

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

DEPT USE ONLY



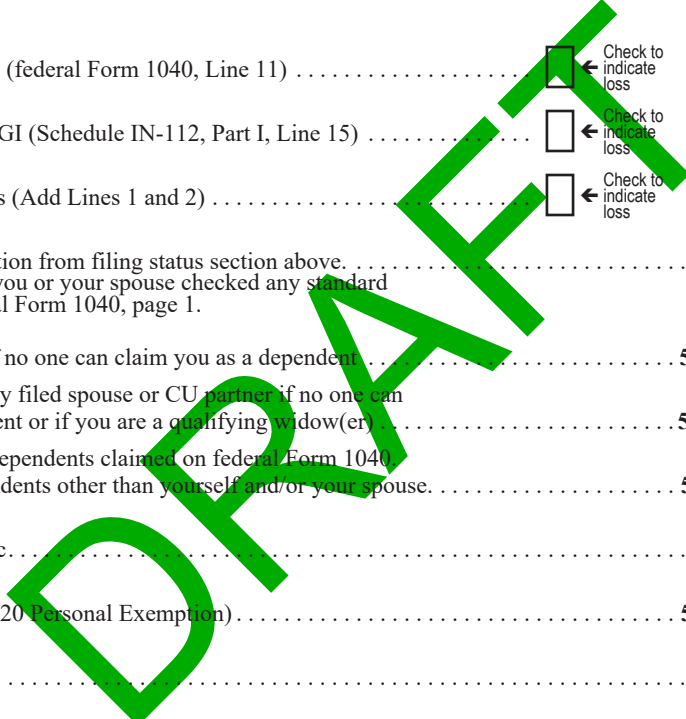
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FILE YOUR RETURN ELECTRONICALLY FOR A FASTER REFUND. GO TO TAX.VERMONT.GOV FOR MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

Form header section containing taxpayer information: Taxpayer's Last Name (TAYLOR), First Name (TOM), MI (T), Social Security Number (40009030), Spouse's/CU Partner's Last Name, First Name, MI, Social Security Number, Mailing Address (334 WASHINGTON ST), City (SAN FRANCISCO), State (CA), ZIP Code (94105), Foreign Country, Vermont School District Code (999), Enter Healthcare Coverage Code (1), Check all that apply (AMENDED, RECOMPUTED, EXTENDED), Filing Status and Standard Deduction (Single, \$6,250).

Main calculation section with lines 1-16. Includes Federal Adjusted Gross Income (95594.00), Net Modifications to Federal AGI (.00), Federal AGI with Modifications (95594.00), 2020 Vermont Standard Deduction (6250.00), Personal Exemptions (4350.00), Vermont Taxable Income (84994.00), Vermont Income Tax (4299.00), Net Adjustment to Vermont Tax (.00), Vermont Income Tax with Adjustment (4299.00), Charitable Contribution Deduction (250.00), Vermont Income Tax (4049.00), Income Adjustment (48.5993%), Adjusted Vermont Income Tax (1968.00).



Amount Due (from Line 31) .00

Taxpayer's Last Name TAYLOR	Social Security Number 400009030
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Other State Credit (Schedule IN-117, Line 21)		Vermont Tax Credits (Schedule IN-119, Part II)		Total Vermont Credits (Add Lines 17 and 18)	
17. _____	.00	+	18. _____	.00	= 19. _____ .00
20. Vermont Income Tax after credits (Subtract Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-).					
					20. _____ 1968 .00
21. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). <input type="checkbox"/> Check to certify no Use Tax is due. OR					
					21. _____ .00
22. Total Vermont Taxes (Add Lines 20 and 21).					
					22. _____ 1968 .00
Children's Trust Fund		Vermont Veterans Fund		Green Up Vermont	
				Nongame Wildlife Fund	
					Total Contributions
23a. _____	.00	+	23b. _____	.00	+
23c. _____	.00	+	23d. _____	.00	= 23e. _____ .00
24. Total of Vermont Taxes and Voluntary Contributions (Add Lines 22 and 23e)					
					24. _____ 1968 .00
25a. 2020 Vermont Tax Withheld from W-2, 1099					
					25a. _____ 1700 .00
25b. 2020 Estimated Tax payments, amount carried forward from 2019, and payment made with 2020 extension.					
					25b. _____ 1000 .00
25c. Refundable Credits (Schedule IN-112, Part II).					
					25c. _____ .00
25d. 2020 Vermont Real Estate Withholding from Form RW-171					
					25d. _____ .00
25e. 2020 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5					
					25e. _____ .00
					25f. _____ 2700 .00
26. Overpayment. If Line 24 is less than Line 25f, Subtract Line 24 from Line 25f.					
					26. _____ 732 .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. _____ 732 .00
28. REFUND AMOUNT (Subtract Lines 27a and 27b from Line 26)					
29. If Line 24 is more than Line 25f, Subtract Line 25f from Line 24. See instructions on tax due					
					29. _____ .00
30. Interest and Penalty on Underpayment of Estimated Tax. . 30. _____ .00 (Worksheet IN-152 or IN-152A)					
					31. AMOUNT DUE (Add Lines 29 and 30) . 31. _____ .00

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .00
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature SIGNED	Date (MM/DD/YYYY) / /	Date of Birth (MM/DD/YYYY) 01/15/1969	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY) / /	Date of Birth (MM/DD/YYYY) / /	Daytime Telephone Number
Paid Preparer's Signature		Date / /	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN P12345678	FEIN 123456789

Check if the Department of Taxes may discuss this return with the preparer shown.
5454

Keep a copy for your records.

2020 Schedule IN-113



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Vermont Income Adjustment Calculations

Please PRINT in BLUE or BLACK INK

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

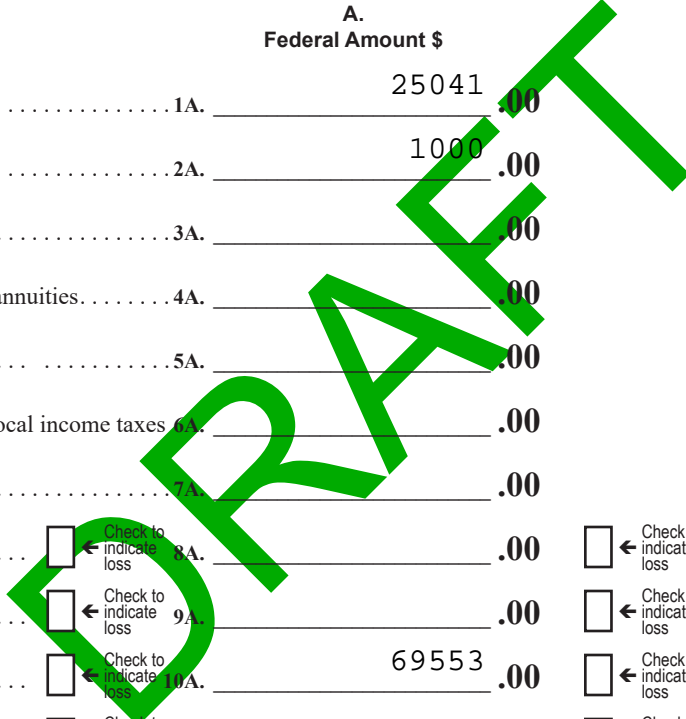
INCLUDE WITH FORM IN-111

Taxpayer's Last Name TAYLOR	First Name TOM	MI T	Taxpayer's Social Security Number 400009030
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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		Name of State(s), Canadian province, or country during non-Vermont residency (use standard 2-character abbreviation) CA
From (MMDDYYYY): / /	To (MMDDYYYY): / /	

	A. Federal Amount \$		B. Vermont Portion \$
1. Wages, salaries, tips, etc. 1A.	25041 .00		1B. 5041 .00
2. Taxable interest. 2A.	1000 .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 6A.	.00		6B. .00
7. Alimony received 7A.	.00		7B. .00
8. Business income or loss <input type="checkbox"/> ← Check to indicate loss 8A.	.00		<input type="checkbox"/> ← Check to indicate loss 8B. .00
9. Capital gain or loss <input type="checkbox"/> ← Check to indicate loss 9A.	.00		<input type="checkbox"/> ← Check to indicate loss 9B. .00
10. Rents, royalties, partnerships, S corporations, trusts, etc <input type="checkbox"/> ← Check to indicate loss 10A.	69553 .00		<input type="checkbox"/> ← Check to indicate loss 10B. 41417 .00
11. Farm income or loss <input type="checkbox"/> ← Check to indicate loss 11A.	.00		<input type="checkbox"/> ← Check to indicate loss 11B. .00
12. Unemployment compensation 12A.	.00		12B. .00
13. Other: Specify <input type="checkbox"/> ← Check to indicate loss 13A.	.00		<input type="checkbox"/> ← Check to indicate loss 13B. .00
14. TOTAL INCOME (Add Lines 1-13) <input type="checkbox"/> ← Check to indicate loss 14A.	95594 .00		<input type="checkbox"/> ← Check to indicate loss 14B. 46458 .00



Taxpayer's Last Name TAYLOR	Social Security Number 400009030
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	Column A. Federal Amount \$	Column B. Vermont Portion \$
15. IRA, Keogh/SEP/SIMPLE (Reported on federal Form 1040)	15A. _____ .00	15B. _____ .00
Self _____ Spouse _____		
16. Student Loan Interest (Reported on Form 1040)	16A. _____ .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)	19A. _____ .00	19B. _____ .00
20. Moving Expenses (Reported on Form 1040) .	20A. _____ .00	20B. _____ .00
21. Penalty on Early Withdrawal of Savings (Reported on Form 1040)	21A. _____ .00	21B. _____ .00
22. Alimony Paid (Reported on Form 1040)	22A. _____ .00	22B. _____ .00
23. Domestic Production Activities (Reported on Form 1040)	23A. _____ .00	23B. _____ .00
24. Educator Expenses and Tuition & Fees (Reported on Form 1040)	24A. _____ .00	24B. _____ .00
25. Deductions not listed above but reported on Form 1040	25A. _____ .00	25B. _____ .00
26. TOTAL ADJUSTMENTS (Add Lines 15-25)	26A. _____ .00	26B. _____ .00
27. Adjusted Gross Income (Subtract Line 26A from Line 14A)	<input type="checkbox"/> ← Check to indicate loss	27. _____ 95594 .00
28. Vermont Portion of AGI (Subtract Line 26B from Line 14B)	<input type="checkbox"/> ← Check to indicate loss	28. _____ 46458 .00
29. Non-Vermont Income (Subtract Line 28 from Line 27) Also enter on Part II, Line 31 below.	<input type="checkbox"/> ← Check to indicate loss	29. _____ 49136 .00

DRAFT

PART II. Adjustment for Vermont Exempt Income and Military Exempt Income

30. Adjusted Gross Income. If Part I completed, enter Line 27 amount. Otherwise, enter amount from Form IN-111, Line 1	<input type="checkbox"/> ← Check to indicate loss	30. _____ 95594 .00
31. Non-Vermont Income (Line 29 above)	<input type="checkbox"/> ← Check to indicate loss	31. _____ 49136 .00
32. Military pay. Number of months on active duty _____ (See instructions)		32. _____ .00
33. Total (Add Lines 31 and 32)	<input type="checkbox"/> ← Check to indicate loss	33. _____ 49136 .00
34. Vermont Income (Subtract Line 33 from Line 30)	<input type="checkbox"/> ← Check to indicate loss	34. _____ 46458 .00
35. INCOME ADJUSTMENT % (Divide Line 34 by Line 30 out to the fourth decimal place) Also enter on Form IN-111, Line 15 (See instructions)		35. _____ 48 .5993 %

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

DEPT USE ONLY



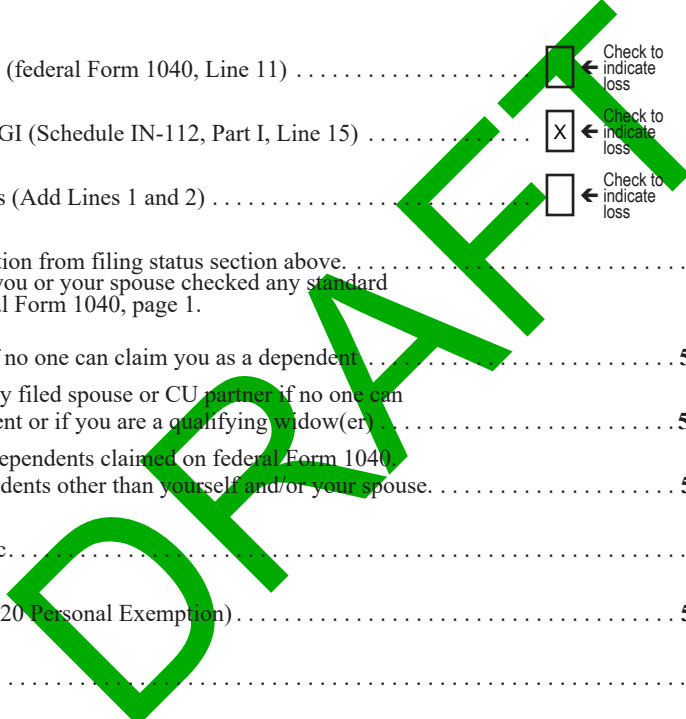
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FILE YOUR RETURN ELECTRONICALLY FOR A FASTER REFUND. GO TO TAX.VERMONT.GOV FOR MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

Form header section containing taxpayer information: Taxpayer's Last Name (EDGEWOOD), First Name (BRADLEY), MI, Social Security Number (40009031), Spouse's/Partner's Last Name (EDGEWOOD), First Name (MARJORIE), MI, Social Security Number (40009032), Mailing Address (PO BOX 306, EDGEWOOD DR, HYDE PARK, VT 05655), Vermont School District Code (097), and Filing Status (Married/CU Filing Jointly).

