on Form IN-111, Vermont Income Tax Return, Line 9. This can be a negative number.	Check to ndicate 16

16. Subtract Line 15 from Line 7. Enter on Form IN-111, Vermont Income Tax Return, Line 9. This can be a negative number	<u>′0.00</u>
--	--------------

Taxpayer's Last Name	Social Security Number
	400009038

2020 Contribution



INCLUDE WITH FORM IN-111

Credit

VERMONT INCOME TAX CREDITS

1. Vermont Higher Education	eligible for credit						Credit
Investment (32 V.S.A § 5825a) See instructions	500	.00	-	ΓIMES (X) .10) =		50 .0 0
	•	-•••				_	•••
For credits earned through an S-Corporation	n, LLC, or Partnership,	enter n	ame and FEIN	of the entity			
Name of Entity				FEI	V		
HOUSING COMMUNITY IN	C					40 000	8045
If credits from more than one business entit	y, fill out a separate IN	-119 for	each entity.				
	Column A		PLUS	Column B		EQUALS	Column C
	Earned in 2020		(+)	Carryforward	b	(=)	
2. Charitable Housing		0.0			0.0		0.0
(32 V.S.A. § 5830c)	A	.00	2B		00	2C.	.00
3. Qualified Sale of Mobile Home Park		0.0			0.0		0.0
(32 V.S.A. § 5828)	A	.00	3B.		00	3C.	.00
4. Research & Development		0.0			0.0		0.0
(32 V.S.A. § 5930ii)	A	.00	4B		00	4C.	.00
Prior approval required from Vermont Hou	sing Finance Agency	for Line	5		•		
5. Affordable Housing		0.0			0.0		0.0
(32 V.S.A § 5930u)5.	A	.00_	5B.		00	5C.	.00
6. Historic Rehabilitation		00			0.0		0.0
(32 V.S.A. § 5930cc(a)) 6.	A. 90	.00	6B.		00	6C.	90 .0 0
7. Facade Improvement		0.0			0.0		0.0
(32 V.S.A. § 5930cc(b)) 7	A	.00	7B		00	7C.	.00
8. Code Improvements		00			00		0.0
(32 V.S.A. § 5930cc(c))	A	.00	8B		00	8C	.00
							140 00
9. Add Column C, Lines 1-8. If no cred	it claimed on Line 10,	enter th	is amount on F	Form IN-111, I	Line 18		140_ .0 0
" - " - " - " - " - " - " - " - " -							
Tax Credit Calculation Workshee							0.0
10. Vermont Entrepreneur's Seed Capital	Fund (32 V.S.A. § 58	(30b) .					
							0.0
11. Enter adjusted Vermont income tax an	nount from Form IN-	III, Lin	e 16				
40 F			6 17	D. 1.1.1. T	_	10	00
12. Enter credit for income tax paid to and	otner state or Canadiai	n provin	ce from Form	IN-III, Line I	/		
12 Carlana at I in a 12 for an I in a 14						12	.00
13. Subtract Line 12 from Line 11							.00

Schedule IN-119 Rev. 10/20 .00

.00

.00

.00

.00

.00

5454

19. Total Income Tax Credits Available. Enter the lesser of Line 13 or Line 18.

14. Enter the lesser of Line 9 or Line 13.

2020 Schedule IN-153

Vermont Capital Gain Exclusion Calculation



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

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
SILOWAY	JOHN		400 00 9038

PART I. FLAT EXCLUSION		
1. Enter smaller of Line 15 or 16 from federal Form 1040, Schedule D	1.	<u> 28000</u> .00
2. Enter amount from:2a. Federal Form 1040, Schedule D, Line 182a.	.00	
2b. Federal Form 1040, Schedule D, Line 19 2b.	.00	
3. Add Lines 2a and 2b.	3	.00
4. Subtract Line 3 from Line 1	4	28000.00
If you filed federal Form 4952, complete Lines 5 through 7		
5. Enter amount from:	00	
5a. Federal Form 4952, Line 4g 5a.	.00	
5b. Federal Form 4952, Line 4e	.00	
5c. Multiply Line 5a by Line 5b and enter result here	5c	.00
5d. Federal Form 4952, Line 4b 5d.	.00	
5e. Federal Form 4952, Line 4e	.00	
6. Add Lines 5d and 5e; enter result there	6	.00
7. Divide Line 5c by Line 6; enter result there	7	.00
8. Subtract Line 7 from Line 4. Entry cannot be Jess than zero	8	28000.00
9. Enter the smaller of Line 8 or \$5,000	9.	5000.00

Taxpayer's Last Name	Social Security Number			
SILOWAY	400	00	9038	



PART II. PERCENTAGE EXCLUSION

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

10. Enter the amount from Part I, Line 4**10.** .00 11. Enter amount of adjusted net capital gain from the sale of .00 12. Assets held for more than three years. Subtract Line 11 from .00 Enter the amount of net adjusted capital gain from the sale of the following assets held for more than three years 13a. Real estate or portion of real estate used as a primary .00 **13b.** Depreciable personal property .00 (except for farm property or standing timber) 13b. 13c. Stocks or bonds publicly traded or traded on an 00.**14.** Add Lines 13a through 13c......**14.** 15. Subtract Line 14 from Line 12; enter result here. Entry cannot be less than zero. This is the amount .00 of net adjusted capital gain eligible for exclusion Line 16 Federal Form 4952 information. If no investment interest expension Part I of this form. Otherwise, you may need to recompute Form 495

neligible assets was reported on federal Form 4952, enter Line 7 from 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..... .00

.00 17. Subtract Line 16 from Line 15

.00

CAPITAL GAIN EXCLUSION PART III.

19. Enter the *greater of* Line 9 or Line 18 **19.** 5000.00

12362**.00 20.** Multiply Federal Taxable Income

21. Enter the *smaller of* Line 19 or Line 20. This is your capital gain exclusion. 5000.00

SOCIAL SECURITY EXEMPTION WORKSHEET		
Instructions: It is important that you answer the questions in Section I to determine if you or partial exemption. If you qualify for a partial exemption, you may move on to Section I amount of the exemption.		
SECTION I: Do you qualify for the Vermont Social Security full or partial exemption?		
1. Did you report an amount on federal Form 1040, U.S. Individual Income Tax Return, Line 5 Security benefits that were taxable in the current tax year?	b, earn	ing Social
No. You do not qualify for this exemption.		
2. If you are:		
 Married filing jointly, is your Adjusted Gross Income (AGI) on Form IN-111, Vermont In less than \$70,000? 	come T	Tax Return, Line 1
 Single, head of household, qualifying widow(er), or married filing separately, is your AGI less than \$55,000? 	on Fo	rm IN-111, Line 1
 No. You do not qualify for this exemption. Yes. You qualify for Vermont's Social Security exemption. Proceed to question 	ı 3.	
3. If you are:		
 Married filing jointly, is your AGI less than \$60,000? 		
 Single, head of household, qualifying widow(er), or married filing separately, is your AG No. Please proceed to Section II of this worksheet. 	I less t	han \$45,000?
Yes. You qualify for a full exemption . Please enter the full amount from federa Schedule IN-112, Line 10.	l Form	1040, Line 5b, or
SECTION II: Calculating your Social Security Partial Exemption		
This section is for married joint filers with an Adjusted Gross Income (AGI) between \$60, for single, head of household, qualifying widow(er), or married separate filers with an AGI b \$55,000.		
4. If you are:		
• Married filing jointly, enter \$70,000.		
All other filing statuses, enter \$55,000.	.4	70000
 All other filing statuses, enter \$55,000. 5. Enter your AGI from Form IN-111, Line 1. 	.5	56604
6. Subtract Line 5 from Line 4. If Line 5 is greater than Line 4, enter -0		
7. Divide Line 6 by \$10,000. This value will be a decimal. Please round to the second		

Note about civil unions: If you are in a civil union and filing jointly, you should file for this exemption as married filing jointly. If you are a civil union and filing separately, you should file as married filing separately.

10. Amount of **partial exemption.** Multiply Line 9 by Line 8.

1

1256

1256

Test 8:

Required Vermont Forms/Schedules: IN-111, HS-122, HI-144

Taxpayer(s) Information:

Primary SSN: 400-00-9040
Name: Michael Jones
Residency Status: Resident
Mailing Address: 109 Jones St.
City: Waterbury

 State:
 VT

 Zip Code:
 05676

 Date of Birth:
 06/24/1977

Filing Status: Married Filing Separately

Spouse SSN: 400-00-9041
Spouse Name: Alice Jones

School District Code: 221

911 Address: 109 Jones St.

Healthcare Coverage: None

Return Information:

 Federal AGI:
 28,000.00

 Wages:
 27,500.00

 Taxable Interest:
 500.00

 Charitable Contributions:
 3,460.00

 Use Tax Due:
 85.00

 Green Up Vermont:
 250.00

 Alimony Received:
 2,000.00

Social Security & Medicare Tax

Withheld: 2,104.00

Income Tax Withheld from

Wages: 657.00 Spouse Social Security Income: 15,000.00 SPAN: 696-221-00001

Business Use of Dwelling: 0.00% Rental Use of Dwelling: 0.00% Improvements: None **Special Situations:** None Housesite Value: 120,000 Housesite Education Tax: 2,100.00 Housesite Municipal Tax: 1,000.00 100.00% Ownership Interest: Mobile Home Lot Rent: None **Contiguous Property:** No

2020 Form IN-111

Vermont Income Tax Return



FILE YOUR RETURN MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

Amount Due	00			F	Form IN-111
16. Adjusted Vermont Income Tax (Multip	ly Line 14 by Line 15).			16.	410.
15. Income Adjustment (Schedule IN-113,	Line 35, or 100.0000%)			15	
14. Vermont Income Tax (Line 10 minus L	ine 13. If less than zero	, enter -0-)		14	410.
11. Tax-Deductible Charitable Contribution (See instructions) 3460 .00	12. Multiply Line 11 by 5	noducti	ble Contributi i on (Enter the I 12 or \$1,000) .		173.0
10. Vermont Income Tax with Adjustment	`				583 (
9. Net Adjustment to Vermont Tax (Scheo	lule IN-119, Part I, Line	16)	Che indi loss	cate 9.	
8. Vermont Income Tax from tax table or (If Line 1 is greater than \$150,000, see	instructions)				
7. Vermont Taxable Income (Subtract Lin	e 6 from Line 3. If less	than zero, enter -0-).		7.	
6. Add Lines 4 and 5e					
5e. Multiply Line 5d by \$4,350 (2020 Person					10600
5d. Add Lines 5a through 5c					4350
This includes any dependents of					. 1
5c. Enter number of other dependen	ts claimed on federal Fo	orm 1040.			
5b. Enter "1" for your jointly filed s claim them as a dependent or if	pouse or CU partner if r	no on <mark>e ca</mark> n			
5. Personal Exemptions: 5a. Enter "1" for yourself if no one	71 8	ndent		1	
4. 2020 Vermont Standard Deduction from Please see instructions if you or you deduction boxes on federal Form	our spouse checked any	ove		4	6250.
3. Federal AGI with Modifications (Add I	ines 1 and 2)		← Che indi loss	cate 3.	
2. Net Modifications to Federal AGI (Scho			10SS	2	20000
1. Federal Adjusted Gross Income (federal			OSS	ack to	,
			Che	eck to	28000
	arried/CU Filing Jointly 12,500)	Married/CU Filing Separately (\$6,250))	Head of Household (\$9,400)	Qualifying Widow(er) (\$12,500)
a Enter nearing	care Coverage Code ons for code options)		MENDED leturn	RECOMPUTED Return	EXTENDED Return
WATERBURY Vermont School District Code	VT 0567	1			
109 JONES ST	State ZIP Code	e or Foreign Postal Code	Foreign Cou	ONES ST	
Mailing Address (Number and Street/Road or PO Box			911/Physica	al Street Address on 12/31/202	Decea 20
Spouse's/CU Partner's Last Name JONES	First Name ALICE			al Security Number	Check
JONES	MICHAEL			0009040	Check Decea
Taxpayer's Last Name	First Name		I MI I Soci	al Security Number	I

Taxpayer's Last Name	Social Security Number
JONES	400009040



	Other State Cred	dit (Schedule IN-117, Line 21)	Vermont T	ax Credits (Schedu	ile IN-119	, Part II)	Total V	ermont Credits (Add Lines 17 ar	nd 18)
17.		.00 +	18		.00	=	19		.00
20.	Vermont Inc. If Line 19 is	ome Tax after credits (Subtract greater than Line 16, enter -0-).	Line 19 from Li	ne 16.			20	410	.00
21.	Use Tax for tincluding on	taxable items on which no sales line purchases. (See instructions	tax was charged , worksheet, and	chart)	Check to no Use T	certify OR	21	85	.00
22. Chi	Total Vermo	nt Taxes (Add Lines 20 and 21) d Vermont Veterans Fund	d Gre	en Up Vermont		Nongame Wildlife F	22	495 Total Contribution	
23a.		00 + 23b0	0 + 23c	<u>250</u> .00	+	23d	.00	= 23e. 250	.00
24.	Total of Verm	ont Taxes and Voluntary Contr	ibutions (Add Li	nes 22 and 23e)			24	745	.00
25a.	2020 Vermon	nt Tax Withheld from W-2, 109	9	25a.		6 57 .	00		
	2020 Estimat	ted Tax payments, amount carrie made with 2020 extension	ed forward from	2010			00		
25c.	Refundable (Credits (Schedule IN-112, Part I	I)				00		
25d.	2020 Vermon	nt Real Estate Withholding from	n Form RW-171	25d.		<u> </u>	00		
25e.	2020 Nonres	ident Estimated Tax payments	41. 1/ 13/T I :	- 5 25 -	V		00		
25f.		withholding) allocated on Sche nts and Credits (Add Lines 25a						657	.00
		t. If Line 24 is less than Line 25					26		.00
27a.	Refund to be	credited to 2021 Estimated Tax	Payment	27a.			00		
27b.	Refund to be	credited to 2021 Property Tax	Bill	27b.			00		
28.	REFUND A	MOUNT (Subtract Lines 27a a	nd 27h from Lin	e 26)			28.		.00
29.	If Line 24 is	more than Line 25th Subtract Li	ne 25f from Line	24.					.00
30.	Interest and Underpaym			31.	AMOU	NT DUE ines 29 and 30)		0.0	.00
F	or Amended	Original refund received	Refund due now		Origina	al payment	Т	Amount due now	
R	eturns Only:	.00		.00)		.00		.00
		perjury, I declare that I have exan , correct and complete. Preparers							ge and
	nature	,		Date (MM/DD/Y	· ·	Date of Birth (MM/I	• •	Daytime Telephone Number	er
	SIGNED			/ /		06/ 24/	1977		
		turn, BOTH must sign.)		Date (MM/DD/Y	YYY)	Date of Birth (MM/I	DD/YYYY)	Daytime Telephone Number	er
				/ /		, ,			
Paid	d Preparer's Signa	ature		, ,		Date		Preparer's Telephone Num	nber
						, ,			
Firn	n's Name (or your	s if self-employed) and address				Preparer's SSN or		FEIN	
						P123456	78	123456789	