Main calculation section with lines 1-16. Line 1: Federal Adjusted Gross Income (97000.00). Line 2: Net Modifications to Federal AGI (2000.00). Line 3: Federal AGI with Modifications (95000.00). Line 4: 2020 Vermont Standard Deduction (12500.00). Line 5: Personal Exemptions (8700.00). Line 6: Add Lines 4 and 5e (21200.00). Line 7: Vermont Taxable Income (73800.00). Line 8: Vermont Income Tax from tax table (2679.00). Line 9: Net Adjustment to Vermont Tax (0.00). Line 10: Vermont Income Tax with Adjustment (2679.00). Line 11: Tax-Deductible Charitable Contribution (0.00). Line 12: Multiply Line 11 by 5% (0.00). Line 13: Charitable Contribution Deduction (0.00). Line 14: Vermont Income Tax (Line 10 minus Line 13) (2679.00). Line 15: Income Adjustment (100.0000%). Line 16: Adjusted Vermont Income Tax (2679.00).



Amount Due (from Line 31) .00

Taxpayer's Last Name EDGEWOOD	Social Security Number 400009031
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Other State Credit (Schedule IN-117, Line 21)		Vermont Tax Credits (Schedule IN-119, Part II)		Total Vermont Credits (Add Lines 17 and 18)	
17. _____	.00	+	18. _____	.00	= 19. _____ .00
20. Vermont Income Tax after credits (Subtract Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-).					
					20. _____ 2679 .00
21. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). <input type="checkbox"/> Check to certify no Use Tax is due. OR 21. _____ .00					
22. Total Vermont Taxes (Add Lines 20 and 21).					
					22. _____ 2679 .00
Children's Trust Fund		Vermont Veterans Fund		Green Up Vermont	
				Nongame Wildlife Fund	
					Total Contributions
23a. _____	.00	+	23b. _____	.00	+
23c. _____	.00	+	23d. _____	.00	= 23e. _____ .00
24. Total of Vermont Taxes and Voluntary Contributions (Add Lines 22 and 23e)					
					24. _____ 2679 .00
25a. 2020 Vermont Tax Withheld from W-2, 1099					
					25a. _____ 560 .00
25b. 2020 Estimated Tax payments, amount carried forward from 2019, and payment made with 2020 extension.					
					25b. _____ .00
25c. Refundable Credits (Schedule IN-112, Part II).					
					25c. _____ .00
25d. 2020 Vermont Real Estate Withholding from Form RW-171					
					25d. _____ .00
25e. 2020 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5					
					25e. _____ .00
25f. Total Payments and Credits (Add Lines 25a through 25e).					25f. _____ 560 .00
26. Overpayment. If Line 24 is less than Line 25f, Subtract Line 24 from Line 25f.					
					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 AMOUNT (Subtract Lines 27a and 27b from Line 26).					
					28. _____ .00
29. If Line 24 is more than Line 25f, Subtract Line 25f from Line 24. See instructions on tax due					
					29. _____ 2119 .00
30. Interest and Penalty on Underpayment of Estimated Tax. . 30. _____ .00 (Worksheet IN-152 or IN-152A)					
31. AMOUNT DUE (Add Lines 29 and 30) . 31. _____ 2119 .00					

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .00
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature SIGNED	Date (MM/DD/YYYY) / /	Date of Birth (MM/DD/YYYY) 06 / 18 / 1960	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY) / /	Date of Birth (MM/DD/YYYY) 07 / 25 / 1960	Daytime Telephone Number
Paid Preparer's Signature		Date / /	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN P12345678	FEIN 123456789

Check if the Department of Taxes may discuss this return with the preparer shown.
5454

Keep a copy for your records.

2020 Schedule IN-112

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or BLACK INK



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INCLUDE WITH FORM IN-111

Taxpayer's Last Name EDGEWOOD	First Name BRADLEY	MI	Taxpayer's Social Security Number 400009031
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PART I

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax (Reported on federal Form 1040) . . . 1. _____ .00
- 2. Interest and dividend income from Vermont state and local obligations included in Line 1 2. _____ .00
- 3. Income from Non-Vermont State and Local Obligations (Subtract Line 2 from Line 1) 3. _____ .00
- 4. Bonus Depreciation Allowed under Federal Law for 2020 4. _____ .00
- 5. Total Additions (Add Line 3 and Line 4) 5. _____ .00

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

- 6. Interest Income from U.S. Obligations 6. _____ .00
 - 7. Capital Gains Exclusion (Schedule IN-153, Line 21) 7. _____ .00
 - 8. Adjustment for Prior Years' Bonus Depreciation 8. _____ .00
 - 9. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040) 9. 2000 .00
 - 10. Medical Expense Deduction (see the worksheet in the instructions) 10. _____ .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 Power Supply Authority
- 14. Total Subtractions (Add Lines 6 through 13) 14. _____ 2000 .00

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

- 15. Subtract Line 14 from Line 5. Enter on Form IN-111, Line 2. 15. _____ 2000 .00
This can be a negative number.

Check to indicate loss

Taxpayer's Last Name EDGEWOOD	Social Security Number 400009031
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PART II

REFUNDABLE CREDITS

Line 1 is for FULL-YEAR residents

1. Low Income Child & Dependent Care Credit1. _____ **.00**
 If your federal Adjusted Gross Income is \$30,000 (or \$40,000 for Married Filing Jointly) or less, and child care services are provided by a Vermont accredited daycare provider, enter 50% of federal Form 2441, Line 11. If you are not a Vermont resident or your daycare provider is not accredited, use Schedule IN-119, Part I, Line 8. See instructions if your providers are both accredited and not accredited.

VERMONT EARNED INCOME TAX CREDIT

For FULL-YEAR residents and PART-YEAR residents

ELIGIBILITY QUESTIONS MUST BE ANSWERED

A. Enter number of qualifying children **A.** _____
 B. 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 end of 2020? **C.** Yes No
If you answered "No" and do not have any qualifying children, you do not qualify for Earned Income Tax Credit

FULL-YEAR RESIDENTS

Answer eligibility questions above and complete Lines 2 and 3

2. Earned income tax credit (Reported on federal Form 1040) **2.** _____ **.00**
3. Vermont Earned Income Tax Credit. Multiply Line 2 by 36% (0.36) **3.** _____ **.00**

PART YEAR RESIDENTS

Answer eligibility questions above and complete Lines 4 through 10

A. Federal Amount \$

Enter figures in Column A from your federal EITC worksheet and Schedule IN-113

B. Vermont Portion \$

For Vermont Portion, enter income earned while a Vermont resident as shown on Schedule IN-113, Column B, Lines 1, 8, 10, and 11

4. Wages, salaries, tips, etc. (Schedule IN-113, Line 1) **4A.** _____ **.00** **4B.** _____ **.00**
5. Other earned income (Schedule IN-113, Lines 8, 10, and 11) **5A.** _____ **.00** **5B.** _____ **.00**
Check to indicate loss
6. Total earned income (Add Lines 4 and 5) **6A.** _____ **.00** **6B.** _____ **.00**
7. Earned income tax credit adjustment (Divide Line 6B by Line 6A and enter here, but not more than 100%) **7.** _____ **%**
8. Earned income tax credit (Reported on federal Form 1040) **8.** _____ **.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

This form must be filed each year by every Vermont resident whose property meets 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.

SECTION A.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name EDGEWOOD	First Name BRADLEY	MI	Claimant's Social Security Number 4 0 0 0 0 9 0 3 1
Spouse's/CU Partner's Last Name EDGEWOOD	First Name MARJORIE	MI	Spouse's or CU Partner's Social Security Number 4 0 0 0 0 9 0 3 2
Mailing Address (Number and Street/Road or PO Box) PO BOX 306			Claimant's Date of Birth (MMDDYYYY) 06 / 18 /1960
City HYDE PARK	State VT	ZIP Code 05655	SPAN - REQUIRED (from the 2020/2021 property tax bill) 3060970001
Location of Homestead (Use a number, street/road name. Do not use a PO Box or "same.") 306 EDGEWOOD DR			City/Town of Legal Residence on April 1, 2021 & State HYDE PARK VT
Federal Filing Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married/CU Filing Jointly <input type="checkbox"/> Married/CU Filing Separately <input type="checkbox"/> Head of Household			

A1. Business Use of Dwelling **A1.** 0.00 %

A2. Rental Use of Dwelling **A2.** 0.00 %

A3. 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

A4-A7 Special Situations (see instructions for more information). Check the following if it applies:

A4. Grantor and sole beneficiary of a revocable trust owning the property

A6. Homestead property crosses town boundaries (File a declaration for each town.)

A5. Life estate holder of the property

A7. Residing in a dwelling on the homestead parcel owned 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 EDGEWOOD	Social Security Number 400009031
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* 2 1 1 2 2 1 2 0 0 *

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

SECTION B.

PROPERTY TAX CREDIT CLAIM

For Household Income up to \$138,500. Complete and attach Schedule HI-144.

To qualify, you must meet the requirements for filing a homestead declaration in addition to the following requirements. ALL eligibility questions must be answered.

- B1. Were you domiciled in Vermont all of calendar year 2020? Yes, Go to Line B2. No, STOP.
- B2. Were you claimed as a dependent in 2020 by another taxpayer? Yes, STOP. No, Go to Line B3.
- B3. Do you anticipate selling this Vermont housesite on or before April 1, 2021? Yes, STOP. No, Continue

Amounts for Lines B4-B6 are found on the 2020/2021 property tax bill. Round amounts to the nearest dollar.

B4. Housesite Value B4. 308900.00

B5. Housesite Education Tax B5. 3133.00

B6. Housesite Municipal Tax B6. 2200.00

B7. Ownership Interest B7. 100.00 %

B8. Household Income (Schedule HI-144, Line z).
You MUST attach Schedule HI-144. B8. 116632.00 Check here if amended Schedule HI-144, Household Income, is included.

Complete the following **ONLY if applicable**. See instructions for details.

B9. E-file Certificate Number (from Form LC-142) B9. 1685836280 - 002

B10. Lot Rent (Allocable Rent from Form LC-142 - include Form LC-142 with claim.) B10. .00

Attach documentation for Allocated Property Tax from Land Trust, Cooperative, or Nonprofit Mobile Home Park

B11. Allocated Education Tax B11. .00

B12. Allocated Municipal Tax B12. .00

OR Property Tax from contiguous property if housesite has less than 2 acres (see instructions.)

B13. Contiguous property Education Tax B13. .00

B14. Contiguous property Municipal Tax B14. .00

MAXIMUM CREDIT AMOUNT IS \$8,000.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature SIGNED	Date (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 address	Preparer's SSN or PTIN P12345678	FEIN 123456789

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

Form HS-122
Rev. 10/20

2020 Schedule HI-144



Household Income

For the year Jan 1 - Dec 31, 2020

Please PRINT in BLUE or BLACK INK

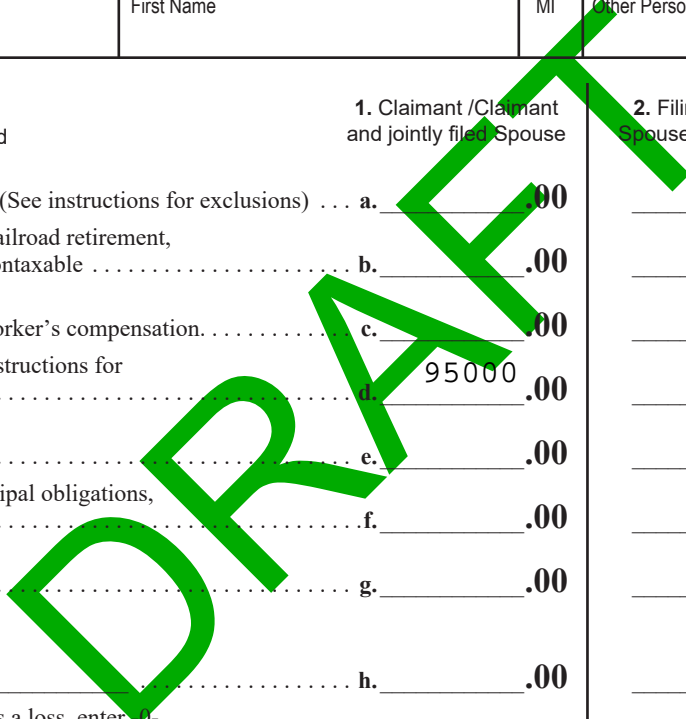
This schedule must be included with the 2020 Renter Rebate Claim (Form PR-141) OR the 2021 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name EDGEWOOD	First Name BRADLEY	MI	Claimant's Social Security Number 4 0 0 0 0 9 0 3 1
Spouse's/CU Partner's Last Name EDGEWOOD	First Name MARJORIE	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 TAYLOR	First Name TOM	MI T	Other Person #1 Social Security Number 4 0 0 0 0 9 0 3 0
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household	1. 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 exclusions)	a. <u>95000</u>	<u>.00</u>	<u>.00</u>
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable	b. <u>.00</u>	<u>.00</u>	<u>26500 .00</u>
c. Unemployment compensation/worker's compensation.	c. <u>.00</u>	<u>.00</u>	<u>.00</u>
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)	d. <u>95000</u>	<u>.00</u>	<u>.00</u>
e. Interest and dividends	e. <u>.00</u>	<u>.00</u>	<u>.00</u>
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable	f. <u>.00</u>	<u>.00</u>	<u>.00</u>
g. Alimony and support money	g. <u>.00</u>	<u>.00</u>	<u>.00</u>
h. Child support and cash gifts Please specify _____	h. <u>.00</u>	<u>.00</u>	<u>2400 .00</u>
i. Business income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	i. <u>.00</u>	<u>.00</u>	<u>.00</u>
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-. See instructions for offsetting a loss	j. <u>.00</u>	<u>.00</u>	<u>.00</u>
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions	k. <u>.00</u>	<u>.00</u>	<u>.00</u>
l. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	l. <u>.00</u>	<u>.00</u>	<u>.00</u>
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	m. <u>.00</u>	<u>.00</u>	<u>.00</u>
n. Other income (see instructions for examples of other income) Please specify _____	n. <u>.00</u>	<u>.00</u>	<u>.00</u>
o. Total Income: Add Lines a through n	o. <u>95000</u>	<u>.00</u>	<u>28900</u>