	USE TAX WORKSHEET							
Did you buy taxable items without paying Vermont Sales Tax? This includes orders over the internet, by mail, or by phone								
on which you did not pay Vermont Sales T		ases on which you paid tax at a rate	e less					
than 6%, including purchases of liquor to be Yes, but I did not keep accu								
X Yes, and I kept accurate rec								
No. Skip to Part 4.	orus. Go to fait 2.							
All of the following questions relate only to	the type of purchases described above, wh	nere Vermont Sales Tax was not cha	arged.					
Part 1 If you did not keep accurate re	21 1		2800.					
· -	e Estimated Use Tax Table below that cor.	responds to						
	Form IN-111, Line 1							
1b. Did you make purchase(s) of \$1,000	or more per item?							
X Yes. Go to Part 3.								
No. Enter Line 1a amount on	to Form IN-111, Line 21 and skip the rem	ainder of this worksheet.						
	Estimated Use Tax Table							
Adjusted Gross Income Use Tax is:	Adjusted Gross Income Use Tax is:	Adjusted Gross Income Use Ta						
Up to \$10,000\$5 \$10,001 - \$20,000\$10	\$40,001 - \$50,000 \$40 \$50,001 - \$60,000 \$50	\$80,001 - \$90,000 \$90,001 - \$100,000						
\$20,001 - \$20,000\$20	\$50,001 - \$60,000	\$100,001 and over 0.1% (0.001) o						
\$30,001 - \$40,000\$30	\$70,001 - \$80,000\$70	or \$500, whichever is	less.					
Part 2 If you did keep accurate record	ds							
2a. Enter the total amount of all purchase	ses of items under \$1,000 each	2a. 2	10					
2b. Multiply Line 2a by 6% (0.06). Enter	er the amount here	2b	13					
Part 3 Total Use Tax due								
3a. Enter the total amount of all purchase	ses of items \$1,000 or more each item	3a12	206					
3b. Multiply Line 3a by 6% (0.06). Ent	er the amount here	3b	72					
3c. Add Line 3b to either Line 1a or Line 2b (the line with a value entered)								
3d. Enter the amount of sales tax paid to	another state for the purchases on Lines	2a and 3a, if any. 3d.						
3e. Line 3c minus Line 3d. Enter here a	and on Form IN-111, Line 21	3e	85					
Part 4 Certification of No Use Tax Du								
You do not owe use tax if: 1) you did not m			ite, or					
2) you made purchases using any of these m	ethods but paid at least 6% sales tax at the	time of purchase on all of them.						

www.tax.vermont.gov

If one of the situations above is true, check the box next to Line 21 and enter -0- on that line. The failure to pay use tax may

result in the assessment of penalties of up to 100% of the unreported tax and interest.

2021 Form HS-122

Vermont Homestead Declaration AND Property Tax Credit Claim



DUE DATE: April 15, 2021. You may file up to Oct. 15, 2021, but the town may assess a penalty. For details on late filing, see the instructions.

How to file a Homestead Declaration: Please complete Section A of this form, sign in the signature section at the bottom of page 2, and send the form to the Vermont Department of Taxes

How to file a Property Tax Credit Claim: To be considered for a Property Tax Credit, you must file a 1) Homestead Declaration (Section A of this form), 2) Property Tax Credit Claim (Section B of this form), and 3) Schedule HI-144, Household Income. Sign this form in the signature section at the bottom of page 2 and send the forms to the Department.

Tired of paper forms? It's fast and convenient to file your claim online at myVTax.vermont.gov.

Annual Vermont Homestead Declaration

SECTION A.

This form must be filed each year by every Vermont resident whose property neets the definition of a homestead. A Vermont homestead is the principal dwelling and parcel of land surrounding the dwelling, owned and occupied by a resident individual as the individual's domicile on April 1, 2021. If your homestead is leased to a tenant on April 1, 2021, you may still claim it as a homestead if it is not leased for more than 182 days in the 2021 calendar year.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name	First Name	MI	Claimant's Social Security Number				
JONES	MICHAEL		400009040				
Spouse's/CU Partner's Last Name	First Name	MI	Spouse's or CU Partner's Social Security Number				
JONES	ALICE		400009041				
Mailing Address (Number and Street/Road or PO Box)			Claimant's Date of Birth (MMDDYYYY)				
109 JONES ST			06/27 /1977				
City	State ZIP Code		SPAN - REQUIRED (from the 2020/2021 property	tax bill)			
WATERBURY	VT 05676		69622100001				
Location of Homestead (Use a number, street/road name.	Do not use a PO Box or "same.")		City/Town of Legal Residence on April 1, 2021	& State			
109 JONES ST			WATERBURY	VT			
Federal	Married/CU		Married/CU Hea	4 ot			
Filing Status Single	Married/CU Filing Jointly			sehold			
1. Business Use of Dwelling. 2. Rental Use of Dwelling. 3. Business or Rental Use of Improvements or Other Buildings							
Not including the dwelling, are improvements or other buildings located on your parcel used for business or rented? A3. Yes No. 44-A7 Special Situations (see instructions for more information). Check the following if it applies:							
Country and cala handisians of a			an autor ann ann taoine le acordania a				
Grantor and sole beneficiary of a revocable trust owning the property			operty crosses town boundaries tion for each town.)				
A5. Life estate holder of the property			lwelling on the homestead by a related farmer.				

Please continue to Page 2, Part B, for property tax credit. Sign on Page 2.

Mail to: Vermont Department of Taxes

PO Box 1881

Montpelier, VT 05601-1881

Claimant's Last Name	Social Security Number
JONES	400009040

DUE DATE: April 15, 2021. Claims accepted up to Oct. 15, 2021.

S	ECTION B.	PROPERTY TAX For Household Income up to \$138,500.		dule HI-144.	
-		neet the requirements for filing a homestead declar ns must be answered.	ration in addition to the following	ng requirements.	
B1.	Were you domici	led in Vermont all of calendar year 2020?	Yes, Go to Line B2.	No, STOP.	
	Do you anticipate	d as a dependent in 2020 by another taxpayer? e selling this Vermont housesite on or		No, Go to Line	B3.
A)21?		X No, Continue	
Amo	unts for Lines B4	-B6 are found on the 2020/2021 property tax bill.	Round amounts to the nearest	donar.	100000
B4.	Housesite Value			B4.	120000.00
B5.	Housesite Educat	ion Tax		B5.	2100.00
В6.	Housesite Munic	ipal Tax		B6.	1000.00
B7.	Ownership Intere	st		B7.	100.00 %
B8.	Household Incom You MUST attac	ne (Schedule HI-144, Line z). h Schedule HI-144			amended Schedule hold Income, is included.
		g ONLY if applicable. See instructions for delays.		1.60502.6011	
B9.	E-file Certificate	Number (from Form LC-142)	B9.	1685936211	L - 003
B10.	Lot Rent (Allocal	ble Rent from Form LC-142 - include Form LC-142 v	vith claim.)	B10	.00
Atta	ch documentation	n for Allocated Property Tax from Land Trust, Cod	perative, or Nonprofit Mobile	Home Park	
B11.	Allocated Educat	ion Tax		B11.	00.
B12.	Allocated Munici	ipal Tax		B12.	.00
		a contiguous property if housesite has less than 2 acterty Education Tax		B13.	.00
B14.	Contiguous prope	erty Municipal Tax		B14.	.00
		MAXIMUM CREDIT A	MOUNT IS \$8,000.		
		rry, I declare that I have examined this return and accorrect, and complete. Preparers cannot use return inform			of my knowledge and
Sigr	nature		Date (MMDDYYYY)	Daytime	Telephone Number
S	IGNED				
Sigr	nature (If a joint return,	BOTH must sign.)	Date (MMDDYYYY)	Daytime	Telephone Number
S	IGNED				
Paid	d Preparer's Signature		Date (MMDDYYYY)	Prepare	r's Telephone Number

123456789

FEIN

Firm's Name (or yours if self-employed) and address

Preparer's SSN or PTIN

P12345678



Other Person #1 Last Name

Vermont Department of Taxes

2020 Schedule HI-144

Household Income

For the year Jan 1 - Dec 31, 2020



Other Person #1 Social Security Number

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2020 Renter Rebate Claim (Form PR-141) OR the 2021 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name JONES	First Name MICHAEL	MI	Claimant's Social Security Number 4 0 0 0 0 9 0 4 0
Spouse's/CU Partner's Last Name JONES	First Name ALICE	MI	Claimant's Date of Birth (MMDDYYYY)

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2020. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

First Name

				1011 5 1100 1100 11 11		
Other Person #2 Last Name	First Name		MI	Other Person #2 Social Security Number		
Yearly totals of ALL members of the household		Claimant /Clain d jointly filed Sp		2. Filing separately Spouse or CU Partner	3. Other Persons	
a. Cash public assistance and relief (See instruct	ions for exclusions) a		,0 0	.00	.00	
b. Social Security, SSI, disability, railroad retirer veteran's benefits, taxable and nontaxable		· X	.00	00	.00	
c. Unemployment compensation/worker's comp	ensationc		.00	.00	.00	
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)		27500	.00	00	.00	
e. Interest and dividends	е	500	.00	.00	.00	
f. Interest on U.S., state, and municipal obligation taxable and nontaxable	ons,		.00	00	.00	
g. Alimony and support money	g	2000	.00	00	00.	
h. Child support and cash gifts						
Please specify	h	•	.00	00	.00	
i. Business income. If the amount is a loss, enter See instructions for offsetting a loss		•	.00	00	00.	
j. Capital gains, taxable and nontaxable. If the an enter -0 See instructions for offsetting a loss	mount is a loss,	•	.00	00	00	
k. Taxable pensions, annuities, IRA and other redistributions. See instructions	tirement fund and	•	.00	00	00.	
l. Rental and royalty income. If the amount is a See instructions for offsetting a loss	loss, enter -0	•	.00	00	00.	
m. Farm/partnerships/S corporations/LLC/Estate If the amount is a loss, enter -0 See Line m is exception to offset a loss	nstructions for onlym	•	.00	00	00.	
n. Other income (see instructions for examples o	f other income)					
Please specify	n	•	.00	.00	.00	

.00

15000 .00

o. Total Income: Add Lines a through n

30000

Claimant's Last Name	Social Security Number		
JONES	400009040		



30000 15000 .00 .00Carried forward from Line o 1. Claimant /Claimant 2. Filing separately p. See instructions. Enter Social Security and 3. Other Persons Spouse or CU Partner and jointly filed Spouse Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE 2104 .00 00.if not included with income tax filing p. q. Child support paid. You must include .00 .00 .00proof of payment. See instructions q. Support paid to: Last Name First Name Social Security Number MI r. Allowable adjustments from Federal Form 1040 .00 .00.00 **r1.** Business expenses for Reservists **r1.** .00 .00 r2. Alimony paidr2. **r3.** Self-employed health .00 .00 .00.00 .00 r4. Health Savings Account deduction . . . r4. **r5.** Tuition and Fees as reported on 00 .00.00s. Add Lines p, q, and total of Lines r1 to r5 2104 .00**t.** Subtract Line s from Line o of each column. 15000 .00 If a negative amount, enter -0-..... 42896 nt, enter -0**u.** Add all three amounts from Line tale a negative amounts v. Complete if born Jan. 1, 1956 and after Enter interest and dividend income from 500 .00. .00 v. Subtract Line x from Line w. If Line x is more than Line w, enter -0-.00 z. HOUSEHOLD INCOME. Add Line u and Line y....z. If Line z Household Income is \$47,000 or less, you may be eligible for a renter rebate. Complete Form PR-141 Renter Rebate Claim. **RENTERS** This schedule must be filed with the Renter Rebate Claim. Claims are due April 15, 2021, but can be filed up to Oct. 15, 2021.

HOMEOWNERS

Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year.

If Household Income is more than \$47,000, you do not qualify for a renter rebate.

Homeowners with Household Income up to \$138,500 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. This schedule must be filed with Form HS-122.

Form HS-122 The due date to file is April 15, 2021. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 15, 2021, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

Test 8:

Required Vermont Forms/Schedules: HS-122, HI-144

Taxpayer(s) Information:

Primary SSN: 400-00-9042
Name: Jim Jones
Mailing Address: PO Box 349
City: Montpelier

State: VT Zip Code: 05602

Date of Birth: 06/18/1947

Filing Status: Married Filing Separately

Spouse SSN: 400-00-9043 Spouse Name: Patty Jones

School District Code: 121

911 Address: 349 Jones St.

Will you be filing a Property Tax

Credit Claim at a later date? Yes

Return Information:

 Wages:
 40,000.00

 Interest & Dividends:
 1,000.00

 Spouse Wages:
 25,000.00

 SPAN:
 390-121-00001

Business Use of Dwelling: 0.00% 0.00% Rental Use of Dwelling: Improvements: None **Special Situations:** None 150,000.00 Housesite Value: 3,000.00 Housesite Education Tax: 1,500.00 Housesite Municipal Tax: 100.00% Ownership Interest: Mobile Home Lot Rent: None **Contiguous Property:** No

2021 Form HS-122

Vermont Homestead Declaration AND Property Tax Credit Claim



DUE DATE: April 15, 2021. You may file up to Oct. 15, 2021, but the town may assess a penalty. For details on late filing, see the instructions.

How to file a Homestead Declaration: Please complete Section A of this form, sign in the signature section at the bottom of page 2, and send the form to the Vermont Department of Taxes

How to file a Property Tax Credit Claim: To be considered for a Property Tax Credit, you must file a 1) Homestead Declaration (Section A of this form), 2) Property Tax Credit Claim (Section B of this form), and 3) Schedule HI-144, Household Income. Sign this form in the signature section at the bottom of page 2 and send the forms to the Department.

Tired of paper forms? It's fast and convenient to file your claim online at myVTax.vermont.gov.

Annual Vermont Homestead Declaration

SECTION A.

This form must be filed each year by every Vermont resident whose property neets the definition of a homestead. A Vermont homestead is the principal dwelling and parcel of land surrounding the dwelling, owned and occupied by a resident individual as the individual's domicile on April 1, 2021. If your homestead is leased to a tenant on April 1, 2021, you may still claim it as a homestead if it is not leased for more than 182 days in the 2021 calendar year.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name	First Name	MI	Claimant's Social Security Number	
JONES	JIM		400009042	
Spouse's/CU Partner's Last Name	First Name	MI	Spouse's or CU Partner's Social Security N	umber
JONES	400009043			
Mailing Address (Number and Street/Road or PO Box)			Claimant's Date of Birth (MMDDYYYY)	
PO BOX 349			06/18 /1947	
City	State ZIP Code		SPAN - REQUIRED (from the 2020/2021 p	roperty tax bill)
MONTPELIER	VT 05602		39012100001	
Location of Homestead (Use a number, street/road name.	Do not use a PO Box or "same.")		City/Town of Legal Residence on April 1, 20	
349 JONES ST		*	MONTPELIER	VT
Federal	Marriad/CII		Married/CU	☐ Head of
Filing Status Single	X Married/CU Filing Jointly		Filing Separately	Household
A1. Business Use of Dwelling			A1	0.00 %
A3. Business or Rental Use of Improvements Not including the dwelling, are improvement		ed on your parcel use	ed for business or rented? A3.	Yes No
A4-A7 Special Situations (see instructions for i	more information). Check the	he following if it app	lies:	
A4. Grantor and sole beneficiary of a revocable trust owning the property A5. Life estate holder of the property	[☐ A ⁶ . (File a declarated A ⁷ . Residing in a declarated A ⁷ .	operty crosses town boundaries ion for each town.) welling on the homestead by a related farmer.	

Please continue to Page 2, Part B, for property tax credit. Sign on Page 2.

Mail to: Vermont Department of Taxes

PO Box 1881

Montpelier, VT 05601-1881

Claimant's Last Name	Social Security Number
JONES	400009042

* 2 1 1 2 2 1 2 0 0 *

DUE DATE: April 15, 2021. Claims accepted up to Oct. 15, 2021.

S	SECTION B.	PROPERTY TAX For Household Income up to \$138,500.		ch Schedule H	II-144.
		meet the requirements for filing a homestead decla	ration in addition to the	e following requ	irements.
B1.	Were you domic	ciled in Vermont all of calendar year 2020?	X Yes, Go to Line B2.		No, STOP.
B2.	Were you claim	ned as a dependent in 2020 by another taxpayer?	Yes, STOP.	×	No, Go to Line B3.
В3.	Do you anticipat before April 1, 2	ate selling this Vermont housesite on or 2021?	Yes, STOP.	×	No, Continue
Amo	unts for Lines B	34-B6 are found on the $2020/2021$ property tax bill.	Round amounts to the	e nearest dollar.	
B4.	Housesite Value	e			150000.00
B5.	Housesite Educa	ation Tax		• 	3000.00
		icipal Tax			1500.00
B7.	Ownership Inter	rest			B7100.00 %
B8.	Household Incom	ome (Schedule HI-144, Line z). ach Schedule HI-144		164 aa 🖂	Check here if amended Schedule HI-144, Household Income, is included.
Comp	plete the followin E-file Certificate	ng ONLY if applicable. See instructions for details the Number (from Form LC-142)		1497	/836220 - 004
		cable Rent from Form LC-142 - include Form LC-142			.00.
Attac	ch documentatio	on for Allocated Property Tax from Land Trust, Co	operative, or Nonprofit	t Mobile Home	—— Park
		ation Tax			
B12.	Allocated Munic	cipal Tax			.00
<u>OR</u> F B13.	Property Tax from	om contiguous property if housesite has less than 2 ac perty Education Tax	cres (see instructions.)	B13	.00
B14.	Contiguous prop	perty Municipal Tax		B14	.00
		MAXIMUM CREDIT A	AMOUNT IS \$8,000.		
		jury, I declare that I have examined this return and accorrect, and complete. Preparers cannot use return inforn			
	nature			IDDYYYY)	Daytime Telephone Number
S	IGNED				
Sign	nature (If a joint return	n, BOTH must sign.)	Date (MM	IDDYYYY)	Daytime Telephone Number
S	IGNED				
Paid	d Preparer's Signature	9	Date (MM	IDDYYYY)	Preparer's Telephone Number
Firm	n's Name (or yours if s	self-employed) and address	· · · · · · · · · · · · · · · · · · ·	s SSN or PTIN	FEIN 1 2 3 4 5 6 7 8 9



Other Person #1 Last Name

Vermont Department of Taxes

2020 Schedule HI-144

Household Income

For the year Jan 1 - Dec 31, 2020



Other Person #1 Social Security Number

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2020 Renter Rebate Claim (Form PR-141) OR the 2021 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name	First Name	MI	Claimant's Social Security Number
JONES	JIM		400009042
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY)
JONES	PATTY		

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2020. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

First Name

Other Person #2 Last Name First Name			MI A	Ather Person #2 Social Security Number		
Other Person #2 Last Name	1 51 1 1 1 1 1 1		IVII	offer i erson #2 Social Security Number		
Yearly totals of ALL members of the household	·	1. Claimant and jointly fi		2. Filing separately Spouse or CU Partner	3. Other Persons	
a. Cash public assistance and relief (See ins	structions for exclusions	s) a.	.90	.00	.00	
 Social Security, SSI, disability, railroad reveteran's benefits, taxable and nontaxable 		b	.00	00		
c. Unemployment compensation/worker's of	compensation	c.	.00		.00	
d. Wages, salaries, tips, etc. (See instruction dependent's exempt income.)			000_000	00	00	
e. Interest and dividends		1	000.00	.00	.00	
f. Interest on U.S., state, and municipal obl taxable and nontaxable	ligations,	f	.00	00	00	
g. Alimony and support money		g	.00		.00	
Child support and cash gifts						
Please specify		h	00	00	0.	
i. Business income. If the amount is a loss, See instructions for offsetting a loss		i.	00	00	.00	
j. Capital gains, taxable and nontaxable. If enter -0 See instructions for offsetting		j .	00	.00	0	
x. Taxable pensions, annuities, IRA and oth distributions. See instructions			.00	.00	.00	
l. Rental and royalty income. If the amount See instructions for offsetting a loss		. l.	00	00	00	
n. Farm/partnerships/S corporations/LLC/E If the amount is a loss, enter -0 See Lin exception to offset a loss	e m instructions for onl		00	00	.00.	
n. Other income (see instructions for examp	ples of other income)					
Please specify		n.	.00	.00	.00	

5454

Claimant's Last Name	Social Security Number
JONES	400009042



66000 .00 .00.00Carried forward from Line o 1. Claimant /Claimant 2. Filing separately p. See instructions. Enter Social Security and 3. Other Persons Spouse or CU Partner and jointly filed Spouse Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE 4936 .00 .00if not included with income tax filing p. q. Child support paid. You must include .00 .00 .00proof of payment. See instructions q. Support paid to: Last Name First Name MI Social Security Number r. Allowable adjustments from Federal Form 1040 .00 .00.00 **r1.** Business expenses for Reservists **r1.** .00 .00 r2. Alimony paidr2. **r3.** Self-employed health .00 .00 .00.00 .00 r4. Health Savings Account deduction . . . r4. **r5.** Tuition and Fees as reported on .0000 .00s. Add Lines p, q, and total of Lines r1 to r5 4936 .00.00**t.** Subtract Line s from Line o of each column. .00 .00 If a negative amount, enter -0-..... 61064 nt, enter -0**u.** Add all three amounts from Line tale a negative amounts v. Complete if born Jan. 1, 1956 and after Enter interest and dividend income from .00 .00 .00 Lines e and f...... .00 .00 z. HOUSEHOLD INCOME. Add Line u and Line y....z. If Line z Household Income is \$47,000 or less, you may be eligible for a renter rebate. Complete Form PR-141 Renter Rebate Claim. **RENTERS**

This schedule must be filed with the Renter Rebate Claim. Claims are due April 15, 2021, but can be filed up to Oct. 15, 2021.

If Household Income is more than \$47,000, you do not qualify for a renter rebate.

HOMEOWNERS

Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year.

Homeowners with Household Income up to \$138,500 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. This schedule must be filed with Form HS-122.

Form HS-122 The due date to file is April 15, 2021. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 15, 2021, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

Test 9: Amended Return

Required Vermont Forms/Schedules: IN-111, IN-113

Taxpayer(s) Information:

Primary SSN: 400-00-9030
Name: Tom Taylor
Residency Status: Non-Resident

Mailing Address: 334 Washington Street

City: San Francisco

State: CA
Zip Code: 94105
Filing Status: Single
School District Code: 999

911 Address: 334 Washington Street

Date of Birth: 01/15/1969

Return Information:

 Federal AGI:
 76,444.00

 Wages:
 75,000.00

 Taxable Interest:
 10.00

Rents, royalties, partnerships, SCorps,

trusts etc: 2,934.00

VT rents, royalties, partnerships,

SCorps, trusts etc: 2,934.00 Educator Expenses: 1,500.00

2020 Form IN-111

Vermont Income Tax Return



FILE YOUR RETURN
ELECTRONICALLY FOR A
FASTER REFUND. GO TO
TAX.VERMONT.GOV FOR
MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

	Amount Duo						— Form II	N-111	
16. Adjus	sted Vermont Inco	ome Tax (Multiply Li	ine 14 by Line 15)			16.		57	00
15. Incom	ne Adjustment (So	chedule IN-113, Line	35, or 100.0000%).				151	8759	<u>}</u> %
14. Verm	ont Income Tax (Line 10 minus Line 1	3. If less than zero,					3035	.0
1	Deductible Charitable instructions)	e Contribution	12. Multiply Line 11 by 59		-4: / C-4	tribution er the lesser 000) 13.			.0
10. Verm	ont Income Tax v	with Adjustment (Add	d Lines 8 and 9. If lo	ess than zero, enter	-0-)	10		3035	.0
9. Net A	djustment to Ver	mont Tax (Schedule	IN-119, Part I, Line	16)	[Check to ← indicate loss 9.		202F	.0
(If Li	ne 1 is greater tha	from tax table or tax r in \$150,000, see instr	uctions)						.0
		me (Subtract Line 6 f						3035	0.
								65844	
								10600	0.
		1,350 (2020 Personal						4350	.0
5d		nrough 5c						1	
5c.	Enter number o	of other dependents cl ny dependents other t	aimed on federal For	rm 1040.					
5b.		our jointly filed spous				5b.			
5. Perso	nal Exemptions:	ourself if no one can		ident		5a	1		
	Please see instruc	d Deduction from fili tions if you or your s on federal Form 1040	pouse checked any s	ove		4 .		0230	.0
3. Feder	al AGI with Mod	lifications (Add Lines	s 1 and 2)			Check to indicate loss		6250	0.
		ederal AGI (Schedule				indicate 2.		76444	.0
1. Feder	al Adjusted Gross	s Income (federal Fo	rm 1040, Line 11)			indicate loss 1			.0
						Check to		76444	
Filing Stat Standard I	101011	gle Married ,250) (\$12,50	I/CU Filing Jointly	Married/CU Filin Separately (\$6,2		Head of Househo (\$9,400)	ld Qualify (\$12,5)	ring Widow(er)	,
Vermont So 999	chool District Code	Enter Healthcare ((See instructions for	Coverage Code or code options)	Check all that apply	AMENDE Return	RECO	OMPUTED m	EXTEND Return)EC
	RANCISCO		State ZIP Code CA 9410!	or Foreign Postal Code	Forei	gn Country			
334 W	ASHINGTON		Ctata ZID Code	Fancian Dantal Cada	334	4 WASHINGTO			
Mailing Add	dress (Number and St	treet/Road or PO Box)			911/F	Physical Street Address or	12/31/2020	Che	
TAYLC Spouse's/C	OR CU Partner's Last Nan	ne	TOM First Name		T	40009030 Social Security Number		Dec	cea
Taxpayer's	Last Name		First Name		MI	Social Security Number	•	☐ Che	عراد