Claimant's Last Name EDGEWOOD	Social Security Number 400009031
----------------------------------	-------------------------------------



* 2 0 1 4 4 2 2 0 0 *

Carried forward from Line o 95000 .00 .00 28900 .00

p. See instructions. Enter Social Security and 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 if not included with income tax filing	1. Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
p. 7268 .00	.00	.00	.00
q. Child support paid. You must include proof of payment. See instructions	q. .00	.00	.00

Support paid to: Last Name	First Name	MI	Social Security Number
----------------------------	------------	----	------------------------

r. Allowable adjustments from Federal Form 1040

r1. Business expenses for Reservists	r1. .00	.00	.00
r2. Alimony paid	r2. .00	.00	.00
r3. Self-employed health insurance deduction	r3. .00	.00	.00
r4. Health Savings Account deduction	r4. .00	.00	.00
r5. Tuition and Fees as reported on federal Form 8917	r5. .00	.00	.00
s. Add Lines p, q, and total of Lines r1 to r5 for each column	s. 7268 .00	.00	.00
t. Subtract Line s from Line o of each column. If a negative amount, enter -0-	t. 87732 .00	.00	28900 .00
u. Add all three amounts from Line t. If a negative amount, enter -0-			u. 116632 .00
v. Complete if born Jan. 1, 1956 and after. Enter interest and dividend income from Lines e and f. . . . .	.00	.00	.00
w. Add all three amounts from Line v			w. .00
x. Asset Adjustment of Interest and Dividend Income (Lines e and f). Per 32 V.S.A. § 6061E			x. 10,000.00
y. Subtract Line x from Line w. If Line x is more than Line w, enter -0-			y. .00
z. HOUSEHOLD INCOME. Add Line u and Line y			z. 116632 .00

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 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

DEPT USE ONLY



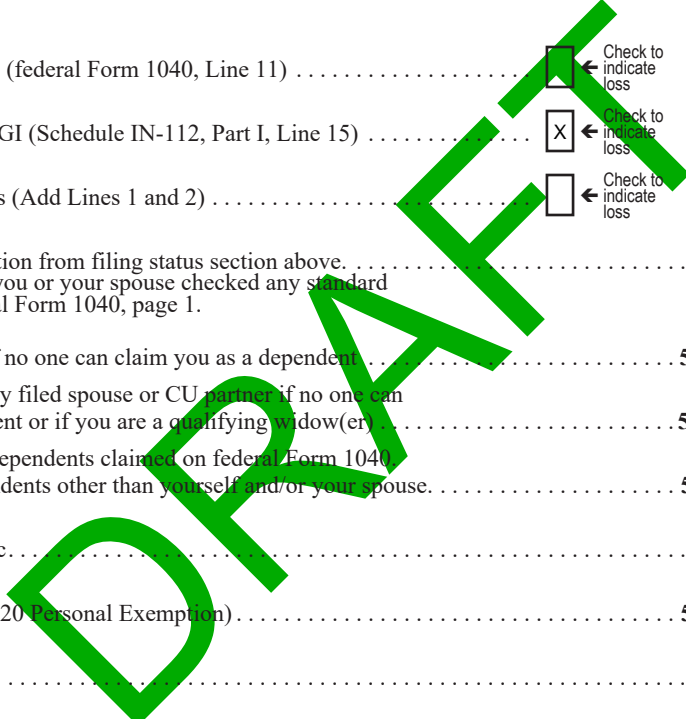
* 2 0 1 1 1 1 0 0 *

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

Please PRINT in BLUE or BLACK INK

Form header section containing taxpayer information: Taxpayer's Last Name (RENAUD), First Name (CHRISTOPHER), Social Security Number (400009034), Mailing Address (PO BOX 322, 189 MARTIN ST, SAINT JOHNSBURY, VT 05863), and Filing Status (Head of Household).

Main calculation section with lines 1 through 16. Line 1: Federal Adjusted Gross Income (37500.00). Line 2: Net Modifications to Federal AGI (12920.00). Line 3: Federal AGI with Modifications (24580.00). Line 4: 2020 Vermont Standard Deduction (9400.00). Line 5: Personal Exemptions (13050.00). Line 6: Add Lines 4 and 5e (22450.00). Line 7: Vermont Taxable Income (2130.00). Line 8: Vermont Income Tax from tax table (71.00). Line 9: Net Adjustment to Vermont Tax (0.00). Line 10: Vermont Income Tax with Adjustment (71.00). Line 11: Tax-Deductible Charitable Contribution (0.00). Line 12: Multiply Line 11 by 5% (0.00). Line 13: Charitable Contribution Deduction (0.00). Line 14: Vermont Income Tax (Line 10 minus Line 13) (71.00). Line 15: Income Adjustment (100.0000%). Line 16: Adjusted Vermont Income Tax (71.00).



Amount Due (from Line 31) .00

Taxpayer's Last Name RENAUD	Social Security Number 400009034
---------------------------------------	--



Other State Credit (Schedule IN-117, Line 21)		Vermont Tax Credits (Schedule IN-119, Part II)		Total Vermont Credits (Add Lines 17 and 18)	
17. _____	.00	+	18. _____	250 .00	= 19. _____ 250 .00
20. Vermont Income Tax after credits (Subtract Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-). 20. _____ .00					
21. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). . . <input type="checkbox"/> Check to certify no Use Tax is due. OR 21. _____ .00					
22. Total Vermont Taxes (Add Lines 20 and 21). 22. _____ 0 .00					
Children's Trust Fund		Vermont Veterans Fund		Green Up Vermont	
				Nongame Wildlife Fund	
Total Contributions					
23a. _____	.00	+	23b. _____	.00	+
23c. _____	.00	+	23d. _____	.00	= 23e. _____ .00
24. Total of Vermont Taxes and Voluntary Contributions (Add Lines 22 and 23e) 24. _____ 0 .00					
25a. 2020 Vermont Tax Withheld from W-2, 1099		25a. _____		789 .00	
25b. 2020 Estimated Tax payments, amount carried forward from 2019, and payment made with 2020 extension.		25b. _____		.00	
25c. Refundable Credits (Schedule IN-112, Part II).		25c. _____		752 .00	
25d. 2020 Vermont Real Estate Withholding from Form RW-171		25d. _____		.00	
25e. 2020 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5		25e. _____		.00	
25f. Total Payments and Credits (Add Lines 25a through 25e).		25f. _____		1541 .00	
26. Overpayment. If Line 24 is less than Line 25f, Subtract Line 24 from Line 25f.		26. _____		1541 .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 AMOUNT (Subtract Lines 27a and 27b from Line 26).		28. _____		1541 .00	
29. If Line 24 is more than Line 25f, Subtract Line 25f from Line 24. See instructions on tax due		29. _____		.00	
30. Interest and Penalty on Underpayment of Estimated Tax. . 30. _____ .00 (Worksheet IN-152 or IN-152A)		31. AMOUNT DUE (Add Lines 29 and 30) . 31. _____		.00	

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .00
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature SIGNED	Date (MM/DD/YYYY) / /	Date of Birth (MM/DD/YYYY) 06 / 18 / 1977	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY) / /	Date of Birth (MM/DD/YYYY) / /	Daytime Telephone Number
Paid Preparer's Signature		Date / /	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN P12345678	FEIN 123456789

Check if the Department of Taxes may discuss this return with the preparer shown.
5454

Keep a copy for your records.

Form IN-111
Rev. 10/20

2020 Schedule IN-112

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or BLACK INK



* 2 0 1 1 2 1 1 0 0 *

INCLUDE WITH FORM IN-111

Taxpayer's Last Name RENAUD	First Name CHRISTOPHER	MI	Taxpayer's Social Security Number 400009034
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PART I

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

1. Total interest and dividend income from all state and local obligations exempt from federal tax (Reported on federal Form 1040) . . . 1.	370	.00
2. Interest and dividend income from Vermont state and local obligations included in Line 1 2.	185	.00
3. Income from Non-Vermont State and Local Obligations (Subtract Line 2 from Line 1) 3.		.00
4. Bonus Depreciation Allowed under Federal Law for 2020 4.		.00
5. Total Additions (Add Line 3 and Line 4) 5.		185.00

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

6. Interest Income from U.S. Obligations 6.		.00
7. Capital Gains Exclusion (Schedule IN-153, Line 21) 7.		.00
8. Adjustment for Prior Years' Bonus Depreciation 8.		.00
9. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040) 9.		.00
10. Medical Expense Deduction (see the worksheet in the instructions) 10.		.00
11. Social Security Benefits Exempt from Taxation (see the worksheet in the instructions) 11.		.00
12. Railroad Retirement income 12.	12750	.00
13. Bond/note interest income from (see below) 13.	355	.00
<input checked="" type="checkbox"/> VSAC <input type="checkbox"/> Build America <input type="checkbox"/> Vermont Telecom Authority <input type="checkbox"/> Vermont Public Power Supply Authority		
14. Total Subtractions (Add Lines 6 through 13) 14.		13105.00

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

15. Subtract Line 14 from Line 5. Enter on Form IN-111, Line 2. This can be a negative number. <input checked="" type="checkbox"/> ← Check to indicate loss		12920.00
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Taxpayer's Last Name RENAUD	Social Security Number 4 00009034
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PART II

REFUNDABLE CREDITS

Line 1 is for FULL-YEAR residents

1. Low Income Child & Dependent Care Credit1. _____ **.00**
 If your federal Adjusted Gross Income is \$30,000 (or \$40,000 for Married Filing Jointly) or less, and child care services are provided by a Vermont accredited daycare provider, enter 50% of federal Form 2441, Line 11. If you are not a Vermont resident or your daycare provider is not accredited, use Schedule IN-119, Part I, Line 8. See instructions if your providers are both accredited and not accredited.

VERMONT EARNED INCOME TAX CREDIT

For FULL-YEAR residents and PART-YEAR residents

ELIGIBILITY QUESTIONS MUST BE ANSWERED

A. Enter number of qualifying children **A.** _____ **2**
B. Enter number of qualifying children under the age of 18 **B.** _____ **2**
C. Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at the end of 2020? **C.** Yes No
If you answered "No" and do not have any qualifying children, you do not qualify for Earned Income Tax Credit

FULL-YEAR RESIDENTS

Answer eligibility questions above and complete Lines 2 and 3

2. Earned income tax credit (Reported on federal Form 1040) **2.** _____ **2088 .00**
3. Vermont Earned Income Tax Credit. Multiply Line 2 by 36% (0.36) **3.** _____ **752 .00**

PART YEAR RESIDENTS

Answer eligibility questions above and complete Lines 4 through 10

A. Federal Amount \$

Enter figures in Column A from your federal EITC worksheet and Schedule IN-113

B. Vermont Portion \$
 For Vermont Portion, enter income earned while a Vermont resident as shown on Schedule IN-113, Column B, Lines 1, 8, 10, and 11

4. Wages, salaries, tips, etc. (Schedule IN-113, Line 1) **4A.** _____ **.00** **4B.** _____ **.00**
5. Other earned income (Schedule IN-113, Lines 8, 10, and 11) ← Check to indicate loss **5A.** _____ **.00** ← Check to indicate loss **5B.** _____ **.00**
6. Total earned income (Add Lines 4 and 5) **6A.** _____ **.00** **6B.** _____ **.00**
7. Earned income tax credit adjustment (Divide Line 6B by Line 6A and enter here, but not more than 100%) **7.** _____ **%**
8. Earned income tax credit (Reported on federal Form 1040) **8.** _____ **.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.** _____ **752 .00**

2020 Schedule IN-119

Vermont Tax Adjustments and Nonrefundable Credits



* 2 0 1 1 9 1 1 W W *

INCLUDE WITH FORM IN-111

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name RENAUD	First Name CHRISTOPHER	MI	Taxpayer's Social Security Number 400 00 9034
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PART I ADJUSTMENTS TO VERMONT INCOME TAX

ADDITIONS TO VERMONT TAX

- 1. Tax on Qualified Plans including IRA, HSA, and MSA (Reported on federal Form 1040, U.S. Individual Income Tax Return.1. _____ .00
- 2. Recapture of Federal Investment Tax Credit (Reported on Form 1040)2. _____ .00
- 3. Tax from federal Form 4972, Tax on Lump-Sum Distributions . . .3. _____ .00
- 4. Add Lines 1 through 34. _____ .00
- 5. Multiply Line 4 by 24%5. _____ .00
- 6. Recapture of Vermont Credits (See instructions)6. _____ .00
- 7. Add Lines 5 and 6.7. _____ .00

SUBTRACTIONS FROM VERMONT TAX

- 8. Credit for Child & Dependent Care Expenses (Reported on Form 1040)8. _____ .00
- 9. Credit for the Elderly or the Disabled (Federal Schedule R) . . .9. _____ .00
- 10. Investment Tax Credit - Vermont-based only (See instructions)10. _____ .00
- 11. Vermont Farm Income Averaging Credit (From worksheet in instructions)11. _____ .00
- 12. Add Lines 8 through 1112. _____ .00
- 13. Multiply Line 12 by 24%13. _____ .00
- 14. Vermont-based Solar Energy Credit carryforward.14. _____ .00
- 15. Add Lines 13 and 14.15. _____ .00

NET 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 indicate loss 16. _____ .00

DRAFT

Taxpayer's Last Name RENAUD	Social Security Number 400 00 9034
--------------------------------	---------------------------------------



INCLUDE WITH FORM IN-111

PART II VERMONT INCOME TAX CREDITS

1. Vermont Higher Education Investment (32 V.S.A. § 5825a) See instructions 2500 .00 2020 Contribution eligible for credit TIMES (X) .10 = Credit 250 .00

For credits earned through an S-Corporation, LLC, or Partnership, enter name and FEIN of the entity

Name of Entity	FEIN
----------------	------

If credits from more than one business entity, fill out a separate IN-119 for each entity.

	Column A Earned in 2020	PLUS (+)	Column B Carryforward	EQUALS (=)	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) 3A.	.00		3B. .00		3C. .00
4. Research & Development (32 V.S.A. § 5930ii) 4A.	.00		4B. .00		4C. .00
Prior approval required from Vermont Housing Finance Agency for Line 5					
5. Affordable Housing (32 V.S.A. § 5930u) 5A.	.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		7B. .00		7C. .00
8. Code Improvements (32 V.S.A. § 5930cc(c)) 8A.	.00		8B. .00		8C. .00
9. Add Column C, Lines 1-8. If no credit claimed on Line 10, enter this amount on Form IN-111, Line 18					9. 250 .00

Tax Credit Calculation Worksheet

10. Vermont Entrepreneur's Seed Capital Fund (32 V.S.A. § 5830b)	10.	.00
11. Enter adjusted Vermont income tax amount from Form IN-111, Line 16	11.	.00
12. Enter credit for income tax paid to another state or Canadian province from Form 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 result cannot be less than zero	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 the lesser of Line 13 or Line 18. Enter this amount on Form IN-111, 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

This form must be filed each year by every Vermont resident whose property meets 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.

SECTION A.

Please PRINT in BLUE or BLACK INK

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	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 SAINT JOHNSBURY	State VT	ZIP Code 05863	SPAN - REQUIRED (from the 2020/2021 property tax bill) 5 7 9 1 8 2 1 2 3 4 5
Location of Homestead (Use a number, street/road name. Do not use a PO Box or "same.") 189 MARTIN ST			City/Town of Legal Residence on April 1, 2021 & State SHEFFIELD VT
Federal Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married/CU Filing Jointly <input type="checkbox"/> Married/CU Filing Separately <input checked="" type="checkbox"/> Head of Household			

A1. Business Use of Dwelling **A1.** _____ %

A2. Rental Use of Dwelling **A2.** _____ %

A3. 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

A4-A7 Special Situations (see instructions for more information). Check the following if it applies:

A4. Grantor and sole beneficiary of a revocable trust owning the property

A6. Homestead property crosses town boundaries (File a declaration for each town.)

A5. Life estate holder of the property

A7. Residing in a dwelling on the homestead parcel owned 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 RENAUD	Social Security Number 400009034
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* 2 1 1 2 2 1 2 0 0 *

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

SECTION B.

PROPERTY TAX CREDIT CLAIM

For Household Income up to \$138,500. Complete and attach Schedule HI-144.

To qualify, you must meet the requirements for filing a homestead declaration in addition to the following requirements. ALL eligibility questions must be answered.

- B1. Were you domiciled in Vermont all of calendar year 2020? Yes, Go to Line B2. No, STOP.
- B2. Were you claimed as a dependent in 2020 by another taxpayer? Yes, STOP. No, Go to Line B3.
- B3. Do you anticipate selling this Vermont housesite on or before April 1, 2021? Yes, STOP. No, Continue

Amounts for Lines B4-B6 are found on the 2020/2021 property tax bill. Round amounts to the nearest dollar.

B4. Housesite Value B4. 125980.00

B5. Housesite Education Tax. B5. 1969.00

B6. Housesite Municipal Tax B6. 233.00

B7. Ownership Interest B7. 100.0000 %

B8. Household Income (Schedule HI-144, Line z).
You MUST attach Schedule HI-144. B8. 48924.00 Check here if amended Schedule HI-144, Household Income, is included.

Complete the following **ONLY if applicable**. See instructions for details.

B9. E-file Certificate Number (from Form LC-142). B9. 1585836270 - 001

B10. Lot Rent (Allocable Rent from Form LC-142 - include Form LC-142 with claim.) B10. .00

Attach documentation for Allocated Property Tax from Land Trust, Cooperative, or Nonprofit Mobile Home Park

B11. Allocated Education Tax. B11. .00

B12. Allocated Municipal Tax. B12. .00

OR Property Tax from contiguous property if housesite has less than 2 acres (see instructions.)

B13. Contiguous property Education Tax B13. .00

B14. Contiguous property Municipal Tax B14. .00

MAXIMUM CREDIT AMOUNT IS \$8,000.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature SIGNED	Date (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 address	Preparer's SSN or PTIN P12345678	FEIN 123456789

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

2020 Schedule HI-144



* 2 0 1 4 4 2 1 0 0 *

Household Income

For the year Jan 1 - Dec 31, 2020

Please PRINT in BLUE or BLACK INK

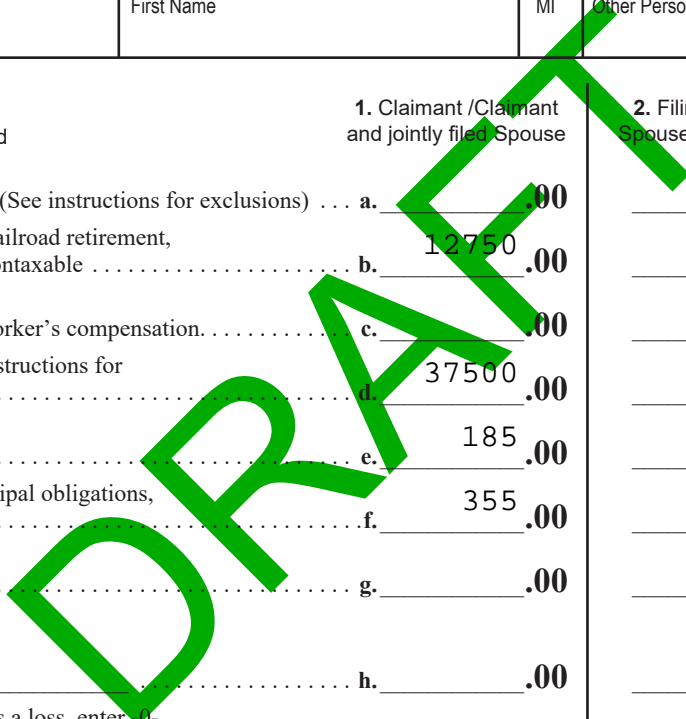
This schedule must be included with the 2020 Renter Rebate Claim (Form PR-141) OR the 2021 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name RENAUD	First Name CHRISTOPHER	MI	Claimant's Social Security Number 40009034
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	MI	Other Person #1 Social Security Number
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household	1. 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 exclusions) . . . a.	0.00	0.00	0.00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable b.	12750.00	0.00	0.00
c. Unemployment compensation/worker's compensation. c.	0.00	0.00	0.00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.) d.	37500.00	0.00	0.00
e. Interest and dividends e.	185.00	0.00	0.00
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable f.	355.00	0.00	0.00
g. Alimony and support money g.	0.00	0.00	0.00
h. Child support and cash gifts Please specify h.	0.00	0.00	0.00
i. Business income. If the amount is a loss, enter -0-. See instructions for offsetting a loss i.	0.00	0.00	0.00
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-. See instructions for offsetting a loss j.	0.00	0.00	0.00
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions k.	0.00	0.00	0.00
l. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss l.	0.00	0.00	0.00
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 m.	0.00	0.00	0.00
n. Other income (see instructions for examples of other income) Please specify n.	0.00	0.00	0.00
o. Total Income: Add Lines a through n o.	50790.00	0.00	0.00



Claimant's Last Name RENAUD	Social Security Number 400009034
--------------------------------	-------------------------------------



Carried forward from Line o 50790 .00 .00 .00

p. See instructions. Enter Social Security and 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 if not included with income tax filing	1. Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
p. 1866	.00	.00	.00
q. Child support paid. You must include proof of payment. See instructions	q. .00	.00	.00

Support paid to: Last Name	First Name	MI	Social Security Number
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r. Allowable adjustments from Federal Form 1040

r1. Business expenses for Reservists	r1. .00	.00	.00
r2. Alimony paid	r2. .00	.00	.00
r3. Self-employed health insurance deduction	r3. .00	.00	.00
r4. Health Savings Account deduction	r4. .00	.00	.00
r5. Tuition and Fees as reported on federal Form 8917	r5. .00	.00	.00
s. Add Lines p, q, and total of Lines r1 to r5 for each column	s. 1866	.00	.00
t. Subtract Line s from Line o of each column. If a negative amount, enter -0-	t. 48924	.00	.00
u. Add all three amounts from Line t. If a negative amount, enter -0-	u. 48924	.00	.00
v. Complete if born Jan. 1, 1956 and after. Enter interest and dividend income from Lines e and f.	v. 540	.00	.00
w. Add all three amounts from Line v	w. 540	.00	.00
x. Asset Adjustment of Interest and Dividend Income (Lines e and f). Per 32 V.S.A. § 6061E	x. 10,000.00		
y. Subtract Line x from Line w. If Line x is more than Line w, enter -0-	y. 0	.00	.00
z. HOUSEHOLD INCOME. Add Line u and Line y	z. 48924	.00	.00

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:	Resident
Mailing Address:	PO Box 349
City:	Chester
State:	VT
Zip Code:	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 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

DEPT USE ONLY



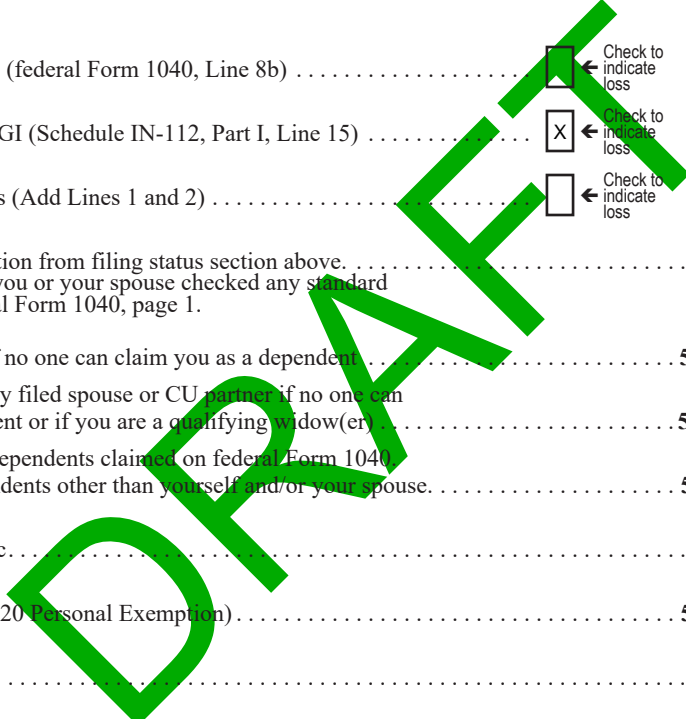
* 2 0 1 1 1 1 0 0 *

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

Please PRINT in BLUE or BLACK INK

Form header section containing taxpayer information: Taxpayer's Last Name (GOODRICH), First Name (SAMMY), MI (R), Social Security Number (400009035), Spouse's Last Name (GOODRICH), First Name (PATTY), MI (M), Social Security Number (400009036), Mailing Address (PO BOX 349, CHESTER, VT 05143), Vermont School District Code (045), and Filing Status (Married/CU Filing Jointly).

Main calculation section with lines 1-16. Line 1: Federal Adjusted Gross Income (59095.00). Line 2: Net Modifications to Federal AGI (10500.00). Line 3: Federal AGI with Modifications (48595.00). Line 4: 2020 Vermont Standard Deduction (14600.00). Line 5: Personal Exemptions (8700.00). Line 6: Add Lines 4 and 5e (23300.00). Line 7: Vermont Taxable Income (25295.00). Line 8: Vermont Income Tax from tax table (847.00). Line 9: Net Adjustment to Vermont Tax (0.00). Line 10: Vermont Income Tax with Adjustment (847.00). Line 11: Tax-Deductible Charitable Contribution (1000.00). Line 12: Multiply Line 11 by 5% (50.00). Line 13: Charitable Contribution Deduction (50.00). Line 14: Vermont Income Tax (797.00). Line 15: Income Adjustment (100.0000%). Line 16: Adjusted Vermont Income Tax (797.00).



Amount Due (from Line 31) .00

Taxpayer's Last Name GOODRICH	Social Security Number 400009035
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Other State Credit (Schedule IN-117, Line 21)		Vermont Tax Credits (Schedule IN-119, Part II)		Total Vermont Credits (Add Lines 17 and 18)	
17. _____	.00	+	18. _____	.00	= 19. _____ .00
20. Vermont Income Tax after credits (Subtract Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-).					
					20. _____ 797 .00
21. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart).					
				<input checked="" type="checkbox"/> Check to certify no Use Tax is due.	OR
					21. _____ .00
22. Total Vermont Taxes (Add Lines 20 and 21).					
					22. _____ 797 .00
Children's Trust Fund		Vermont Veterans Fund		Green Up Vermont	
				Nongame Wildlife Fund	
					Total Contributions
23a. _____	.00	+	23b. _____	.00	+
			23c. _____	.00	+
			23d. _____	.00	= 23e. _____ .00
24. Total of Vermont Taxes and Voluntary Contributions (Add Lines 22 and 23e)					
					24. _____ 797 .00
25a. 2020 Vermont Tax Withheld from W-2, 1099					
					25a. _____ 1200 .00
25b. 2020 Estimated Tax payments, amount carried forward from 2019, and payment made with 2020 extension.					
					25b. _____ .00
25c. Refundable Credits (Schedule IN-112, Part II).					
					25c. _____ .00
25d. 2020 Vermont Real Estate Withholding from Form RW-171					
					25d. _____ .00
25e. 2020 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5					
					25e. _____ .00
					25f. _____ 1200 .00
26. Overpayment. If Line 24 is less than Line 25f, Subtract Line 24 from Line 25f.					
					26. _____ 409 .00
27a. Refund to be credited to 2021 Estimated Tax Payment					
					27a. _____ .00
27b. Refund to be credited to 2021 Property Tax Bill					
					27b. _____ 409 .00
28. REFUND AMOUNT (Subtract Lines 27a and 27b from Line 26).					
					28. _____ .00
29. If Line 24 is more than Line 25f, Subtract Line 25f from Line 24. See instructions on tax due					
					29. _____ .00
30. Interest and Penalty on Underpayment of Estimated Tax. . 30. _____ .00					
31. AMOUNT DUE (Add Lines 29 and 30) . 31. _____ .00					

DRAFT

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .00
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature SIGNED	Date (MM/DD/YYYY) / /	Date of Birth (MM/DD/YYYY) 06 / 14 / 1947	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.) SIGNED	Date (MM/DD/YYYY) / /	Date of Birth (MM/DD/YYYY) 09 / 14 / 1950	Daytime Telephone Number
Paid Preparer's Signature		Date / /	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN P12345678	FEIN 123456789

Check if the Department of Taxes may discuss this return with the preparer shown.
5454

Keep a copy for your records.