Taxpayer's Last Name	Social Security Number
TAYLOR	400009030



	Other State Cred	dit (Schedule IN-117, Line 21)	Vermont T	ax Credits (Schedu	le IN-119, F	Part II) To	otal Ve	rmont Credits (Add Lines 17 a	ind 18)
17.		.00. +	18		.00	= 19			.00
20.	Vermont Inc. If Line 19 is	ome Tax after credits (Subtragreater than Line 16, enter -0-	ct Line 19 from Li)	ne 16.		20		57	00
21.	Use Tax for tincluding on	taxable items on which no sale line purchases. (See instruction	es tax was charged ns, worksheet, and	chart)	Check to ce no Use Tax	ertify or 21			00
22. Chi	Total Vermo Idren's Trust Fund	nt Taxes (Add Lines 20 and 2 Vermont Veterans Fu	1) nd Gre	en Up Vermont				57 Total Contribution	.00
23a.		00 + 23b	00 + 23c	.00	+ 2	3d .00		= 23e	.00
24.	Total of Verm	ont Taxes and Voluntary Con	tributions (Add Li	nes 22 and 23e)		24		57	00
25a.	2020 Vermon	nt Tax Withheld from W-2, 10	99	25a.		.00			
25b.	2020 Estimate and payment	ted Tax payments, amount car made with 2020 extension	ried forward from	2019, 25b.		.00.			
25c.	Refundable (Credits (Schedule IN-112, Part	II)			.00.			
25d.	2020 Vermon	nt Real Estate Withholding fro	om Form RW-171	25d.		.00			
25e.	2020 Nonres	ident Estimated Tax payments withholding) allocated on Sch	sadula V 1VT Lin	o 5 25 0		.00			
25f.		nts and Credits (Add Lines 25)				25f			00
26.	Overpaymen	t. If Line 24 is less than Line 2	25f, Subtract Line	24 from Line 2	5t	26			00
27a.	Refund to be	credited to 2021 Estimated Ta	ax Payment	<mark>27a.</mark> _		.00			
27b.	Refund to be	credited to 2021 Property Tax	α Bill	27b.		.00			
28.	REFUND A	MOUNT (Subtract Lines 27a	and 27b from Lin	e 26)		28.			.00
29.	If Line 24 is	more than Line 25f. Subtract I	Line 25f from Line	24.					00
30.	Interest and Underpaym			31.	AMOUN				00
F	or Amended	Original refund received	Refund due now		Original	payment		Amount due now	
R	eturns Only:	.00)	.00			00		.00
		perjury, I declare that I have exa , correct and complete. Prepare							ge and
	nature	, correct and completer i repair		Date (MM/DD/Y	<u> </u>	Date of Birth (MM/DD/YY		Daytime Telephone Numb	er
<u>ا</u>	SIGNED			, ,		01/15 /196	59		
		turn, BOTH must sign.)		Date (MM/DD/Y	YYY)	Date of Birth (MM/DD/YY		Daytime Telephone Numb	er
				, ,		/ /			
Paid	d Preparer's Signa	ature		<u>, , , , , , , , , , , , , , , , , , , </u>		Date		Preparer's Telephone Nun	nber
						/ /			
Firn	n's Name (or your	s if self-employed) and address				Preparer's SSN or PTIN		FEIN	
						P123456789)	012345678	

2020 Schedule IN-113



Vermont Income Adjustment Calculations

Nonresidents and Part-Year Residents Must Complete Parts I and II Full-Year Residents with Adjustments Complete only Part II

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

Taxpayer's Last Name TAYLOR	MI T	Taxpayer's Social Secur	ity Number	
PART I. Enter figures as they appear list the Vermont portion in Co	on your federal return or recomputed fo	ederal ı	return in Column A	and
Dates of Vermont residency in 2020 From / / / (MMDDYYYY):	To / /		Name of State(s), Cana country during non-Ver (use standard 2-charac	mont residency
	A. Federal Amount \$			B. Vermont Portion \$
1. Wages, salaries, tips, etc.	1A75000	00	1B	.00
2. Taxable interest	2A	00	2B	.00
3. Ordinary dividends	3A.	00	3B	.00
4. Taxable IRAs, pensions, and annuities	4A.	00	4B	.00
5. Taxable Social Security	5A	00	5B	.00
6. Taxable refunds of state and local income	taxes 68.	00	6B	.00
7. Alimony received	7A	00	7B	.00
	heck to dicate 8A.	00	Check to indicate loss 8B	.00.
9 Canital gain or loss	heck to dicate 9.4.	00	Check to indicate loss 9B	.00
10. Rents, royalties, partnerships, S corporations, trusts, etc	heck to 2934 blicate 19A.	00	Check to indicate loss 10B	00
11. Farm income or loss	heek to dicate 11A	00	Check to	.00
12. Unemployment compensation	12A	00	12B	.00
13. Other: Specify ☐ ← in	heck to dicate 13A	00	Check to indicate loss 13B	.00.
14. TOTAL INCOME (Add Lines 1-13)	heck to 77944 dicate 14A.	00	Check to indicate loss 14B	.00

Taxpayer's Last Name	Social Security Number
TAYLOR	400009030



		Column A. Federal Amount \$,	Column B. Vermont Portion \$
15.	IRA, Keogh/SEP/SIMPLE (Reported on federal Form 1040)	.00	15B	.00
	Self Spouse			
16.	Student Loan Interest (Reported on Form 1040)	.00	16B	.00
17.	Employee Deductions: Reservists, Performing Artists, Fee-basis Gov't Officials (Reported on Form 1040) 17A	.00	17B	.00
18.	Self-Employment Deductions: Tax and Health Insurance (Reported on Form 1040) 18A.	.00	18B	.00
19.	Health Savings Account (Reported on Form 1040)	.00	19B	.00
20.	Moving Expenses (Reported on Form 1040) . 20A.		20B	.00
21.	Penalty on Early Withdrawal of Savings (Reported on Form 1040)	.00	21B	.00
22.	Alimony Paid (Reported on Form 1040) 22A.	.00	22B	.00
23.	Domestic Production Activities (Reported on Form 1040)	.00	23B.	.00
24.	Educator Expenses and Tuition & Fees (Reported on Form 1040)	1500 .00		1500 00
25.	Deductions not listed above but reported on Form 1040	.00	25B.	.00
26.	TOTAL ADJUSTMENTS (Add Lines 15-25)	1500 .00		1500 .00
27.	Adjusted Gross Income (Subtract Line 26A from Line 14)	<u>a</u>)	Check to indicate loss 27	76444.00
28.	Vermont Portion of AGI (Subtract Line 26B from Line 14	4B)	Check to	143400
29.	Non-Vermont Income (Subtract Line 28 from Line 27) Also enter on Part II, Line 31 below		Check to	75010.00
PAR	T II. Adjustment for Vermont Exempt Incom-	e and Military Exempt Inco	ome	
30.	Adjusted Gross Income. If Part I completed, enter Line 27 Otherwise, enter amount from Form IN-111, Line 1		Check to indicate 30.	76444.00
31.	Non-Vermont Income (Line 29 above)	75010 .00	1055	
32.	Military pay. Number of months on active duty (See instructions) 32			
33.	Total (Add Lines 31 and 32).	[Check to indicate loss 33	75010.00
34.	Vermont Income (Subtract Line 33 from Line 30)	Γ	Check to findicate 34.	¹⁴³⁴ .00
	INCOME ADJUSTMENT % (Divide Line 34 by Line 3 Also enter on Form IN-111, Line 15 (See instructions)	30 out to the fourth decimal place)	loss —	1 8759

Test 10:

Required Vermont Forms/Schedules: IN-111, IN-112, PR-141, HI-144

Taxpayer(s) Information:

Primary SSN: 400-00-9051
Primary Name: May Smith
Residency Status: Resident

Mailing Address: 1239 Main Street Apt. 1

City: Middlesex

 State:
 VT

 Zip Code:
 05655

 Date of Birth:
 03/24/1977

Filing Status: Head of Household

School District Code: 121

911 Address: 1239 Main Street Apt. 1

Town of Legal Residence: Middlesex
Healthcare Coverage: Taxpayer
Dependent 1 Name: Jayden Smith
Dependent 1 SSN: 400-00-9057

Return Information:

Federal AGI: 21,091.00
VT Wages: 21,091.00
Federal Earned Income Credit: 3,305.00
Standard or Itemized Deductions: Itemized
Total Medical & Dental Expenses: 18,000.00

Social Security & Medicare tax

withheld: 168.00
Items included in Rent: Heat
Number of months rented: 12
Monthly rent amount: 1,000.00
\$ value of items included in rent: 600.00

For in-house processing purposes we will furnish the LC-142 Landlord Certificate information for rent paid.

2020 Form IN-111

Vermont Income Tax Return



FILE YOUR RETURN **MORE INFORMATION.**

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name MAY	M		•	Check if
SMITH Spouse's/CU Partner's Last Name	First Name	l M	400009 II Social Securit		Decease
Spouse 5/00 Partitler's Last Name	riist name	l IV	ii Social Securit	y Number	Check if
Mailing Address (Number and Street/Road or PO Box) 1239 MAIN ST APT 1		I .	•	ddress on 12/31/2020 I ST APT 1	Deceased
City MIDDLESEX	State ZIP Code or Foreig VT 05655	n Postal Code F	oreign Country		
Vermont School District Code	overage Code Checi	k all			
121 (See instructions fo	r code options) that a	I I AME	1	RECOMPUTED Return	EXTENDED Return
Filing Status and Single Married/ Standard Deduction Single (\$6,250) (\$12,500		arried/CU Filing eparately (\$6,250)	➤ Head of (\$9,400)		ualifying Widow(er) 12,500)
Federal Adjusted Gross Income (federal Form	m 1040, Line 11)		Check to indicate loss	l .	21091.00
2. Net Modifications to Federal AGI (Schedule	IN-112, Part I, Line 15)		X ← indicate 2		300.00
3. Federal AGI with Modifications (Add Lines	1 and 2)		Check to indicate loss	B	20791.00
4. 2020 Vermont Standard Deduction from filing	ng status section above		4	l	9400.00
Please see instructions if you or your squeduction boxes on federal Form 1040. 5. Personal Exemptions: 5a. Enter "1" for yourself if no one can compare the second secon	page 1.		58	. 1	
5b. Enter "1" for your jointly filed spous claim them as a dependent or if you a	e or CU partner if no one ca	•			
5c. Enter number of other dependents cla This includes any dependents other th	nimed on federal Form 104			1	
5d. Add Lines 5a through 5c					5d2
5e. Multiply Line 5d by \$4,350 (2020 Personal I	Exemption)		56		<u>8700</u> .00
6. Add Lines 4 and 5e				ó	00
7. Vermont Taxable Income (Subtract Line 6 fi	rom Line 3. If less than zer	o, enter -0-)		·	2691 _{.00}
8. Vermont Income Tax from tax table or tax ra (If Line 1 is greater than \$150,000, see instru			8	3	90.00
9. Net Adjustment to Vermont Tax (Schedule I			← Check to indicate loss)	.00
10. Vermont Income Tax with Adjustment (Add	Lines 8 and 9. If less than	zero, enter -0-).	10) .	90.00
11. Tax-Deductible Charitable Contribution (See instructions) 500 .00	2. Multiply Line 11 by 5% (0.05) 25 .00	13. Charitable (Deduction (of Line 12 or	Contribution Enter the lesser \$1,000) 13	3	25_ .0 0
14. Vermont Income Tax (Line 10 minus Line 1	3. If less than zero, enter -(.00
15. Income Adjustment (Schedule IN-113, Line	35, or 100.0000%)			1510	0000 %
16. Adjusted Vermont Income Tax (Multiply Lin	ne 14 by Line 15)	·····	16	ó	.00
Amount Due				For	m IN-111

Taxpayer's Last Name	Social Security Number
SMITH	400009051



	Other State Cred	dit (Schedule IN-117, Line 21)		Vermont Ta	ax Credits (S	Schedule	IN-119, Part II)	Total V	ermont Credits (Add Lines 17 a	and 18)
17.		.00	+	18		•	00 =	19		00
20.		ome Tax after credits (S greater than Line 16, ent						20	65	.00
21.	Use Tax for the including only	taxable items on which r line purchases. (See instr	o sales tax ructions, w	x was charged, vorksheet, and	chart)	Conc	heck to certify o Use Tax is due.	R _{21.}		00
22. Chi	Total Vermo Idren's Trust Fund	nt Taxes (Add Lines 20 Vermont Vete	and 21) rans Fund	Gree	en Up Vermo	 nt	Nongame Wil	22.	6 5 Total Contributio	.00
		00 + 23b								00
24.	Total of Verm	nont Taxes and Voluntar	y Contribu	ıtions (Add Liı	nes 22 and	23e) .		24	65	.00
25a.	2020 Vermon	nt Tax Withheld from W	-2, 1099 .		2	5a		00		
	2020 Estimat	ted Tax payments, amou made with 2020 extensi	nt carried	forward from	2019,			00		
		Credits (Schedule IN-112	,					00.00		
		nt Real Estate Withholdi		orm RW-171	2	5d		00		
25e.	2020 Nonres (nonresident	ident Estimated Tax pay withholding) allocated of	ments on Schedul	le K-1VT, Lin	e 5 2	25e.		.00		
25f.		nts and Credits (Add Lir							1190	00
26.	Overpaymen	t. If Line 24 is less than	Line 25f,	Subtract Line	24 from L	ine 251		26	1125	.00
27a.	Refund to be	credited to 2021 Estima	ted Tax Pa	a ym ent	2	⁷ a		00		
27b.	Refund to be	credited to 2021 Proper	ty Tax Bil	i	2	7b		00		
28.	REFUND A	MOUNT (Subtract Line	s 27a and	27b from Line	e 26)			28	1125	.00
29.	If Line 24 is	more than Line 25f, Sub	tract Line	25f from Line	24.					00
30.	Interest and Underpaym (Worksheet I	Penalty on ent of Estimated Tax N-152 or IN-152A)	30.		00		MOUNT DUE Add Lines 29 and 3	30) . 31		00
F	or Amended	Original refund received		Refund due now			Original payment		Amount due now	
	eturns Only:		.00			.00		.00		.00
		perjury, I declare that I ha , correct and complete. P							I to the best of my knowled eturns.	ge and
Sigr	nature	<u> </u>			Date (MM	I/DD/YY	(Y) Date of Birth	(MM/DD/YYYY)	Daytime Telephone Numb	er
S	IGNED				/	/	03/24	/1977		
Sigr	nature (If a joint re	eturn, BOTH must sign.)			Date (MM	I/DD/YY	(Y) Date of Birth	(MM/DD/YYYY)	Daytime Telephone Numb	er
					/	/	/	/		
Paid	l Preparer's Signa	ature					Date		Preparer's Telephone Nur	nber
							/	/		
Firm	i's Name (or your	s if self-employed) and addres	S				Preparer's S		FEIN	
							P1234	5678	123456789	