SOCIAL 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 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 5b, earning Social Security benefits that were taxable in the current tax year?
 - No.** You do not qualify for this exemption.
 - Yes.** Proceed to question 2.

2. If you are:
 - Married filing jointly, is your Adjusted Gross Income (AGI) on Form IN-111, Vermont Income Tax Return, Line 1, less than \$70,000?
 - Single, head of household, qualifying widow(er), or married filing separately, is your AGI on Form IN-111, Line 1, less than \$55,000?
 - No.** You do not qualify for this exemption.
 - Yes.** You qualify for Vermont's Social Security exemption. Proceed to question 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 AGI less than \$45,000?
 - No.** Please proceed to Section II of this worksheet.
 - Yes.** You qualify for a **full exemption**. Please enter the full amount from federal Form 1040, Line 5b, on Schedule IN-112, Line 10.

SECTION II: Calculating your Social Security Partial Exemption

This section is for married joint filers with an Adjusted Gross Income (AGI) between \$60,000-\$70,000 and for single, head of household, qualifying widow(er), or married separate filers with an AGI between \$45,000-\$55,000.

4. If you are:
 - Married filing jointly, enter \$70,000.
 - All other filing statuses, enter \$55,000. **4.** 70000
5. Enter your AGI from Form IN-111, Line 1. **5.** 59095
6. Subtract Line 5 from Line 4. If Line 5 is greater than Line 4, enter -0-. **6.** 10905
7. Divide Line 6 by \$10,000. This value will be a decimal. Please round to the second decimal place (*Example: .481 would round to .48*). **7.** 1.09
8. Enter the lesser of Line 7 or the value 1 (This line should not be greater than 1). **8.** 1
9. Enter the amount from federal Form 1040, Line 5b. **9.** 10500
10. Amount of **partial exemption**. Multiply Line 9 by Line 8.
Enter this amount on Schedule IN-112, Line 11. **10.** 10500

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.

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

This form must be filed each year by every Vermont resident whose property meets 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.

SECTION A.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name GOODRICH	First Name SAMMY	MI R	Claimant's Social Security Number 400009035
Spouse's/CU Partner's Last Name GOODRICH	First Name PATTY	MI M	Spouse's or CU Partner's Social Security Number 400009036
Mailing Address (Number and Street/Road or PO Box) PO BOX 349			Claimant's Date of Birth (MMDDYYYY) 06/14/1947
City CHESTER	State VT	ZIP Code 05143	SPAN - REQUIRED (from the 2020/2021 property tax bill) 11404512345
Location of Homestead (Use a number, street/road name. Do not use a PO Box or "same.") 13 SUGARBUSH RD			City/Town of Legal Residence on April 1, 2021 & State CHESTER VT
Federal Filing Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married/CU Filing Jointly <input type="checkbox"/> Married/CU Filing Separately <input type="checkbox"/> Head of Household			

A1. Business Use of Dwelling A1. 0.00 %

A2. Rental Use of Dwelling A2. 0.00 %

A3. 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

A4-A7 Special Situations (see instructions for more information). Check the following if it applies:

A4. Grantor and sole beneficiary of a revocable trust owning the property

A6. Homestead property crosses town boundaries (File a declaration for each town.)

A5. Life estate holder of the property

A7. Residing in a dwelling on the homestead parcel owned 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 GOODRICH	Social Security Number 400009035
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* 2 1 1 2 2 1 2 0 0 *

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

SECTION B.

PROPERTY TAX CREDIT CLAIM

For Household Income up to \$138,500. Complete and attach Schedule HI-144.

To qualify, you must meet the requirements for filing a homestead declaration in addition to the following requirements. ALL eligibility questions must be answered.

- B1. Were you domiciled in Vermont all of calendar year 2020? Yes, Go to Line B2. No, STOP.
- B2. Were you claimed as a dependent in 2020 by another taxpayer? Yes, STOP. No, Go to Line B3.
- B3. Do you anticipate selling this Vermont housesite on or before April 1, 2021? Yes, STOP. No, Continue

Amounts for Lines B4-B6 are found on the 2020/2021 property tax bill. Round amounts to the nearest dollar.

B4. Housesite Value	B4.	155500.00
B5. Housesite Education Tax.	B5.	1888.00
B6. Housesite Municipal Tax	B6.	1143.00
B7. Ownership Interest	B7.	100.00 %
B8. Household Income (Schedule HI-144, Line z). You MUST attach Schedule HI-144.	B8.	55377.00 <input type="checkbox"/> Check here if amended Schedule HI-144, Household Income, is included.

Complete the following **ONLY if applicable**. See instructions for details.

B9. E-file Certificate Number (from Form LC-142).	B9.	-
B10. Lot Rent (Allocable Rent from Form LC-142 - include Form LC-142 with claim.)	B10.	.00

Attach documentation for Allocated Property Tax from Land Trust, Cooperative, or Nonprofit Mobile Home Park

B11. Allocated Education Tax.	B11.	.00
B12. Allocated Municipal Tax.	B12.	.00

OR Property Tax from contiguous property if housesite has less than 2 acres (see instructions.)

B13. Contiguous property Education Tax	B13.	.00
B14. Contiguous property Municipal Tax	B14.	.00

MAXIMUM CREDIT AMOUNT IS \$8,000.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature SIGNED	Date (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 address	Preparer's SSN or PTIN P12345678	FEIN 123456789

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

2020 Schedule HI-144



* 2 0 1 4 4 2 1 0 0 *

Household Income

For the year Jan 1 - Dec 31, 2020

Please PRINT in BLUE or BLACK INK

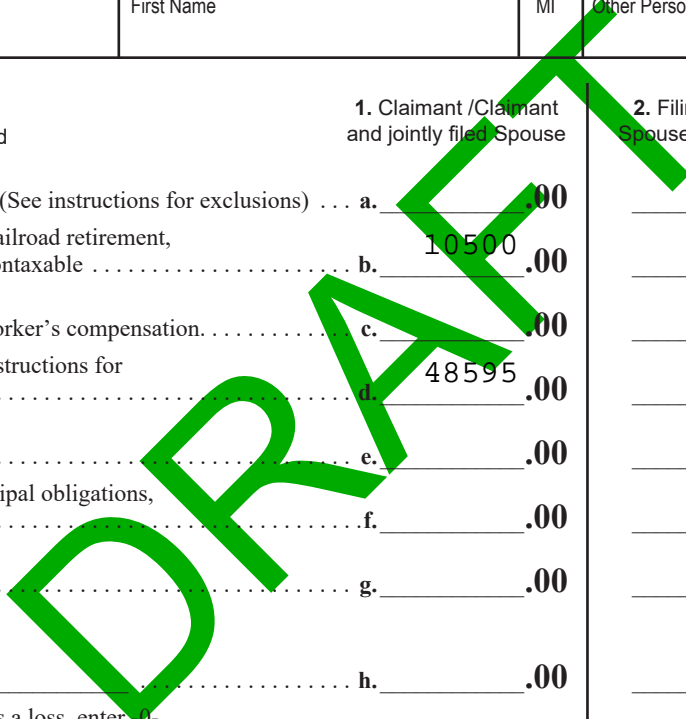
This schedule must be included with the 2020 Renter Rebate Claim (Form PR-141) OR the 2021 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name GOODRICH	First Name SAMMY	MI R	Claimant's Social Security Number 40009035
Spouse's/CU Partner's Last Name GOODRICH	First Name PATTY	MI M	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	MI	Other Person #1 Social Security Number
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household	1. 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 exclusions)	a. 0.00	.00	.00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable	b. 10500.00	.00	.00
c. Unemployment compensation/worker's compensation.	c. 0.00	.00	.00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)	d. 48595.00	.00	.00
e. Interest and dividends	e. 0.00	.00	.00
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable	f. 0.00	.00	.00
g. Alimony and support money	g. 0.00	.00	.00
h. Child support and cash gifts Please specify	h. 0.00	.00	.00
i. Business income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	i. 0.00	.00	.00
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-. See instructions for offsetting a loss	j. 0.00	.00	.00
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions	k. 0.00	.00	.00
l. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	l. 0.00	.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	m. 0.00	.00	.00
n. Other income (see instructions for examples of other income) Please specify	n. 0.00	.00	.00
o. Total Income: Add Lines a through n	o. 59095.00	.00	.00



Claimant's Last Name GOODRICH	Social Security Number 400009035
----------------------------------	-------------------------------------



Carried forward from Line o 59095 .00 .00 .00

	1. Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
p. See instructions. Enter Social Security and 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 if not included with income tax filing p.	3718 .00	.00	.00
q. Child support paid. You must include proof of payment. See instructions q.	.00	.00	.00

Support paid to: Last Name	First Name	MI	Social Security Number
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r. Allowable adjustments from Federal Form 1040

r1. Business expenses for Reservists r1.	.00	.00	.00
r2. Alimony paid r2.	.00	.00	.00
r3. Self-employed health insurance deduction r3.	.00	.00	.00
r4. Health Savings Account deduction r4.	.00	.00	.00
r5. Tuition and Fees as reported on federal Form 8917 r5.	.00	.00	.00
s. Add Lines p, q, and total of Lines r1 to r5 for each column s.	3718 .00	.00	.00
t. Subtract Line s from Line o of each column. If a negative amount, enter -0- t.	55377 .00	.00	.00
u. Add all three amounts from Line t. If a negative amount, enter -0- u.			55377 .00
v. Complete if born Jan. 1, 1956 and after. Enter interest and dividend income from Lines e and f. v.	.00	.00	.00
w. Add all three amounts from Line v w.			.00
x. Asset Adjustment of Interest and Dividend Income (Lines e and f). Per 32 V.S.A. § 6061E x.			10,000.00
y. Subtract Line x from Line w. If Line x is more than Line w, enter -0- y.			.00
z. HOUSEHOLD INCOME. Add Line u and Line y z.			55377 .00

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.

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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	2,750.00

DRAFT

2020 Form IN-111

Vermont Income Tax Return

DEPT
USE
ONLY



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

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name LANE		First Name MICHAEL		MI	Social Security Number 40009037	<input type="checkbox"/> Check if Deceased
Spouse's/CU Partner's Last Name		First Name		MI	Social Security Number	<input type="checkbox"/> Check if Deceased
Mailing Address (Number and Street/Road or PO Box) 17 FERNDILL LN				911/Physical Street Address on 12/31/2020 17 FERNDILL LN		
City COLCHESTER		State VT	ZIP Code or Foreign Postal Code 05446		Foreign Country	
Vermont School District Code 048	<input type="checkbox"/> Enter Healthcare Coverage Code (See instructions for code options)		Check all that apply		<input type="checkbox"/> AMENDED Return	<input type="checkbox"/> RECOMPUTED Return
<input checked="" type="checkbox"/> Single (\$6,250)		<input type="checkbox"/> Married/CU Filing Jointly (\$12,500)		<input type="checkbox"/> Married/CU Filing Separately (\$6,250)		<input type="checkbox"/> Head of Household (\$9,400)
						<input checked="" type="checkbox"/> EXTENDED Return
<input checked="" type="checkbox"/> Filing Status and Standard Deduction						<input type="checkbox"/> Qualifying Widow(er) (\$12,500)

1. Federal Adjusted Gross Income (federal Form 1040, Line 11)	<input checked="" type="checkbox"/> ← Check to indicate loss	1. _____	115000	.00
2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 15)	<input type="checkbox"/> ← Check to indicate loss	2. _____		.00
3. Federal AGI with Modifications (Add Lines 1 and 2)	<input type="checkbox"/> ← Check to indicate loss	3. _____	115000	.00
4. 2020 Vermont Standard Deduction from filing status section above.		4. _____	6250	.00
Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.				
5. Personal Exemptions:				
5a. Enter "1" for yourself if no one can claim you as a dependent		5a. _____	1	
5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er)		5b. _____		
5c. Enter number of other dependents claimed on federal Form 1040. This includes any dependents other than yourself and/or your spouse.		5c. _____		
5d. Add Lines 5a through 5c.		5d. _____	1	
5e. Multiply Line 5d by \$4,350 (2020 Personal Exemption)		5e. _____	4350	.00
6. Add Lines 4 and 5e		6. _____	10600	.00
7. Vermont Taxable Income (Subtract Line 6 from Line 3. If less than zero, enter -0-)		7. _____	104400	.00
8. Vermont Income Tax from tax table or tax rate schedule		8. _____	5645	.00
(If Line 1 is greater than \$150,000, see instructions)				
9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 16)	<input type="checkbox"/> ← Check to indicate loss	9. _____		.00
10. Vermont Income Tax with Adjustment (Add Lines 8 and 9. If less than zero, enter -0-)		10. _____	5645	.00
11. Tax-Deductible Charitable Contribution (See instructions) _____ .00		12. Multiply Line 11 by 5% (0.05) _____ .00		13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000)
				13. _____ .00
14. Vermont Income Tax (Line 10 minus Line 13. If less than zero, enter -0-)		14. _____		5645 .00
15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%)		15. _____		100 0000 %
16. Adjusted Vermont Income Tax (Multiply Line 14 by Line 15)		16. _____		5645 .00

Amount Due (from Line 31) **.00**

Taxpayer's Last Name LANE	Social Security Number 400009037
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Other State Credit (Schedule IN-117, Line 21)		Vermont Tax Credits (Schedule IN-119, Part II)		Total Vermont Credits (Add Lines 17 and 18)	
17.	2823 .00	+	18.	.00	= 19. 2823 .00
20.	Vermont Income Tax after credits (Subtract Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-).				20. 2822 .00
21.	Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). <input type="checkbox"/> Check to certify no Use Tax is due. OR				21. 58 .00
22.	Total Vermont Taxes (Add Lines 20 and 21)				22. 2880 .00
	Children's Trust Fund	Vermont Veterans Fund	Green Up Vermont	Nongame Wildlife Fund	Total Contributions
23a.	.00	+	23b.	.00	+
			23c.	.00	+
			23d.	.00	= 23e. .00
24.	Total of Vermont Taxes and Voluntary Contributions (Add Lines 22 and 23e)				24. 2880 .00
25a.	2020 Vermont Tax Withheld from W-2, 1099				25a. 5000 .00
25b.	2020 Estimated Tax payments, amount carried forward from 2019, and payment made with 2020 extension				25b. 2750 .00
25c.	Refundable Credits (Schedule IN-112, Part II)				25c. .00
25d.	2020 Vermont Real Estate Withholding from Form RW-171				25d. .00
25e.	2020 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5				25e. .00
25f.	Total Payments and Credits (Add Lines 25a through 25e)				25f. 7750 .00
26.	Overpayment. If Line 24 is less than Line 25f, Subtract Line 24 from Line 25f				26. 4870 .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 AMOUNT (Subtract Lines 27a and 27b from Line 26)				28. 4870 .00
29.	If Line 24 is more than Line 25f, Subtract Line 25f from Line 24. See instructions on tax due				29. .00
30.	Interest and Penalty on Underpayment of Estimated Tax.		30.	31. AMOUNT DUE	
	.00			(Add Lines 29 and 30) .00	

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .00
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature SIGNED	Date (MM/DD/YYYY) / /	Date of Birth (MM/DD/YYYY) 01/ 15 /1982	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY) / /	Date of Birth (MM/DD/YYYY) / /	Daytime Telephone Number
Paid Preparer's Signature		Date / /	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN P12345678	FEIN 123456789

Check if the Department of Taxes may discuss this return with the preparer shown.
5454

Keep a copy for your records.

2020 Schedule IN-117



* 2 0 1 1 7 1 1 0 0 *

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

INCLUDE WITH FORM IN-111

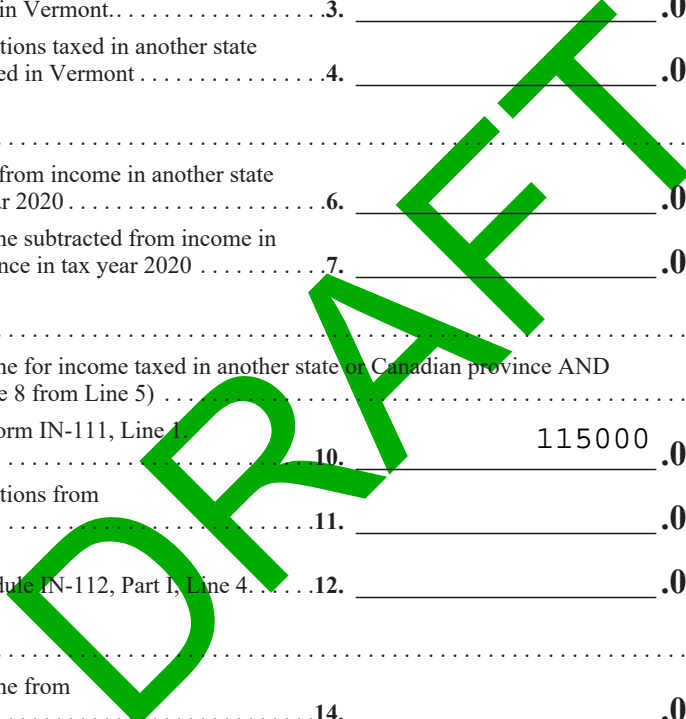
Please PRINT in BLUE or BLACK INK

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.

Table with 4 columns: Taxpayer's Last Name (LANE), First Name (MICHAEL), MI, Taxpayer's Social Security Number (400009037)

- 1. Name of state or Canadian province. Use standard two-letter abbreviation. NY
2. Enter Adjusted Gross Income taxed in another state or Canadian province that is also subject to Vermont income tax. 57500.00
3. 2020 Bonus Depreciation add back taxed in another state or Canadian province AND taxed in Vermont. .00
4. Non-Vermont state/local obligations taxed in another state or Canadian province AND taxed in Vermont. .00
5. Add Lines 2 through 4. 57500.00
6. Bonus Depreciation subtracted from income in another state or Canadian province in tax year 2020. .00
7. U.S. Government interest income subtracted from income in another state or Canadian province in tax year 2020. .00
8. Add Lines 6 and 7. .00
9. Modified Adjusted Gross Income for income taxed in another state or Canadian province AND taxed in Vermont (Subtract Line 8 from Line 5). 57500.00
10. Adjusted Gross Income from Form IN-111, Line 1 (If less than zero, enter -0-). 115000.00
11. Non-Vermont state/local obligations from Schedule IN-112, Part I, Line 3. .00
12. Bonus Depreciation from Schedule IN-112, Part I, Line 4. .00
13. Add Lines 10 through 12. 115000.00
14. U.S. Government interest income from Schedule IN-112, Part I, Line 6. .00
15. Bonus Depreciation from Schedule IN-112, Part I, Line 8. .00
16. Add Lines 14 and 15. .00
17. Subtract Line 16 from Line 13. 115000.00
18. Vermont income tax from Form IN-111, Line 14. 5645.00
19. Computed tax credit (Divide Line 9 by Line 17. Multiply the result by Line 18.) Result cannot be more than 100% of Vermont tax. 2823.00
20. Income tax paid to another state or Canadian province based on modified Adjusted Gross Income from Line 9 above. .00
21. VERMONT CREDIT for income tax paid to another state or Canadian province. 2823.00



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 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 the type of purchases described above, where Vermont Sales Tax was not charged.

Part 1 If you did not keep accurate records

- 1a.** Enter the amount of use tax from the Estimated Use Tax Table below that corresponds to your Adjusted Gross Income from Form IN-111, Line 1 **1a.** 115
- 1b.** Did you make purchase(s) of \$1,000 or more per item?
 Yes. Go to Part 3.
 No. Enter Line 1a amount onto Form IN-111, Line 21 and skip the remainder of this worksheet.

Estimated Use Tax Table

Adjusted Gross Income	Use Tax is:	Adjusted Gross Income	Use Tax is:	Adjusted Gross Income	Use Tax is:
Up to \$10,000	\$5	\$40,001 - \$50,000	\$40	\$80,001 - \$90,000	\$.80
\$10,001 - \$20,000	\$10	\$50,001 - \$60,000	\$50	\$90,001 - \$100,000	\$.90
\$20,001 - \$30,000	\$20	\$60,001 - \$70,000	\$.60	\$100,001 and over	0.1% (0.001) of AGI
\$30,001 - \$40,000	\$.30	\$70,001 - \$80,000	\$.70		or \$500, whichever is less.

Part 2 If you did keep accurate records

- 2a.** Enter the total amount of all purchases of items **under \$1,000** each **2a.** _____
- 2b.** Multiply Line 2a by 6% (0.06). Enter the amount here. **2b.** _____

Part 3 Total Use Tax due

- 3a.** Enter the total amount of all purchases of items **\$1,000 or more** each item **3a.** _____
- 3b.** Multiply Line 3a by 6% (0.06). Enter the amount here. **3b.** _____
- 3c.** Add Line 3b to either Line 1a or Line 2b (the line with a value entered). **3c.** _____
- 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. **3e.** _____

Part 4 Certification of No Use Tax Due

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.

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

DEPT
USE
ONLY



* 2 0 1 1 1 1 0 0 *

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

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name SILOWAY		First Name JOHN		MI	Social Security Number 400009038	<input type="checkbox"/> Check if Deceased
Spouse's/CU Partner's Last Name SILOWAY		First Name MARY		MI	Social Security Number 400009039	<input type="checkbox"/> Check if Deceased
Mailing Address (Number and Street/Road or PO Box) 1413 BOUDRO RD				911/Physical Street Address on 12/31/2020 1413 BOUDRO RD		
City RANDOLPH		State VT	ZIP Code or Foreign Postal Code 05060		Foreign Country	
Vermont School District Code 159	<input type="checkbox"/> 2 Enter Healthcare Coverage Code (See instructions for code options)		Check all that apply		<input type="checkbox"/> AMENDED Return <input type="checkbox"/> RECOMPUTED Return <input type="checkbox"/> EXTENDED Return	
Filing Status and Standard Deduction		<input type="checkbox"/> Single (\$6,250) <input checked="" type="checkbox"/> Married/CU Filing Jointly (\$12,500)		<input type="checkbox"/> Married/CU Filing Separately (\$6,250)		<input type="checkbox"/> Head of Household (\$9,400) <input type="checkbox"/> Qualifying Widow(er) (\$12,500)

1. Federal Adjusted Gross Income (federal Form 1040, Line 11)	<input type="checkbox"/> ← Check to indicate loss	1. _____	56604 .00
2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 15)	<input checked="" type="checkbox"/> ← Check to indicate loss	2. _____	3605 .00
3. Federal AGI with Modifications (Add Lines 1 and 2)	<input type="checkbox"/> ← Check to indicate loss	3. _____	52999 .00
4. 2020 Vermont Standard Deduction from filing status section above.		4. _____	13550 .00
Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.			
5. Personal Exemptions:			
5a. Enter "1" for yourself if no one can claim you as a dependent		5a. _____	1
5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er)		5b. _____	1
5c. Enter number of other dependents claimed on federal Form 1040. This includes any dependents other than yourself and/or your spouse.		5c. _____	1
5d. Add Lines 5a through 5c.		5d. _____	3
5e. Multiply Line 5d by \$4,350 (2020 Personal Exemption)		5e. _____	13050 .00
6. Add Lines 4 and 5e		6. _____	26600 .00
7. Vermont Taxable Income (Subtract Line 6 from Line 3. If less than zero, enter -0-)		7. _____	26399 .00
8. Vermont Income Tax from tax table or tax rate schedule (If Line 1 is greater than \$150,000, see instructions)		8. _____	884 .00
9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 16)	<input checked="" type="checkbox"/> ← Check to indicate loss	9. _____	70 .00
10. Vermont Income Tax with Adjustment (Add Lines 8 and 9. If less than zero, enter -0-)		10. _____	814 .00
11. Tax-Deductible Charitable Contribution (See instructions) _____ 500 .00		12. Multiply Line 11 by 5% (0.05) _____ 25 .00	
13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000)		13. _____ 25 .00	
14. Vermont Income Tax (Line 10 minus Line 13. If less than zero, enter -0-)		14. _____ 789 .00	
15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%)		15. _____ 100 .0000 %	
16. Adjusted Vermont Income Tax (Multiply Line 14 by Line 15)		16. _____ 789 .00	

Amount Due (from Line 31) **.00**

Taxpayer's Last Name SILOWAY	Social Security Number 400009038
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Other State Credit (Schedule IN-117, Line 21)		Vermont Tax Credits (Schedule IN-119, Part II)		Total Vermont Credits (Add Lines 17 and 18)									
17.	_____ .00	+	18.	_____ 140 .00	=								
19.					_____ 140 .00								
20.	Vermont Income Tax after credits (Subtract Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-).					_____ 649 .00							
21.	Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). . . . <input checked="" type="checkbox"/> Check to certify no Use Tax is due. OR					_____ .00							
22.	Total Vermont Taxes (Add Lines 20 and 21)					_____ 649 .00							
Children's Trust Fund		Vermont Veterans Fund		Green Up Vermont	Nongame Wildlife Fund	Total Contributions							
23a.	_____ .00	+	23b.	_____ .00	+	23c.	_____ .00	+	23d.	_____ .00	=	23e.	_____ .00
24.	Total of Vermont Taxes and Voluntary Contributions (Add Lines 22 and 23e)					_____ 649 .00							
25a.	2020 Vermont Tax Withheld from W-2, 1099					_____ 1200 .00							
25b.	2020 Estimated Tax payments, amount carried forward from 2019, and payment made with 2020 extension					_____ 1000 .00							
25c.	Refundable Credits (Schedule IN-112, Part II)					_____ .00							
25d.	2020 Vermont Real Estate Withholding from Form RW-171					_____ .00							
25e.	2020 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5					_____ .00							
25f.	Total Payments and Credits (Add Lines 25a through 25e)					_____ 2200 .00							
26.	Overpayment. If Line 24 is less than Line 25f, Subtract Line 24 from Line 25f					_____ 1551 .00							
27a.	Refund to be credited to 2021 Estimated Tax Payment					_____ .00							
27b.	Refund to be credited to 2021 Property Tax Bill					_____ .00							
28.	REFUND AMOUNT (Subtract Lines 27a and 27b from Line 26)					_____ 1551 .00							
29.	If Line 24 is more than Line 25f, Subtract Line 25f from Line 24. See instructions on tax due					_____ .00							
30.	Interest and Penalty on Underpayment of Estimated Tax. . 30. _____ .00 (Worksheet IN-152 or IN-152A)												
31.	AMOUNT DUE (Add Lines 29 and 30)					_____ .00							

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .00
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature SIGNED	Date (MM/DD/YYYY) / /	Date of Birth (MM/DD/YYYY) 12/28 /1953	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.) SIGNED	Date (MM/DD/YYYY) / /	Date of Birth (MM/DD/YYYY) / /	Daytime Telephone Number
Paid Preparer's Signature		Date / /	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN P12345678	FEIN 123456789

Check if the Department of Taxes may discuss this return with the preparer shown.
5454

Keep a copy for your records.