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Vermont Department of Taxes

2020 Schedule IN-112

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or BLACK INK



INCLUDE WITH FORM IN-111

	xpayer's Last Name	First Name		MI	Taxpayer's Social Security Number	
SI	MITH	MAY			400009051	
PA	RT I					
AD	DITIONS TO FEDERAL ADJUSTE	D GROSS INC	OME			
1	Total interest and dividend income from all sta	to and local				
1.	obligations exempt from federal tax (Reported) 1.		00	
2.	Interest and dividend income from Vermont sta obligations included in Line 1		2.		.00	
3.	Income from Non-Vermont State and Local Ob (Subtract Line 2 from Line 1)		3.		.00	
4.	Bonus Depreciation Allowed under Federal La	w for 2020	4.		.00	
5.	Total Additions (Add Line 3 and Line 4)				5	.00
SU	BTRACTIONS FROM FEDERAL A	DJUSTED GRO	OSS INCOME			
6.	Interest Income from U.S. Obligations		6.		.00	
7.	Capital Gains Exclusion (Schedule IN-153, Lin	ne 21)	7		.00	
8.	Adjustment for Prior Years' Bonus Depreciation	on	8.		.00	
9.	Taxable Refunds of State and Local Income Ta (Reported on federal Form 1040)		9.		.00	
10.	Medical Expense Deduction (see the workshee	t in the instructions).	10.		300 .00	
11.	Social Security Benefits Exempt from Taxation (see the worksheet in the instructions)		11.		.00	
12.	Railroad Retirement income		12.		.00	
13.	Bond/note interest income from (see below)		13		.00	
	VSAC Build America	Vermont Telecom Authority	Vermont Public P Supply Authority	ower		
14.	Total Subtractions (Add Lines 6 through 13) .				14.	300.00
NE	T MODIFICATIONS TO FEDERAL	ADJUSTED GF	ROSS INCOME			
15.	Subtract Line 14 from Line 5. Enter on Form I	N-111, Line 2		X	Check to indicate loss 15	300.00
	This can be a negative number.					

Taxpayer's Last Name	Social Security Number
SMITH	400009051



PART II

REI	FUNDABLE CREDITS		Line 1 is for FU	LL-YEAR residents
1.	Low Income Child & Dependent Care Credit If your federal Adjusted Gross Income is \$30,000 (or \$40,000 for Married Filing Jointly) or child care services are provided by a Vermont accredited daycare provider, enter 50% of Form 2441, Line 11. If you are not a Vermont resident or your daycare provider is not accepted line 11. If you are not a Vermont resident or your daycare provider is not accepted line 11. If you are not a Vermont resident or your daycare provider is not accepted line 11. If you are not a Vermont resident or your daycare provider are both accredited and Schedule IN-119, Part I, Line 8. See instructions if your providers are both accredited and	r less, and f federal credited, u	se	.00
VEF	RMONT EARNED INCOME TAX CREDIT	For FUL	L-YEAR residents and PA	RT-YEAR residents
	GIBILITY QUESTIONS MUST BE ANSWERED			1
	Enter number of qualifying children			
B.	Enter number of qualifying children under the age of 18		В	·1
C.	Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at the If you answered "No" and do not have any qualifying children, you do not qualify	end of 20 for Earn	20?	Yes No
	L-YEAR RESIDENTS	•		
	Answer eligibility questions above and complete Lines 2 and 3		2205 00	
2.	Earned income tax credit (Reported on federal Form 1040)		330500	
3.	Vermont Earned Income Tax Credit. Multiply Line 2 by 36% (0.36)		3	1190.00
	A rederal Amount \$ Enter figures in Column A from your federal ETC worksheet and Schedule IN-113		B. Vermont For Vermont Portion, e while a Vermont reside Schedule IN-113, Colu 10, and 11	nter income earned ent as shown on
4.	Wages, salaries, tips, etc. (Schedule IN-113, Line 1)	00	4B	.00
5.	Other earned income (Schedule IN-113, Lines 8, 10, and N)		Check to indicate loss 5B	.00
6.	Total earned income (Add Lines 4 and 5)	00	6B	.00
7.	Earned income tax credit adjustment (Divide Line 6B by Line 6A and enter here, but no	ot more th	nan 100%)	%
8.				
9.	Multiply Line 8 by 36% and enter the result here.	• • • • • • •	9	.00
10.	Vermont Earned Income Tax Credit (Multiply Line 9 by Line 7)	• • • • • •	10	.00
11.	TOTAL REFUNDABLE CREDITS (Add Line 1 to Line 3 or Line 10. Enter this amount on the IN-111, Line 25c)		11.	1190 .00



MEDICAL DEDUCTION WORKSHEET

- 1. Medical and Dental Expense from federal Form 1040, Schedule A, Line 4......1.

If you pay recurring monthly payments or entrance fees to a retirement community, these amounts may not be deductible. Please see our website at www.tax.vermont.gov for more information.

2020 Form PR-141

Vermont Renter Rebate Claim For the year Jan 1 - Dec 31, 2020



IMPORTANT: This form MUST be filed with Schedule HI-144 and Form LC-142 or your claim will be considered incomplete

	oi yo	ui Ciaiii	I WIII DE COIISIUEI EU	ilicollipiete.
Claimant's Last Name	First Name	MI	Claimant's Social Securit	y Number
SMITH	MAY		400009051	0 110 11 11
Spouse's/CU Partner's Last Name	First Name	MI	Spouse's or CU Partner's	s Social Security Number
Mailing Address (Number and Street/Road or PO Box) 1239 MAIN ST APT 1			Claimant's Date of Birth ((MM/DD/YYYY) /1977
City	State ZIP Code			
MIDDLESEX	VT 05655			
Vermont School District Code 911/Physical Street Add			City/Town of Legal Resid	
121 1239 MAIN	ST APT 1		MIDDLESEX	VT
Federal Single Married		of	Will you be using Renter to pay Income Tax liabilit	
				,
ELIGIBILITY QUESTIONS: ALL questions mu	st be answered. You must have rente	ed all 12	months in 2020. See	instructions for exception.
1. Were you domiciled in Vermont all of calen	dar year 2020? Yes, Go t	o Line 2.	∐N	o, STOP. You are not eligible.
2. Were you claimed as a dependent by another	r taxpayer in 2020?	P. You are	e not eligible.	o, Go to Line 3.
3. Did you rent in Vermont all 12 months in ca	ilendar year 2020? Yes, Com	nplete this t	form.	o, STOP. You are not eligible.
	efore doing rebate calculation, comple			
Yo	ou MUST Include Schedule HI-144 and	Form L	C-142 with this form.	
4. E-file Certificate Number (from Form LC-1	42)4			567890 - 002
5. Allocable Rent (from Form LC-142, Line 9)	5		²³⁹⁴ .00	
6. Home Use. If more than 25% of this rental i	s used for business,	100		
see instructions. If no business use, enter 10	00.00%6		%	
7. Allowable Rent for Rebate Claim (Multiply	Line 5 by Line 6)			72394 .00
				heck here if amended Schedule
8. Household Income (from Schedule 41, 144, If more than \$47,000 you are not eligible			.00 Li	I-144, Household Income, is included.
9. Maximum Percentage of Income for Rent.		. 9.	4 5 %	
If Line 8 Household Income is: \$0 - 9,999 Enter this % on Line 9: 2.0%	\$10,000 - 24,999 \$25,000 - 47,00 4.5% 5.0%	00		
10. Maximum Rent for Household Income (Mu If Line 10 is more than Line 7, you do not q				1000
11. Renter Rebate Amount (Subtract Line 10 fro you do not qualify for a rebate	m Line 7 and enter result here.) If result	is zero,		1452
you do not quanty for a restate				
	MAXIMUM REBATE AMOUNT IS	-		
Under penalties of perjury, I declare that I have examined correct, and complete. Preparers cannot use return information of the complete of the control of			nts, and to the best of my	knowledge and belief, they are true,
Signature		Date ((MMDDYYYY)	Daytime Telephone Number
SIGNED		1		8022067412
		-		
Signature (If a joint return, BOTH must sign.)		Date ((MMDDYYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.) Paid Preparer's Signature			(MMDDYYYY)	
		Date (Daytime Telephone Number



Other Person #1 Last Name

Vermont Department of Taxes

2020 Schedule HI-144

Household Income

For the year Jan 1 - Dec 31, 2020



Other Person #1 Social Security Number

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2020 Renter Rebate Claim (Form PR-141) OR the 2021 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name	First Name	MI	Claimant's Social Security Number
SMITH	MAY		400009051
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY)
			03241977

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2020. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

First Name

Other Person #2 Last Name	First Name		rson #2 Last Name First Name MI		e First Name MI		MI C	Other Person #2 Social Security Number	
Yearly totals of ALL members of the household	•	1. Claimant /Cla		2. Filing separately Spouse or CU Partner	3. Other Persons				
a. Cash public assistance and relief (See instr	ructions for exclusion	as) a.	00	00	.00				
b. Social Security, SSI, disability, railroad reveteran's benefits, taxable and nontaxable		b	00	00	00				
c. Unemployment compensation/worker's co	mpensation	c	.00	.00	.00				
d. Wages, salaries, tips, etc. (See instructions dependent's exempt income.)		d. 2109	¹ 00	00	.00				
e. Interest and dividends		е.	.00	.00	.00				
f. Interest on U.S., state, and municipal oblig taxable and nontaxable	gations,	f	00	00	.00				
g. Alimony and support money		g	00	00	00				
h. Child support and cash gifts									
Please specify		h	00	.00	.00				
i. Business income. If the amount is a loss, e See instructions for offsetting a loss		i	00	00	.00				
j. Capital gains, taxable and nontaxable. If the enter -0 See instructions for offsetting a	ne amount is a loss,	j	00	.00	.00				
k. Taxable pensions, annuities, IRA and othe distributions. See instructions	r retirement fund and	k.	.00	.00	.00				
1. Rental and royalty income. If the amount in See instructions for offsetting a loss	s a loss, enter -0			.00	.00				
m. Farm/partnerships/S corporations/LLC/Est If the amount is a loss, enter -0 See Line exception to offset a loss	m instructions for on		00	.00	.00				
n. Other income (see instructions for example	es of other income)								
Please specify		n	00	.00	00.				

.00

5454

Claimant's Last Name	Social Security Number
SMITH	400009051



21091 .00 .00.00Carried forward from Line o 1. Claimant /Claimant 2. Filing separately **p.** See instructions. Enter Social Security and 3. Other Persons Spouse or CU Partner and jointly filed Spouse Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE 168 .00 .00 .00if not included with income tax filing p. q. Child support paid. You must include .00 .00 .00proof of payment. See instructions q. Support paid to: Last Name First Name Social Security Number MI r. Allowable adjustments from Federal Form 1040 .00 .00.00 **r1.** Business expenses for Reservists **r1.** .00 .00 r2. Alimony paidr2. **r3.** Self-employed health .00 .00 .00.00 .00 r4. Health Savings Account deduction . . . r4. **r5.** Tuition and Fees as reported on .0000 .00s. Add Lines p, q, and total of Lines r1 to r5 .00.00t. Subtract Line s from Line o of each column. .00 .00 If a negative amount, enter -0-..... 20923 nt, enter -0**u.** Add all three amounts from Line tale a negative amounts v. Complete if born Jan. 1, 1956 and after Enter interest and dividend income from .00 .00 .00 Lines e and f...... .00 v. Subtract Line x from Line w. If Line x is more than Line w, enter -0-.00 z. HOUSEHOLD INCOME. Add Line u and Line y....z. **RENTERS**

If Line z Household Income is \$47,000 or less, you may be eligible for a renter rebate. Complete Form PR-141 Renter Rebate Claim. This schedule must be filed with the Renter Rebate Claim. Claims are due April 15, 2021, but can be filed up to Oct. 15, 2021.

If Household Income is more than \$47,000, you do not qualify for a renter rebate.

HOMEOWNERS

Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year.

Homeowners with Household Income up to \$138,500 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. This schedule must be filed with Form HS-122.

Form HS-122 The due date to file is April 15, 2021. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 15, 2021, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

Test 11:

Required Vermont Forms/Schedules: IN-111, PR-141, HI-144

Taxpayer(s) Information:

Primary SSN: 400-00-9050
Name: James Smith
Residency Status: Resident

Mailing Address: 239 Smith Street

City: Middlesex

 State:
 VT

 Zip Code:
 05602

 Date of Birth:
 03/24/1977

Filing Status: Married Filing Separately

Spouse SSN: 400-00-9051
Spouse Name: May J. Smith

School District Code: 121

911 Address: 239 Smith Street

Healthcare Coverage: Taxpayer

Return Information:

Federal AGI: 47,820.00
Wages: 47,500.00
Dividend income: 320.00
Charitable contributions: 500.00
Income tax withheld from wages: 1,525.00
Spouse's Business income: 2,000.00

Social Security & Medicare tax

withheld: 3,634.00
Number of months rented: 12

Monthly rent amount: 1,300.00

For in-house processing purposes we will furnish the LC-142 Landlord Certificate information for rent paid.