2020 Schedule IN-112

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or BLACK INK



* 2 0 1 1 2 1 1 0 0 *

INCLUDE WITH FORM IN-111

Taxpayer's Last Name SILOWAY	First Name JOHN	MI	Taxpayer's Social Security Number 400009038
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PART I

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

1. Total interest and dividend income from all state and local obligations exempt from federal tax (Reported on federal Form 1040) . . . 1.	266000	.00
2. Interest and dividend income from Vermont state and local obligations included in Line 1 2.	255570	.00
3. Income from Non-Vermont State and Local Obligations (Subtract Line 2 from Line 1) 3.	10430	.00
4. Bonus Depreciation Allowed under Federal Law for 2020 4.		.00
5. Total Additions (Add Line 3 and Line 4) 5.		10430.00

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

6. Interest Income from U.S. Obligations 6.	7279	.00
7. Capital Gains Exclusion (Schedule IN-153, Line 21) 7.	5000	.00
8. Adjustment for Prior Years' Bonus Depreciation 8.		.00
9. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040) 9.		.00
10. Medical Expense Deduction (see the worksheet in the instructions) 10.		.00
11. Social Security Benefits Exempt from Taxation (see the worksheet in the instructions) 11.	1256	.00
12. Railroad Retirement income 12.		.00
13. Bond/note interest income from (see below) 13.	500	.00
<input type="checkbox"/> VSAC <input checked="" type="checkbox"/> Build America <input type="checkbox"/> Vermont Telecom Authority <input type="checkbox"/> Vermont Public Power Supply Authority		
14. Total Subtractions (Add Lines 6 through 13) 14.		14035.00

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

15. Subtract Line 14 from Line 5. Enter on Form IN-111, Line 2. 15.		3605.00
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This can be a negative number.

Taxpayer's Last Name SILOWAY	Social Security Number 400009038
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PART II

REFUNDABLE CREDITS

Line 1 is for FULL-YEAR residents

1. Low Income Child & Dependent Care Credit1. _____ **.00**
 If your federal Adjusted Gross Income is \$30,000 (or \$40,000 for Married Filing Jointly) or less, and child care services are provided by a Vermont accredited daycare provider, enter 50% of federal Form 2441, Line 11. If you are not a Vermont resident or your daycare provider is not accredited, use Schedule IN-119, Part I, Line 8. See instructions if your providers are both accredited and not accredited.

VERMONT EARNED INCOME TAX CREDIT

For FULL-YEAR residents and PART-YEAR residents

ELIGIBILITY QUESTIONS MUST BE ANSWERED

A. Enter number of qualifying children **A.** _____
 B. 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 end of 2020? **C.** Yes No
If you answered "No" and do not have any qualifying children, you do not qualify for Earned Income Tax Credit

FULL-YEAR RESIDENTS

Answer eligibility questions above and complete Lines 2 and 3

2. Earned income tax credit (Reported on federal Form 1040) **2.** _____ **.00**
3. Vermont Earned Income Tax Credit. Multiply Line 2 by 36% (0.36) **3.** _____ **.00**

PART YEAR RESIDENTS

Answer eligibility questions above and complete Lines 4 through 10

A. Federal Amount \$

Enter figures in Column A from your federal EITC worksheet and Schedule IN-113

B. Vermont Portion \$

For Vermont Portion, enter income earned while a Vermont resident as shown on Schedule IN-113, Column B, Lines 1, 8, 10, and 11

4. Wages, salaries, tips, etc. (Schedule IN-113, Line 1) **4A.** _____ **.00** **4B.** _____ **.00**
5. Other earned income (Schedule IN-113, Lines 8, 10, and 11) **5A.** _____ **.00** **5B.** _____ **.00**
Check to indicate loss
6. Total earned income (Add Lines 4 and 5) **6A.** _____ **.00** **6B.** _____ **.00**
7. Earned income tax credit adjustment (Divide Line 6B by Line 6A and enter here, but not more than 100%) **7.** _____ **%**
8. Earned income tax credit (Reported on federal Form 1040) **8.** _____ **.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**

2020 Schedule IN-119

**Vermont Tax Adjustments and
Nonrefundable Credits**



* 2 0 1 1 9 1 1 W W *

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 400009038
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PART I ADJUSTMENTS TO VERMONT INCOME TAX

ADDITIONS TO VERMONT TAX

- 1. Tax on Qualified Plans including IRA, HSA, and MSA (Reported on federal Form 1040, U.S. Individual Income Tax Return.1. _____ **.00**
- 2. Recapture of Federal Investment Tax Credit (Reported on Form 1040)2. _____ **.00**
- 3. Tax from federal Form 4972, Tax on Lump-Sum Distributions . . .3. _____ **.00**
- 4. Add Lines 1 through 34. _____ **.00**
- 5. Multiply Line 4 by 24%5. _____ **.00**
- 6. Recapture of Vermont Credits (See instructions)6. _____ **.00**
- 7. Add Lines 5 and 6.7. _____ **.00**

SUBTRACTIONS FROM VERMONT TAX

- 8. Credit for Child & Dependent Care Expenses (Reported on Form 1040)8. _____ **291 .00**
- 9. Credit for the Elderly or the Disabled (Federal Schedule R) . . .9. _____ **.00**
- 10. Investment Tax Credit - Vermont-based only (See instructions)10. _____ **.00**
- 11. Vermont Farm Income Averaging Credit (From worksheet in instructions)11. _____ **.00**
- 12. Add Lines 8 through 1112. _____ **291 .00**
- 13. Multiply Line 12 by 24%13. _____ **70 .00**
- 14. Vermont-based Solar Energy Credit carryforward.14. _____ **.00**
- 15. Add Lines 13 and 14.15. _____ **70.00**

NET 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.16. _____ **70.00**

Check to indicate loss

DRAFT

Taxpayer's Last Name
SILOWAY

Social Security Number
400009038



* 2 0 1 1 9 1 2 W W *

INCLUDE WITH FORM IN-111

PART II VERMONT INCOME TAX CREDITS

1. Vermont Higher Education Investment (32 V.S.A. § 5825a) See instructions 2020 Contribution eligible for credit 500 .00 TIMES (X) .10 = Credit 50 .00

For credits earned through an S-Corporation, LLC, or Partnership, enter name and FEIN of the entity

Table with 2 columns: Name of Entity (HOUSING COMMUNITY INC) and FEIN (40 0008045)

If credits from more than one business entity, fill out a separate IN-119 for each entity.

Table with 5 columns: Column A (Earned in 2020), PLUS (+), Column B (Carryforward), EQUALS (=), Column C. Rows include Charitable Housing, Qualified Sale of Mobile Home Park, Research & Development, Affordable Housing, Historic Rehabilitation, Facade Improvement, Code Improvements, and a summary row for lines 1-8.

Tax Credit Calculation Worksheet

Table with 2 columns: Description and Amount. Rows include Vermont Entrepreneur's Seed Capital Fund, adjusted Vermont income tax amount, credit for income tax paid to another state, subtraction of line 12 from line 11, lesser of line 9 or line 13, subtraction of line 14 from line 13, multiplication of line 15 by 50%, lesser of line 10 or line 16, total credits allowable, and total income tax credits available.

2020 Schedule IN-153

Vermont Capital Gain Exclusion Calculation



* 2 0 1 5 3 1 1 W W *

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 400 00 9038
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PART I. FLAT EXCLUSION

- 1. Enter smaller of Line 15 or 16 from federal Form 1040, Schedule D 1. 28000 .00
- 2. Enter amount from:
 - 2a. Federal Form 1040, Schedule D, Line 18.....2a. _____ .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:
 - 5a. Federal Form 4952, Line 4g.....5a. _____ .00
 - 5b. Federal Form 4952, Line 4e..... 5b. _____ .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..... 5e. _____ .00
- 6. Add Lines 5d and 5e; enter result here..... 6. _____ .00
- 7. Divide Line 5c by Line 6; enter result here 7. _____ .00
- 8. Subtract Line 7 from Line 4. Entry cannot be less than zero..... 8. 28000 .00
- 9. Enter the smaller of Line 8 or \$5,000..... 9. 5000 .00

DRAFT

Taxpayer's Last Name SILOWAY	Social Security Number 400 00 9038
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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 410. _____ .00
- 11. Enter amount of adjusted net capital gain from the sale of assets held for three years or less11. _____ .00
- 12. Assets held for more than three years. Subtract Line 11 from Line 10. Entry cannot be less than zero12. _____ .00

Enter the amount of net adjusted capital gain from the sale of the following assets held for more than three years

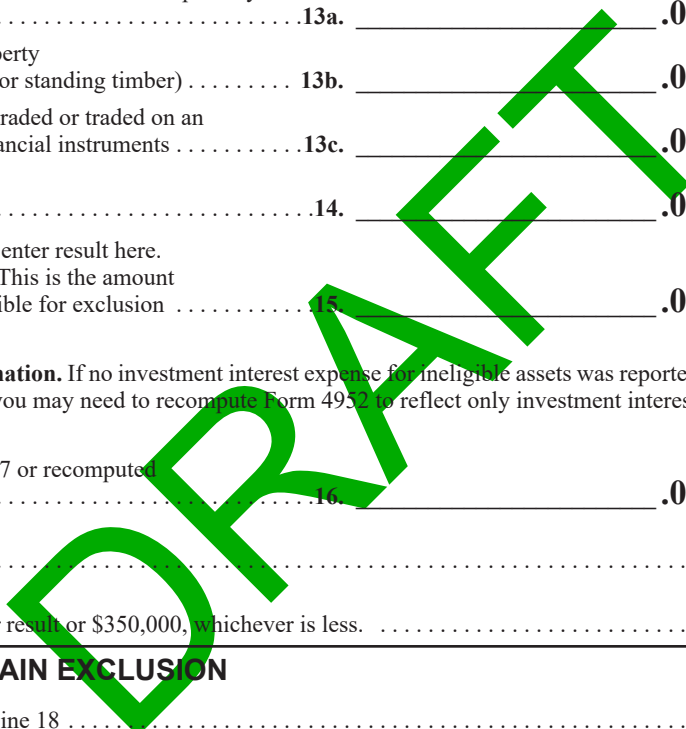
- 13a. Real estate or portion of real estate used as a primary or nonprimary home.....13a. _____ .00
- 13b. Depreciable personal property (except for farm property or standing timber) 13b. _____ .00
- 13c. Stocks or bonds publicly traded or traded on an exchange or any other financial instruments13c. _____ .00
- 14. Add Lines 13a through 13c.....14. _____ .00
- 15. Subtract Line 14 from Line 12; enter result here. Entry cannot be less than zero. This is the amount of net adjusted capital gain eligible for exclusion15. _____ .00

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

- 16. Enter amount from Part I, Line 7 or recomputed federal Form 4952.....16. _____ .00
- 17. Subtract Line 16 from Line 1517. _____ .00
- 18. Multiply Line 17 by 40%; enter result or \$350,000, whichever is less.18. _____ .00

PART III. CAPITAL GAIN EXCLUSION

- 19. Enter the *greater of* Line 9 or Line 1819. _____ 5000 .00
- 20. Multiply $\frac{30904.00}{\text{Federal Taxable Income}}$ x 40% and enter result here20. _____ 12362 .00
- 21. Enter the *smaller of* Line 19 or Line 20. This is your capital gain exclusion. Enter on Form IN-112, Part I, Line 721. _____ 5000 .00



SOCIAL 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 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 5b, earning Social Security benefits that were taxable in the current tax year?
 - No.** You do not qualify for this exemption.
 - Yes.** Proceed to question 2.

2. If you are:
 - Married filing jointly, is your Adjusted Gross Income (AGI) on Form IN-111, Vermont Income Tax Return, Line 1, less than \$70,000?
 - Single, head of household, qualifying widow(er), or married filing separately, is your AGI on Form IN-111, Line 1, less than \$55,000?
 - No.** You do not qualify for this exemption.
 - Yes.** You qualify for Vermont's Social Security exemption. Proceed to question 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 AGI less than \$45,000?
 - No.** Please proceed to Section II of this worksheet.
 - Yes.** You qualify for a **full exemption**. Please enter the full amount from federal Form 1040, Line 5b, on Schedule IN-112, Line 10.

SECTION II: Calculating your Social Security Partial Exemption

This section is for married joint filers with an Adjusted Gross Income (AGI) between \$60,000-\$70,000 and for single, head of household, qualifying widow(er), or married separate filers with an AGI between \$45,000-\$55,000.

4. If you are:
 - Married filing jointly, enter \$70,000.
 - All other filing statuses, enter \$55,000. **4.** 70000
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-. **6.** 13396
7. Divide Line 6 by \$10,000. This value will be a decimal. Please round to the second decimal place (*Example:* .481 would round to .48). **7.** 1.34
8. Enter the lesser of Line 7 or the value 1 (This line should not be greater than 1). **8.** 1
9. Enter the amount from federal Form 1040, Line 5b. **9.** 1256
10. Amount of **partial exemption**. Multiply Line 9 by Line 8.
Enter this amount on Schedule IN-112, Line 11. **10.** 1256

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.