2020 Form IN-111

Vermont Income Tax Return



FILE YOUR RETURN TAX.VERMONT.GOV FOR **MORE INFORMATION.**

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name SMITH	First Name JAMES			Social Security Number 400009050	Check if Deceased
Spouse's/CU Partner's Last Name	First Name			Social Security Number	Check if
SMITH	MAY			400009051	Deceased
Mailing Address (Number and Street/Road or PO Box) 239 SMITH ST			٠.	ysical Street Address on 12/31/2020	
	State ZIP Code or I	Foreign Postal Code		SMITH ST	
City MIDDLESEX	VT 05602	Foreign Postal Code	roreign	n Country	
Variant Calcad District Cada		Chapte all			
121 Enter Healthcare C (See instructions for			IENDED turn	RECOMPUTED Return	EXTENDED Return
Filing Status and Single Married. (\$6,250) (\$12,50)		Married/CU Filing Separately (\$6,250)		Head of Household Qua (\$9,400)	llifying Widow(er) 2,500)
(\$0,200)	<u>, </u>			(\$12	-,000)
1. Federal Adjusted Gross Income (federal For	m 1040, Line 11)		4	Check to indicate 1.	⁴⁷⁸²⁰ .00
, ,				Chack to	
2. Net Modifications to Federal AGI (Schedule	: IN-112, Part I, Line 1	5)	. ∐ €	indicate 2.	
3. Federal AGI with Modifications (Add Lines	1 and 2)		•	Check to indicate loss	4 7820 00
4. 2020 Vermont Standard Deduction from fili	ng status section above			4.	6250 .00
Please see instructions if you or your s deduction boxes on federal Form 1040	pouse checked any star	dard			
5. Personal Exemptions:5a. Enter "1" for yourself if no one can one				5a.	
5b. Enter "1" for your jointly filed spous	_ 1				
claim them as a dependent or if you a	are a qualifying widow	(er)		5b	
5c. Enter number of other dependents clarifies includes any dependents other to	aimed on federal Form han yourself and/or you	1040. ur spouse		5c	
5d. Add Lines 5a through 5c				5	d. 1
					4350
5e. Multiply Line 5d by \$4,350 (2020 Personal)	Exemption)			5e	
6. Add Lines 4 and 5e				6.	00
7. Vermont Taxable Income (Subtract Line 6 fi	rom Line 3 If less that	n zero enter -0-)		7.	37220 .00
7, 10,000 1,000 1,000 (0,000,000 2,000 0,000		2010, 01101 0)			1261
8. Vermont Income Tax from tax table or tax ra (If Line 1 is greater than \$150,000, see instru				8.	00
9. Net Adjustment to Vermont Tax (Schedule I	<i>'</i>)	. □•	Check to indicate loss	.00
10. Vermont Income Tax with Adjustment (Add	I lines & and 9 Ifless	than zero, enter -0-)	10	¹³⁶¹ .00
					00
11. Tax-Deductible Charitable Contribution (See instructions) 500 .00	12. Multiply Line 11 by 5% (0 25 	I Deductio	n (Enter	the lesser	²⁵ .00
		of Line 12	or \$1,00	00) 13.	1226
14. Vermont Income Tax (Line 10 minus Line 1	3. If less than zero, en	ter -0-)		14	1336 00
15. Income Adjustment (Schedule IN-113, Line	35, or 100.0000%)			1510	%0
16. Adjusted Vermont Income Tax (Multiply Li	ne 14 by Line 15)			16.	1336 .00
Amount Due	.00 Pa	ge 1 of 2	5454		n IN-111 v 10/20

Taxpayer's Last Name	Social Security Number	
SMITH	400009050	



	Other State Cred	dit (Schedule IN-117, Line 21)	Vermont T	ax Credits (Schedu	ile IN-119,	Part II)	Total V	ermont Credits (Add Lines 17 a	nd 18)
17.		.00 +	18		.00	=	19		.00
20.	Vermont Inc. If Line 19 is	ome Tax after credits (Subtrac greater than Line 16, enter -0-)	t Line 19 from Li	ne 16.			. 20	1336	.00
21.	Use Tax for tincluding on	example items on which no sales line purchases. (See instruction	s tax was charged s, worksheet, and	chart)	Check to on the Ta	certify OR ax is due.			
22. Chi	Total Vermo	nt Taxes (Add Lines 20 and 21 Vermont Veterans Fun) d Gre	en Up Vermont			. 22. Fund	Total Contribution	.00
		00 + 23b0						= 23e	
24.	Total of Verm	ont Taxes and Voluntary Contr	ributions (Add Li	nes 22 and 23e)			. 24	1336	.00
25a.	2020 Vermon	nt Tax Withheld from W-2, 109	99	25a.		1525	.00		
	2020 Estimat	ted Tax payments, amount carr made with 2020 extension	ad familiand frame	2010			.00		
25c.	Refundable (Credits (Schedule IN-112, Part	II)	25c.			.00		
25d.	2020 Vermon	nt Real Estate Withholding from	n Form RW-171	25d.			.00		
25e.	2020 Nonres	ident Estimated Tax payments	1.1 17.13777 1.1	5 25			.00		
25f.		withholding) allocated on Schents and Credits (Add Lines 25a						1525	.00
		t. If Line 24 is less than Line 2:							
								107	.00
27a.	Refund to be	credited to 2021 Estimated Ta	x Payment	27a.			.00		
27b.	Refund to be	credited to 2021 Property Tax	Bill	27b.		····	.00		
28.	REFUND A	MOUNT (Subtract Lines 27a a	and 27h from Lin	e 26)			28.	189	.00
29.	If Line 24 is	more than Line 25th Subtract Lons on tax due	ine 25f from Line	24.					-
30.	Interest and Underpaym			31.	AMOU	NT DUE			
F	or Amended	Original refund received	Refund due now		Origina	l payment		Amount due now	
R	eturns Only:	.00		.00)		.00		.00
		perjury, I declare that I have exa , correct and complete. Prepare							ge and
	nature	, correct and complete. I repaire	3 cannot use retu	Date (MM/DD/Y		Date of Birth (MI	• •	Daytime Telephone Number	er
	TONED			, ,	,	03/ 24	/1977		
	SIGNED nature (If a joint re	turn, BOTH must sign.)		Date (MM/DD/Y	YYY)	Date of Birth (MI	<u>'</u>	Daytime Telephone Number	er
	• •	- <i>,</i>		, ,		1	/		
Paid	d Preparer's Signa	ature		, ,	$\overline{}$	Date	,	Preparer's Telephone Num	nber
						1	/		
Firn	n's Name (or your	s if self-employed) and address				Preparer's SSN	or PTIN	FEIN	
		,				P12345		123456789	

2020 Form PR-141

Vermont Renter Rebate Claim For the year Jan 1 - Dec 31, 2020



IMPORTANT: This form MUST be filed with Schedule HI-144 and Form LC-142 or your claim will be considered incomplete

		oi youi	Claiiii	Will be collaid	erea incomplete.	
Claimant's Last Name SMITH	First Name JAMES		MI	Claimant's Social 4 0 0 0 0 9 0 !		
Spouse's/CU Partner's Last Name SMITH	First Name MAY		MI	Spouse's or CU P	artner's Social Security Number	
Mailing Address (Number and Street/Road or PO Box) 239 SMITH ST					f Birth (MM/DD/YYYY) 24 / 1977	
City	State ZIP Code			, , , , , , , , , , , , , , , , , , ,		
MIDDLESEX	VT 05602					
Vermont School District Code 911/Physical Street Add 121 239 SMITH				City/Town of Lega MIDDLES	_	State /T
Federal Single Married Filing Status		Head of Househol	d	Will you be using to pay Income Tax		X No
ELIGIBILITY QUESTIONS: ALL questions mu	st be answered. You mus	st have rented	all 12	months in 2020). See instructions for exce	ption.
Were you domiciled in Vermont all of calen	dar year 2020?	Yes, Go to L	ine 2.		No, STOP. You are not eligible	le.
2. Were you claimed as a dependent by another	r taxpayer in 2020?	Yes, 810P.	You are	e not eligible.	No, Go to Line 3.	
3. Did you rent in Vermont all 12 months in ca	ılendar year 2020?	Yes, Comple	ete this f	form.	No, STOP. You are not eligible	le.
REBATE CALCULATION: BO	efore doing rebate calcula ou MUST Include Schedul					
4. E-file Certificate Number (from Form LC-1	42)	4		14	12358741 - 00	1
5. Allocable Rent (from Form LC-142, Line 9)		5	:	3276 .00		
6. Home Use. If more than 25% of this rental i						
see instructions. If no business use, enter 10	00.00%	6	100	%		_
7. Allowable Rent for Rebate Claim (Multiply	Line 5 by Line 6)					⁶ .00
8. Household Income (from Schedule 41, 44, If more than \$47,000 you are not eligible	Line z)	8.	4	6186 .00	Check here if amended Scheel HI-144, Household Income, is	
						, moladou.
9. Maximum Percentage of Income for Rent. If Line 8 Household Income is: \$0 - 9,999	\$10,000 – 24,999 \$2	25,000 – 47,000	, 1			
Enter this % on Line 9: 2.0%	4.5%	5.0%				
10. Maximum Rent for Household Income (Mu If Line 10 is more than Line 7, you do not q					230	9.00
11. Renter Rebate Amount (Subtract Line 10 fro you do not qualify for a rebate	m Line 7 and enter result he	ere.) If result is	zero,			⁵⁷ .00
	MAXIMUM REBATE	AMOUNT IS \$3	3,000.			
Under penalties of perjury, I declare that I have examined correct, and complete. Preparers cannot use return infor	l this return and accompanying mation for purposes other thar	schedules and s preparing return	tatemer s.	nts, and to the bes	t of my knowledge and belief, the	ey are true,
Signature			Date (MMDDYYYY)	Daytime Telephone Nu	mber
SIGNED Signature (If a joint return, BOTH must sign.)			Date (MMDDYYYY)	Daytime Telephone Nu	mber
			_			
Paid Preparer's Signature			,	(MMDDYYYY)	Preparer's Telephone N	Number
Firm's Name (or yours if self-employed) and address				rer's SSN or PTIN	FEIN	
			P1	2345678	123456789	

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



2020 Schedule HI-144

Household Income

For the year Jan 1 - Dec 31, 2020



Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2020 Renter Rebate Claim (Form PR-141) OR the 2021 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name	First Name	MI	Claimant's Social Security Number
SMITH	JAMES		400009050
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY)
SMITH	MAY		03241977

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2020. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Other Person #1 Last Name	First Name	MI	Other Person #1 Social Security Nu	ımber
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Nu	ımber
Yearly totals of ALL members of the household	1. Claimant /Claimant /Cla		2. Filing separately Spause or CU Partner	3. Other Persons

Yearly totals of ALL members of the household	and jointly filed Spouse	Spouse or CU Partner	3. Other Persons
a. Cash public assistance and relief (See instructions for exclusions)	a	00	.00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable	b00	00	.00
c. Unemployment compensation/worker's compensation	c00	.00	.00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)	d. 47500.00	00	.00
e. Interest and dividends	e. 320 .00	00	.00
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable	f00	00	.00
	g00	00	.00
h. Child support and cash gifts			
	h00	00	.00
i. Business income. If the amount is a loss, enter 0. See instructions for offsetting a loss	i00	00	.00
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0 See instructions for offsetting a loss	j00	00	.00
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions	k00	00	00
I. Rental and royalty income. If the amount is a loss, enter -0 See instructions for offsetting a loss	100	00	00
m. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0 See Line m instructions for only exception to offset a loss	m00		00
n. Other income (see instructions for examples of other income)			
Please specify	n00	00	.00
o. Total Income: Add Lines a through n	0. 47820.00	00	00

 Schedule HI-144

 5 4 5 4
 Page 1 of 2
 Rev. 10/20

Claimant's Last Name	Social Security Number
SMITH	400009050



47820 2000 .00 .00Carried forward from Line o 1. Claimant /Claimant 2. Filing separately p. See instructions. Enter Social Security and 3. Other Persons Spouse or CU Partner and jointly filed Spouse Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE 3634 .00 00.if not included with income tax filing p. q. Child support paid. You must include .00 .00 .00proof of payment. See instructions q. Support paid to: Last Name First Name Social Security Number MI r. Allowable adjustments from Federal Form 1040 .00 .00.00 **r1.** Business expenses for Reservists **r1.** .00 .00 r2. Alimony paidr2. **r3.** Self-employed health .00 .00 .00.00 .00 r4. Health Savings Account deduction . . . r4. **r5.** Tuition and Fees as reported on 00 .00.00s. Add Lines p, q, and total of Lines r1 to r5 3634 .00.00t. Subtract Line s from Line o of each column. 2000 .00 .00 If a negative amount, enter -0-..... 46186 **u.** Add all three amounts from Line tale a negative amounts nt. enter v. Complete if born Jan. 1, 1956 and after Enter interest and dividend income from 320 .00. .00 v. Subtract Line x from Line w. If Line x is more than Line w, enter -0-.00 z. HOUSEHOLD INCOME. Add Line u and Line y....z. If Line z Household Income is \$47,000 or less, you may be eligible for a renter rebate. Complete Form PR-141 Renter Rebate Claim. **RENTERS** This schedule must be filed with the Renter Rebate Claim. Claims are due April 15, 2021, but can be filed up to Oct. 15, 2021.

HOMEOWNERS

Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year.

If Household Income is more than \$47,000, you do not qualify for a renter rebate.

Homeowners with Household Income up to \$138,500 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. This schedule must be filed with Form HS-122.

Form HS-122 The due date to file is April 15, 2021. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 15, 2021, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

Test 12:

Required Vermont Forms/Schedules: PR-141, HI-144

Taxpayer(s) Information:

Primary SSN: 400-00-9052
Primary Name: Larry Kent
Residency Status: Resident
Mailing Address: PO Box 15
City: Montpelier

State: VT
Zip Code: 05602
Date of Birth: 03/24/1976
Filing Status: Single

School District Code: 126

911 Address: 15 Kent Street Unit 2

Town of Legal Residence: Montpelier

Return Information:

Social Security Benefits Received: 20,000.00

E-File certificate #: 1111111111-002 Items included in Rent: Heat & Electricity

Number of months rented: 12
Monthly rent amount: 500.00
\$ value of items included in rent: 400.00

For in-house processing purposes we will furnish the LC-142 Landlord Certificate information for rent paid.

2020 Form PR-141

Vermont Renter Rebate Claim For the year Jan 1 - Dec 31, 2020



IMPORTANT: This form MUST be filed with Schedule HI-144 and Form LC-142 or your claim will be considered incomplete.

			o. you.	Oldilli	Will be collected	inoonipioto:
Claimant's Last Name	First Name			MI	Claimant's Social Secur	ity Number
KENT	LARR				400009052	
Spouse's/CU Partner's Last Name	First Name)		MI	Spouse's or CU Partner	's Social Security Number
Mailing Address (Number and Street/Road or PO PO BOX 15	Box)				Claimant's Date of Birth 03 /24	(MM/DD/YYYY) /1976
City MONTPELIER	State VT	ZIP Code 05601				
	Street Address on 12/				City/Town of Legal Resi	dence on 12/31/2020 & State
1 '	T ST UNIT				MONTPELIER	VT VT
Federal Filing Status X Single	Married/CU Filing Jointly	Married/CU Filing Separately	Head of Househol	d	Will you be using Rente to pay Income Tax liabili	
ELIGIBILITY QUESTIONS: ALL question	ons must be ans	wered. You must I	nave rented	all 12	months in 2020. Se	e instructions for exception.
1. Were you domiciled in Vermont all o	of calendar year 2	2020? [Yes, Go to L	ine 2.	□ i	No, STOP. You are not eligible.
2. Were you claimed as a dependent by	another taxpayer	in 2020? [Yes, STOP.	You are	e not eligible.	No, Go to Line 3.
3. Did you rent in Vermont all 12 mont	hs in calendar ye	ar 2020?	Yes, Comple	te this f	orm.	No, STOP. You are not eligible.
REBATE CALCULATIO					ehold Income (Scho	
4. E-file Certificate Number (from Form				-		.111111 - 001
4. L-me certificate (uniform form)	II LC-142)			•		
5. Allocable Rent (from Form LC-142,	Line 9)		5	-	.00	
6. Home Use. If more than 25% of this see instructions. If no business use, or	rental is used for enter 100.00%	business,		100		
7. Allowable Rent for Rebate Claim (M	Iultiply Line 5 by	Line 6)				71176
8. Household Income (from Schedule I If more than \$47,000 you are not elig	II-144, Line z)		8.	20		Check here if amended Schedule HI-144, Household Income, is included.
					_	II-144, Household Income, is included.
9. Maximum Percentage of Income for If Line 8 Household Income is: \$0	- 9,9 99 \$10,0	00 24 000 \$25.0	000 – 47,000). T	%	
· ·	2.0%	4.5%	5.0%			
0. Maximum Rent for Household Incon If Line 10 is more than Line 7, you d						
1. Renter Rebate Amount (Subtract Line you do not qualify for a rebate						1100
	MAX	IMUM REBATE AN	IOUNT IS \$3	3,000.		_
Inder penalties of perjury, I declare that I have e orrect, and complete. Preparers cannot use retu					its, and to the best of m	y knowledge and belief, they are true,
Signature SIGNED		<u> </u>			MMDDYYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)				Date (MMDDYYYY)	Daytime Telephone Number
Paid Preparer's Signature				Date (MMDDYYYY)	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and addre	ess			Prepa	rer's SSN or PTIN	FEIN
				P1	2345678	123456789



Other Person #1 Last Name

Vermont Department of Taxes

2020 Schedule HI-144

Household Income

For the year Jan 1 - Dec 31, 2020



Other Person #1 Social Security Number

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2020 Renter Rebate Claim (Form PR-141) OR the 2021 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name KENT	First Name LARRY	MI	Claimant's Social Security Number 4 0 0 0 0 9 0 5 2
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY) 03241976

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2020. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

First Name

Other Person #2 Last Name	First Name		MI	her Person #2 Social Security N	umber
Yearly totals of ALL members of the household		1. Claimant /Cl and jointly filed		2. Filing separately Spouse or CU Partner	3. Other Persons
a. Cash public assistance and relief (See instruct	tions for exclusion	ns) a.	00	00	.00
b. Social Security, SSI, disability, railroad retire veteran's benefits, taxable and nontaxable		b	00.0	00	00
c. Unemployment compensation/worker's comp	ensation		.00	00	.00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)		d	00	00	00
e. Interest and dividends		e.	00	00	.00
f. Interest on U.S., state, and municipal obligation taxable and nontaxable		f	00	00	00
g. Alimony and support money		g	00	00	.00
h. Child support and cash gifts					
Please specify		h	00	00	.00
i. Business income. If the amount is a loss, ente See instructions for offsetting a loss		i	00	00	00
j. Capital gains, taxable and nontaxable. If the a enter -0 See instructions for offsetting a loss	mount is a loss,	j	00	00	.00
k. Taxable pensions, annuities, IRA and other re distributions. See instructions			00	00	00
I. Rental and royalty income. If the amount is a See instructions for offsetting a loss	loss, enter -0	. l.	00	00	.00
m. Farm/partnerships/S corporations/LLC/Estate If the amount is a loss, enter -0 See Line m i exception to offset a loss	nstructions for or		00	00	.00
n. Other income (see instructions for examples of	of other income)				
Please specify		n	00	00	.00

.00

5454

20000.00

Claimant's Last Name	Social Security Number
KENT	400009052



20000 .00 .00.00Carried forward from Line o 1. Claimant /Claimant 2. Filing separately **p.** See instructions. Enter Social Security and 3. Other Persons Spouse or CU Partner and jointly filed Spouse Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE .00 .00 .00if not included with income tax filing p. q. Child support paid. You must include .00 .00 .00proof of payment. See instructions q. Support paid to: Last Name First Name Social Security Number MI r. Allowable adjustments from Federal Form 1040 .00 .00.00 **r1.** Business expenses for Reservists **r1.** .00 .00 r2. Alimony paidr2. **r3.** Self-employed health .00 .00 .00.00 .00 r4. Health Savings Account deduction . . . r4. **r5.** Tuition and Fees as reported on 00 00..00s. Add Lines p, q, and total of Lines r1 to r5 00 .00.00for each column.....s. t. Subtract Line s from Line o of each column. .00 .00 If a negative amount, enter -0-..... 20000 nt, enter -0**u.** Add all three amounts from Line talk a negative amount v. Complete if born Jan. 1, 1956 and after Enter interest and dividend income from .00 .00 .00 Lines e and f..... .00 v. Subtract Line x from Line w. If Line x is more than Line w, enter -0-....v. .00 z. HOUSEHOLD INCOME. Add Line u and Line y....z. If Line z Household Income is \$47,000 or less, you may be eligible for a renter rebate. Complete Form PR-141 Renter Rebate Claim. **RENTERS** This schedule must be filed with the Renter Rebate Claim. Claims are due April 15, 2021, but can be filed up to Oct. 15, 2021.

HOMEOWNERS

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Form HS-122 The due date to file is April 15, 2021. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 15, 2021, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

Form LC-142





CLAIMANT: Remember to enter your Social Security Number when you file the rebate claim.

Claimant's Last Name First Name			MI	Claimant's Social S	Security Number	
Section A: Landlord and Re	ntal Unit Information	(Please com	plete all f	ields)		
Name of Owner or Landlord LANDLORD						
Landlord's Mailing Address PO BOX 5		City MONTPEL	IER		State VT	ZIP 0560
Location of Rental Unit (number, street/road na 15 KENT ST	me)		Ur 2	nit Number	SPAN (from pro	operty tax bill) 6 00002
City/Town MONTPELIER			<u>'</u>	<u> </u>	Number of Unit in this Building	s 2
Rental Unit is (check one)	House Lot for Mobile		Boarding Home	Nursing Home		sted Living / nmunity Care
Items Included in Rent (check all that apply)	Furnishing		Personal Care	Other Service		
Tenant #1 Last Name KENT	First Name LARRY	Tenant #	2 Last Name		First Name	
Tenant #3 Last Name	First Name	Tenant #	4 Last Mame		First Name	
Section B: Allocable Rent		1		<u>'</u>		
E-file Certificate Number					. 1111	111111-002
1. Calendar year 1a 202	20 Name	er of months rei				
2. Monthly rental amount charged					2.	500 .00
3. Total rent paid for calendar year l						
4. Less dollar values of items above t						
5. Adjusted rent paid for calendar year						
6. For government subsidized rent, er	·					
7. Rent paid during calendar year solo						5600 .00
8. Rental adjustment			-			24.00
9. Allocable rent (Multiply Line 7 by						
Renters: Enter on Form PR- Mobile home owners: Enter	-141, Vermont Renter Rebate	e Claim, Line 3				1170.00
Section C: Signature certify the rental information on this Landlord Certificate is, to the best of my knowledge and belief, true, correct, and complete.						
Signature of landlord or authorized representati			Date (MMDDY			elephone Number

Test 13:

Required Vermont Forms/Schedules: IN-151

Taxpayer(s) Information:

Primary SSN: 400-00-9031

Name: Bradley Edgewood

Residency Status: Resident
Mailing Address: PO Box 306
City: Hyde Park

State: VT Zip Code: 05655

Filing Status: Married Filing Joint

Spouse SSN: 400-00-8032

Spouse Name: Marjorie Edgewood

Return Information:

Estimated Tax Liability: 8,879.00
Previous Payments Made: 1,279.00
Extension Payment: 4,200.00

2020 Form IN-151

Vermont Application for Extension of Time to File Form IN-111



This application must be filed by April 15, 2021, if you are unable to file your Vermont Income Tax Return before the due date of April 15. By completing this application, you are requesting an automatic six-month extension of time to file.

An extension only allows additional time to file the Vermont Income Tax Return and avoids a late filing penalty. If tax is due, you must pay it by the April due date. Interest and late payment penalty accrue from April 16 to the date of payment.

NOTE: This extension does *not* apply to Form HS-122, Vermont Homestead Declaration OR Property Tax Credit Claim. Form HS-122 is due April 15 of the current year. Late filed Homesteads will be charged a late filing penalty up to 8% of the corrected education tax by the town.

Taxpayer's Last Name EDGEWOOD	First Na BRAI	me NDLEY	MI	Taxpayer's Social Security Number
Spouse's/CU Partner's Last Name EDGEWOOD	First Na MAR	me JORIE	MI	Spouse's or CU Partner's Social Security Number 400009032
Mailing Address (Number and Street/Road or PO Box) PO BOX 306				For Department Use Only
City HYDE PARK	State VT	ZIP Code or Postal Code		
Foreign Country (if not United States)j				

TAX CALCULATION WORKSHEET

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

1. Estimated individual income tax liability	8879_ .00	
2. Previous payments	<u>1279</u> .00	
3. Amount of tax paid with extension	3	0

VERMONT PAYMENT OPTION

Vermont Department of Taxes PO Box 1779 Montpelier, VT 05601-1779

Phone: (866) 828-2865 toll-free in Vermont or (802) 828-2865

Filing by Paper: Make checks payable to Vermont Department of Taxes and mail with this form to the address above.

Test 14:

Required Vermont Forms/Schedules: IN-151

Taxpayer(s) Information:

Primary SSN: 400-00-9053
Name: Heather J. Lee
Mailing Address: 239 Smith St.
City: Middlesex

State: VT
Zip Code: 05602
Filing Status: Single

Return Information:

Estimated Tax Liability: 2,975.00
Previous Payments Made: 0.00



2020 Form IN-151

Vermont Application for Extension of Time to File Form IN-111



This application must be filed by April 15, 2021, if you are unable to file your Vermont Income Tax Return before the due date of April 15. By completing this application, you are requesting an automatic six-month extension of time to file.

An extension only allows additional time to file the Vermont Income Tax Return and avoids a late filing penalty. If tax is due, you must pay it by the April due date. Interest and late payment penalty accrue from April 16 to the date of payment.

NOTE: This extension does *not* apply to Form HS-122, Vermont Homestead Declaration OR Property Tax Credit Claim. Form HS-122 is due April 15 of the current year. Late filed Homesteads will be charged a late filing penalty up to 8% of the corrected education tax by the town.

Taxpayer's Last Name LEE	First Name HEATHER	Taxpayer's Social Security Number
Spouse's/CU Partner's Last Name	First Name	MI Spause's or CU Partner's Social Security Number
Mailing Address (Number and Street/Road or PO Box) 239 SMITH ST		For Department Use Only
City	State ZIP Code or Postal Code	
MIDDLESEX	VT 05602	
Foreign Country (if not United States)j		

TAX CALCULATION WORKSHEET

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

1.	Estimated individual income tax liability	.00	
2.	Previous payments	.00	
3.	Amount of tax paid with extension	3	2 975 .00

VERMONT PAYMENT OPTION

Vermont Department of Taxes PO Box 1779 Montpelier, VT 05601-1779

Phone: (866) 828-2865 toll-free in Vermont or (802) 828-2865

Filing by Paper: Make checks payable to Vermont Department of Taxes and mail with this form to the address above.

Test 15:

Required Vermont Forms/Schedules: IN-151

Taxpayer(s) Information:

Primary SSN: 400-00-9054
Name: Tim T. Jones
Mailing Address: 239 Smith St.
City: Middlesex

State: VT
Zip Code: 05602
Filing Status: Single

Return Information:

Estimated Tax Liability: 100
Previous Payments Made: 500.00



2020 Form IN-151

Vermont Application for Extension of Time to File Form IN-111



This application must be filed by April 15, 2021, if you are unable to file your Vermont Income Tax Return before the due date of April 15. By completing this application, you are requesting an automatic six-month extension of time to file.

An extension only allows additional time to file the Vermont Income Tax Return and avoids a late filing penalty. If tax is due, you must pay it by the April due date. Interest and late payment penalty accrue from April 16 to the date of payment.

NOTE: This extension does *not* apply to Form HS-122, Vermont Homestead Declaration OR Property Tax Credit Claim. Form HS-122 is due April 15 of the current year. Late filed Homesteads will be charged a late filing penalty up to 8% of the corrected education tax by the town.

Taxpayer's Last Name JONES	First Name TIM	Taxpayer's Social Security Number
Spouse's/CU Partner's Last Name	First Name	MI Spouse's or CU Partner's Social Security Number
Mailing Address (Number and Street/Road or PO Box) 714 SECOND ST		For Department Use Only
City	State ZIP Code or Postal Code	
NEWPORT	VT 05855	
Foreign Country (if not United States)j		

TAX CALCULATION WORKSHEET

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

1.	Estimated individual income tax liability	100	.00	
2.	Previous payments	500	.00	
3.	Amount of tax paid with extension		3	.00

VERMONT PAYMENT OPTION

Vermont Department of Taxes PO Box 1779 Montpelier, VT 05601-1779

Phone: (866) 828-2865 toll-free in Vermont or (802) 828-2865

Filing by Paper: Make checks payable to Vermont Department of Taxes and mail with this form to the address above.

Test 16:

Required Vermont Forms/Schedules: IN-114

Taxpayer(s) Information:

Primary SSN: 400-00-9031

Name: Bradley Edgewood

Residency Status: Resident

Mailing Address: PO Box 306

City: Hyde Park

State: VT Zip Code: 05655

Filing Status: Married Filing Joint

Spouse SSN: 400-00-9032

Spouse Name: Marjorie Edgewood

Return Information:

Estimated Payment Requirement: 2,500.00

April 15, 2020 Payment 250.00

June 15, 2020 Payment 500.00

September 15, 2020 Payment: 750.00

January 15, 2021 Payment 1,000.000

2021 Form IN-114





Vermont Individual Income Estimated Tax Payment Voucher

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name EDGEWOOD	First Name MI BRADLEY		MI	Taxpayer's Social Security Number 400009031
Spouse's/CU Partner's Last Name EDGEWOOD	First Name MI MARJORIE		MI	Spouse's or CU Partner's Social Security Number 40009032
Mailing Address (Number and Street/Road or PO Box) PO BOX 306				Tax Year 2 0 2 1
City HYDE PARK	State VT	ZIP Code or Postal Code 05655		Amount of
Foreign Country (if not United States)				this payment 250 .00

- 4- 4	Form IN-114
5454	Rev.10/20

Pay your income taxes online

Did you know? You can make **your** estimated income tax payment online using ACH debit or your credit card. Visit us on the web at **myVTax.vermont.gov** and select "Make a Payment" to get started.

Underpayment Interest and Penalties

Vermont law states that you must pay during the calendar year through withholding, timely made estimated payments, or a combination of both, an amount equal to 100% of your prior year tax liability or 90% of your current year tax liability, whichever is less.

If you do not meet this requirement and owe more than \$500 when you file your personal income tax return, you will be assessed penalties and interest. The underpayment in each quarter is assessed from the estimated payment due date to the date the tax is paid.

Calculate your payment using the "Taxpayer's Worksheet." Record your payments.

Taxpayer's Worksheet Keep for your records

	100% of 2020 Tax Liability divided by 4 \$	
	OR	
	90% of 2021 Tax Liability (calculated below)	
Line 1	Estimated 2021 Vermont Taxable Income	\$
Line 2	Estimated 2021 Vermont Tax: Use 2021 preliminary tax schedules (See instructions)	\$
Line 3	Estimated 2021 Vermont Tax with Adjustments. See instructions for Form IN-111, Line 10	\$
Line 4	Estimated Income Adjustment. See instructions for Form IN-111, Line 154.	
Line 5	Adjusted Vermont Tax (Multiply Line 3 by Line 4)5.	\$
Line 5a	Expected 2021 Vermont Tax Withholding	\$
Line 6	2021 Estimated Tax Liability (Line 5 minus Line 5a)6.	\$
Line 7	Quarterly payments due (Divide Line 6 by 4)	\$

Payment Due Dates

1st Quarter	APR 15, 2021
2nd Quarter	JUN 15, 2021
3rd Quarter	SEP 15, 2021
4th Quarter	JAN 15, 2022

Contacting the Department

Mail voucher and payment to:

Vermont Department of Taxes PO Box 1779 Montpelier, VT 05601-1779

Mailing address:

Vermont Department of Taxes Taxpayer Services Division-Income Tax PO Box 1779 Montpelier, VT 05601-1779

Web site Address: www.tax.vermont.gov

Email Address: tax.IndividualIncome@vermont.gov

Telephone: (866) 828-2865 (toll-free in Vermont)

(802) 828-2865 (local and out-of-state)

2021 Form IN-114





Vermont Individual Income Estimated Tax Payment Voucher

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name EDGEWOOD	First Name M BRADLEY		MI	Taxpayer's Social Security Number 400009031	
Spouse's/CU Partner's Last Name EDGEWOOD	First Name M MARJORIE		MI	Spouse's or CU Partner's Social Security Number 400009032	
Mailing Address (Number and Street/Road or PO Box) PO BOX 306				Tax Year 2 0 2 1	
City HYDE PARK	State VT	ZIP Code or Postal Code 05655		Amount of	
Foreign Country (if not United States)			this payment 500 .00		

E 4 E 4	Form IN-114
5454	Rev.10/20

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	OR	
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Line 3	Estimated 2021 Vermont Tax with Adjustments. See instructions for Form IN-111, Line 10	\$
Line 4	Estimated Income Adjustment. See instructions for Form IN-111, Line 154.	
Line 5	Adjusted Vermont Tax (Multiply Line 3 by Line 4)5.	\$
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Line 6	2021 Estimated Tax Liability (Line 5 minus Line 5a)6.	\$
Line 7	Quarterly payments due (Divide Line 6 by 4)	\$

Payment Due Dates

1st Quarter	APR 15, 2021
2nd Quarter	JUN 15, 2021
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4th Quarter	JAN 15, 2022

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Mailing address:

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Email Address: tax.IndividualIncome@vermont.gov

Telephone: (866) 828-2865 (toll-free in Vermont)

(802) 828-2865 (local and out-of-state)

2021 Form IN-114





Vermont Individual Income Estimated Tax Payment Voucher

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name EDGEWOOD	First Name BRADLEY		MI	Taxpayer's Social Security Number 400009031	
Spouse's/CU Partner's Last Name EDGEWOOD	First Name MI MARJORIE		MI	Spouse's or CU Partner's Social Security Number 400009032	
Mailing Address (Number and Street/Road or PO Box) PO BOX 306			Tax Year 2 0 2 1		
City HYDE PARK	State VT	ZIP Code or Postal Code 05655		Amount of	
Foreign Country (if not United States)			this payment 750 .00		

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Taxpayer's Worksheet Keep for your records

100% of 2020 Tax Liability divided by 4 \$	
V =-	
90% of 2021 Tax Liability (calculated below)	
Estimated 2021 Vermont Taxable Income	\$
Estimated 2021 Vermont Tax: Use 2021 preliminary tax schedules (See instructions)	\$
Estimated 2021 Vermont Tax with Adjustments. See instructions for Form IN-111, Line 10	\$
Estimated Income Adjustment. See instructions for Form IN-111, Line 154.	%
Adjusted Vermont Tax (Multiply Line 3 by Line 4)5.	\$
Expected 2021 Vermont Tax Withholding	\$
2021 Estimated Tax Liability (Line 5 minus Line 5a)6.	\$
Quarterly payments due (Divide Line 6 by 4)	\$
	OR 90% of 2021 Tax Liability (calculated below) Estimated 2021 Vermont Taxable Income Estimated 2021 Vermont Tax: Use 2021 preliminary tax schedules (See instructions)

Payment Due Dates

1st Quarter	APR 15, 2021
2nd Quarter	JUN 15, 2021
3rd Quarter	SEP 15, 2021
4th Quarter	JAN 15, 2022

Contacting the Department

Mail voucher and payment to:

Vermont Department of Taxes PO Box 1779 Montpelier, VT 05601-1779

Mailing address:

Vermont Department of Taxes Taxpayer Services Division-Income Tax PO Box 1779 Montpelier, VT 05601-1779

Web site Address: www.tax.vermont.gov

Email Address: tax.IndividualIncome@vermont.gov

Telephone: (866) 828-2865 (toll-free in Vermont)

(802) 828-2865 (local and out-of-state)

2021 Form IN-114





Vermont Individual Income Estimated Tax Payment Voucher

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name EDGEWOOD	First Name MI BRADLEY		MI	Taxpayer's Social Security Number 400009031	
Spouse's/CU Partner's Last Name EDGEWOOD	First Name MI MARJORIE		MI	Spouse's or CU Partner's Social Security Number 400009032	
Mailing Address (Number and Street/Road or PO Box) PO BOX 306			Tax Year 2 0 2 1		
City State VT O5655			Amount of		
Foreign Country (if not United States)				this payment 1000 .00	

	Form IN-114
5454	Rev.10/20

Pay your income taxes online

Did you know? You can make **your** estimated income tax payment online using ACH debit or your credit card. Visit us on the web at **myVTax.vermont.gov** and select "Make a Payment" to get started.

Underpayment Interest and Penalties

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Calculate your payment using the "Taxpayer's Worksheet." Record your payments.

Taxpayer's Worksheet Keep for your records

100% of 2020 Tax Liability divided by 4 \$	
90% of 2021 Tax Liability (calculated below)	
Estimated 2021 Vermont Taxable Income	\$
Estimated 2021 Vermont Tax: Use 2021 preliminary tax schedules (See instructions)	\$
Estimated 2021 Vermont Tax with Adjustments. See instructions for Form IN-111, Line 10	\$
Estimated Income Adjustment. See instructions for Form IN-111, Line 154.	%
Adjusted Vermont Tax (Multiply Line 3 by Line 4)5.	\$
Expected 2021 Vermont Tax Withholding	\$
2021 Estimated Tax Liability (Line 5 minus Line 5a)6.	\$
Quarterly payments due (Divide Line 6 by 4)	\$
	OR 90% of 2021 Tax Liability (calculated below) Estimated 2021 Vermont Taxable Income

Payment Due Dates

1st Quarter	APR 15, 2021
2nd Quarter	JUN 15, 2021
3rd Quarter	SEP 15, 2021
4th Quarter	JAN 15, 2022

Contacting the Department

Mail voucher and payment to:

Vermont Department of Taxes PO Box 1779 Montpelier, VT 05601-1779

Mailing address:

Vermont Department of Taxes Taxpayer Services Division-Income Tax PO Box 1779 Montpelier, VT 05601-1779

Web site Address: www.tax.vermont.gov

Email Address: tax.IndividualIncome@vermont.gov

Telephone: (866) 828-2865 (toll-free in Vermont)

(802) 828-2865 (local and out-of-state)

Test 17

3 IN-116s

Taxpayer1: Simon John 400009073 PO Box 14 Waterbury VT 05676 Payment amount: \$1300.00

Taxpayer2: Caswell Sam 400-00-9078 Caswell Mary 400-00-9079 PO Box 14 Morrisville VT 05661 Payment amount: \$1348.00

Taxpayer3: Long Jane 400-00-9076 Long John 400-00-9077 13 Main Street Lower Waterford VT 05848 Payment amount: \$56.00

2020 Form IN-116





Vermont Income Tax Payment Voucher

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name SIMON	First Name JOHN		MI	Taxpayer's Social Security Number 400009073
Spouse's/CU Partner's Last Name	First Name		MI	Spouse's or CU Partner's Social Security Number
Mailing Address (Number and Street/Road or PO Box) PO BOX 14			•	Tax Year 2 0 2 0
City WATERBURY	State VT	ZIP Code or Postal Code 05676		Amount of
Foreign Country (if not United States)	•			this payment 1300 .00

Mail to: Vermont Department of Taxes

PO Box 1779
5454

Montpelier V7

Montpelier, VT 05601-1779

If you electronically filed, DO NOT include a copy of the filed return with this payment.

ne filed return Form IN-116 Rev.10/20

2020 Form IN-116





Vermont Income Tax Payment Voucher

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name CASWELL	First Name SAM		MI	Taxpayer's Social Security Number 400009078
Spouse's/CU Partner's Last Name CASWELL	First Name MARY		MI	Spouse's or CU Partner's Social Security Number 400009079
Mailing Address (Number and Street/Road or PO Box) PO BOX 14			·	Tax Year 2 0 2 0
City MORRISVILLE	State VT	ZIP Code or Postal Code 05661		Amount of
Foreign Country (if not United States)	-			this payment 1348 .00

Mail to: Vermont Department of Taxes

PO Box 1779 5454

Montpelier, VT 05601-1779

If you electronically filed, DO NOT include a copy of the filed return with this payment.

Form IN-116 Rev.10/20

2020 Form IN-116





Vermont Income Tax Payment Voucher

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name LONG	First Name JANE		MI	Taxpayer's Social Security Number 40009076
Spouse's/CU Partner's Last Name	First Name JOHN		MI	Spouse's or CU Partner's Social Security Number 400009077
Mailing Address (Number and Street/Road or PO Box) 13 MAIN STREET			•	Tax Year 2 0 2 0
City LOWER WATERFORD	State VT	ZIP Code or Postal Code 05848		Amount of
Foreign Country (if not United States)	•			this payment 56

Mail to: Vermont Department of Taxes PO Box 1779

5 4 5 4 Montpelier, VT 05601-1779

If you electronically filed, DO NOT include a copy of the filed return with this payment.

Form IN-116 Rev.10/20