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
Ownership Interest: 100.00%
Mobile Home Lot Rent: None
Contiguous Property: No

2020 Form IN-111

Vermont Income Tax Return

DEPT
USE
ONLY



* 2 0 1 1 1 1 0 0 *

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

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name JONES		First Name MICHAEL		MI	Social Security Number 400009040	<input type="checkbox"/> Check if Deceased	
Spouse's/CU Partner's Last Name JONES		First Name ALICE		MI	Social Security Number 400009041	<input type="checkbox"/> Check if Deceased	
Mailing Address (Number and Street/Road or PO Box) 109 JONES ST				911/Physical Street Address on 12/31/2020 109 JONES ST			
City WATERBURY		State VT	ZIP Code or Foreign Postal Code 05676		Foreign Country		
Vermont School District Code 221	<input type="checkbox"/> 4 Enter Healthcare Coverage Code (See instructions for code options)		Check all that apply		<input type="checkbox"/> AMENDED Return	<input type="checkbox"/> RECOMPUTED Return	<input type="checkbox"/> EXTENDED Return
Filing Status and Standard Deduction		<input type="checkbox"/> Single (\$6,250)	<input type="checkbox"/> Married/CU Filing Jointly (\$12,500)	<input checked="" type="checkbox"/> Married/CU Filing Separately (\$6,250)	<input type="checkbox"/> Head of Household (\$9,400)	<input type="checkbox"/> Qualifying Widow(er) (\$12,500)	

1. Federal Adjusted Gross Income (federal Form 1040, Line 11) ← Check to indicate loss 1. 28000 .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 loss 3. 28000 .00

4. 2020 Vermont Standard Deduction from filing status section above. 4. 6250 .00
Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.

5. Personal Exemptions:

5a. Enter "1" for yourself if no one can claim you as a dependent 5a. 1

5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er) 5b. _____

5c. Enter number of other dependents claimed on federal Form 1040. This includes any dependents other than yourself and/or your spouse. 5c. _____

5d. Add Lines 5a through 5c. 5d. 1

5e. Multiply Line 5d by \$4,350 (2020 Personal Exemption) 5e. 4350 .00

6. Add Lines 4 and 5e 6. 10600 .00

7. Vermont Taxable Income (Subtract Line 6 from Line 3. If less than zero, enter -0-). 7. 17400 .00

8. Vermont Income Tax from tax table or tax rate schedule 8. 583 .00
(If Line 1 is greater than \$150,000, see instructions)

9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 16). ← Check to indicate loss 9. _____ .00

10. Vermont Income Tax with Adjustment (Add Lines 8 and 9. If less than zero, enter -0-). 10. 583 .00

11. Tax-Deductible Charitable Contribution (See instructions) <u>3460</u> .00	12. Multiply Line 11 by 5% (0.05) <u>173</u> .00	13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 13. <u>173</u> .00
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14. Vermont Income Tax (Line 10 minus Line 13. If less than zero, enter -0-) 14. 410 .00

15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%) 15. 100 .0000 %

16. Adjusted Vermont Income Tax (Multiply Line 14 by Line 15) 16. 410 .00

Amount Due (from Line 31) **.00**

Taxpayer's Last Name JONES	Social Security Number 400009040
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Other State Credit (Schedule IN-117, Line 21)		Vermont Tax Credits (Schedule IN-119, Part II)		Total Vermont Credits (Add Lines 17 and 18)	
17.	_____ .00	+	18.	_____ .00	= 19. _____ .00
20.	Vermont Income Tax after credits (Subtract Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-).				20. _____ 410 .00
21.	Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). . . . <input type="checkbox"/> Check to certify no Use Tax is due. OR				21. _____ 85 .00
22.	Total Vermont Taxes (Add Lines 20 and 21)				22. _____ 495 .00
	Children's Trust Fund	Vermont Veterans Fund	Green Up Vermont	Nongame Wildlife Fund	Total Contributions
23a.	_____ .00	+	23b.	_____ .00	+
			23c.	_____ 250 .00	+
			23d.	_____ .00	= 23e.
					_____ 250 .00
24.	Total of Vermont Taxes and Voluntary Contributions (Add Lines 22 and 23e)				24. _____ 745 .00
25a.	2020 Vermont Tax Withheld from W-2, 1099				25a. _____ 657 .00
25b.	2020 Estimated Tax payments, amount carried forward from 2019, and payment made with 2020 extension				25b. _____ .00
25c.	Refundable Credits (Schedule IN-112, Part II)				25c. _____ .00
25d.	2020 Vermont Real Estate Withholding from Form RW-171				25d. _____ .00
25e.	2020 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5				25e. _____ .00
25f.	Total Payments and Credits (Add Lines 25a through 25e)				25f. _____ 657 .00
26.	Overpayment. If Line 24 is less than Line 25f, Subtract Line 24 from Line 25f.				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 AMOUNT (Subtract Lines 27a and 27b from Line 26)				28. _____ .00
29.	If Line 24 is more than Line 25f, Subtract Line 25f from Line 24. See instructions on tax due				29. _____ 88 .00
30.	Interest and Penalty on Underpayment of Estimated Tax.		30.	_____ .00	
			31.	AMOUNT DUE (Add Lines 29 and 30)	
				_____ 88 .00	

For Amended Returns Only:	Original refund received _____ .00	Refund due now _____ .00	Original payment _____ .00	Amount due now _____ .00
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature SIGNED	Date (MM/DD/YYYY) / /	Date of Birth (MM/DD/YYYY) 06 / 24 / 1977	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY) / /	Date of Birth (MM/DD/YYYY) / /	Daytime Telephone Number
Paid Preparer's Signature		Date / /	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN P12345678	FEIN 123456789

Check if the Department of Taxes may discuss this return with the preparer shown.
5454

Keep a copy for your records.

Form IN-111
Rev. 10/20

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 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 the type of purchases described above, where Vermont Sales Tax was not charged.

Part 1 If you did not keep accurate records

- 1a.** Enter the amount of use tax from the Estimated Use Tax Table below that corresponds to your Adjusted Gross Income from Form IN-111, Line 1 **1a.** _____
1b. Did you make purchase(s) of \$1,000 or more per item?
 Yes. Go to Part 3.
 No. Enter Line 1a amount onto Form IN-111, Line 21 and skip the remainder of this worksheet.

Estimated Use Tax Table

Adjusted Gross Income	Use Tax is:	Adjusted Gross Income	Use Tax is:	Adjusted Gross Income	Use Tax is:
Up to \$10,000	\$5	\$40,001 - \$50,000	\$40	\$80,001 - \$90,000	\$.80
\$10,001 - \$20,000	\$10	\$50,001 - \$60,000	\$50	\$90,001 - \$100,000	\$.90
\$20,001 - \$30,000	\$20	\$60,001 - \$70,000	\$.60	\$100,001 and over	0.1% (0.001) of AGI
\$30,001 - \$40,000	\$30	\$70,001 - \$80,000	\$.70		or \$500, whichever is less.

Part 2 If you did keep accurate records

- 2a.** Enter the total amount of all purchases of items **under \$1,000** each **2a.** 210
2b. Multiply Line 2a by 6% (0.06). Enter the amount here. **2b.** 13

Part 3 Total Use Tax due

- 3a.** Enter the total amount of all purchases of items **\$1,000 or more** each item **3a.** 1206
3b. Multiply Line 3a by 6% (0.06). Enter the amount here. **3b.** 72
3c. Add Line 3b to either Line 1a or Line 2b (the line with a value entered). **3c.** 85
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. **3e.** 85

Part 4 Certification of No Use Tax Due

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.

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

This form must be filed each year by every Vermont resident whose property meets 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.

SECTION A.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name JONES	First Name MICHAEL	MI	Claimant's Social Security Number 4 0 0 0 9 0 4 0
Spouse's/CU Partner's Last Name JONES	First Name ALICE	MI	Spouse's or CU Partner's Social Security Number 4 0 0 0 9 0 4 1
Mailing Address (Number and Street/Road or PO Box) 109 JONES ST			Claimant's Date of Birth (MMDDYYYY) 06 / 27 / 1977
City WATERBURY	State VT	ZIP Code 05676	SPAN - REQUIRED (from the 2020/2021 property tax bill) 6962210001
Location of Homestead (Use a number, street/road name. Do not use a PO Box or "same.") 109 JONES ST			City/Town of Legal Residence on April 1, 2021 & State WATERBURY VT
Federal Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married/CU Filing Jointly <input checked="" type="checkbox"/> Married/CU Filing Separately <input type="checkbox"/> Head of Household			

A1. Business Use of Dwelling A1. 0.00 %

A2. Rental Use of Dwelling A2. 0.00 %

A3. 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

A4-A7 Special Situations (see instructions for more information). Check the following if it applies:

A4. Grantor and sole beneficiary of a revocable trust owning the property

A6. Homestead property crosses town boundaries (File a declaration for each town.)

A5. Life estate holder of the property

A7. Residing in a dwelling on the homestead parcel owned 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 JONES	Social Security Number 4 0 0 0 0 9 0 4 0
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* 2 1 1 2 2 1 2 0 0 *

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

SECTION B.

PROPERTY TAX CREDIT CLAIM

For Household Income up to \$138,500. Complete and attach Schedule HI-144.

To qualify, you must meet the requirements for filing a homestead declaration in addition to the following requirements. ALL eligibility questions must be answered.

- B1. Were you domiciled in Vermont all of calendar year 2020? Yes, Go to Line B2. No, STOP.
- B2. Were you claimed as a dependent in 2020 by another taxpayer? Yes, STOP. No, Go to Line B3.
- B3. Do you anticipate selling this Vermont housesite on or before April 1, 2021? Yes, STOP. No, Continue

Amounts for Lines B4-B6 are found on the 2020/2021 property tax bill. Round amounts to the nearest dollar.

B4. Housesite Value B4. 120000.00

B5. Housesite Education Tax. B5. 2100.00

B6. Housesite Municipal Tax B6. 1000.00

B7. Ownership Interest B7. 100.00 %

B8. Household Income (Schedule HI-144, Line z).
You MUST attach Schedule HI-144. B8. 42896.00 Check here if amended Schedule HI-144, Household Income, is included.

Complete the following **ONLY if applicable**. See instructions for details.

B9. E-file Certificate Number (from Form LC-142). B9. 1685936211 - 003

B10. Lot Rent (Allocable Rent from Form LC-142 - include Form LC-142 with claim.) B10. .00

Attach documentation for Allocated Property Tax from Land Trust, Cooperative, or Nonprofit Mobile Home Park

B11. Allocated Education Tax. B11. .00

B12. Allocated Municipal Tax. B12. .00

OR Property Tax from contiguous property if housesite has less than 2 acres (see instructions.)

B13. Contiguous property Education Tax B13. .00

B14. Contiguous property Municipal Tax B14. .00

MAXIMUM CREDIT AMOUNT IS \$8,000.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature SIGNED	Date (MMDDYYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.) SIGNED	Date (MMDDYYYY)	Daytime Telephone Number
Paid Preparer's Signature	Date (MMDDYYYY)	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address	Preparer's SSN or PTIN P12345678	FEIN 123456789

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

2020 Schedule HI-144



* 2 0 1 4 4 2 1 0 0 *

Household Income

For the year Jan 1 - Dec 31, 2020

Please PRINT in BLUE or BLACK INK

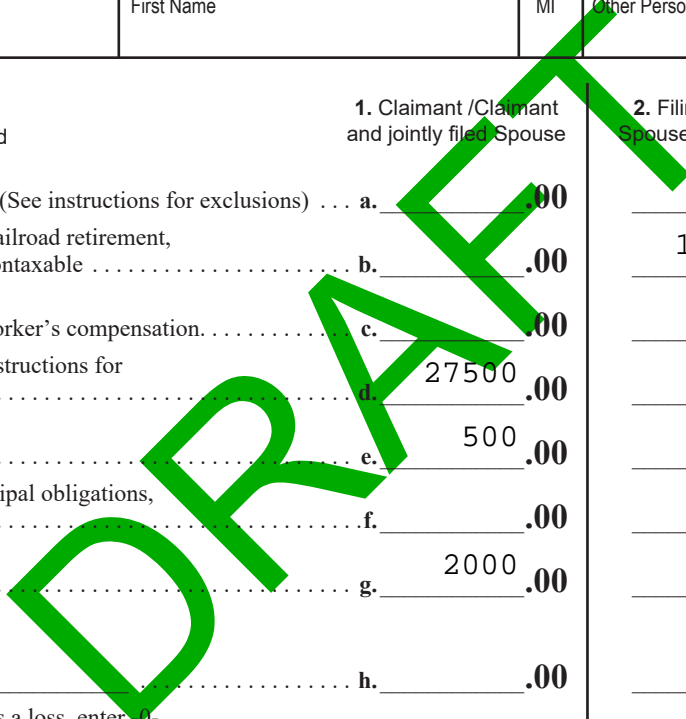
This schedule must be included with the 2020 Renter Rebate Claim (Form PR-141) OR the 2021 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name JONES	First Name MICHAEL	MI	Claimant's Social Security Number 4 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.

Other Person #1 Last Name	First Name	MI	Other Person #1 Social Security Number
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household	1. 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 exclusions)	a. <u>00</u>	<u>00</u>	<u>00</u>
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable	b. <u>00</u>	15000 <u>00</u>	<u>00</u>
c. Unemployment compensation/worker's compensation.	c. <u>00</u>	<u>00</u>	<u>00</u>
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)	d. 27500 <u>00</u>	<u>00</u>	<u>00</u>
e. Interest and dividends	e. 500 <u>00</u>	<u>00</u>	<u>00</u>
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable	f. <u>00</u>	<u>00</u>	<u>00</u>
g. Alimony and support money	g. 2000 <u>00</u>	<u>00</u>	<u>00</u>
h. Child support and cash gifts Please specify _____	h. <u>00</u>	<u>00</u>	<u>00</u>
i. Business income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	i. <u>00</u>	<u>00</u>	<u>00</u>
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-. See instructions for offsetting a loss	j. <u>00</u>	<u>00</u>	<u>00</u>
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions	k. <u>00</u>	<u>00</u>	<u>00</u>
l. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	l. <u>00</u>	<u>00</u>	<u>00</u>
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	m. <u>00</u>	<u>00</u>	<u>00</u>
n. Other income (see instructions for examples of other income) Please specify _____	n. <u>00</u>	<u>00</u>	<u>00</u>
o. Total Income: Add Lines a through n	o. 30000 <u>00</u>	15000 <u>00</u>	<u>00</u>



Claimant's Last Name JONES	Social Security Number 400009040
-------------------------------	-------------------------------------



* 2 0 1 4 4 2 2 0 0 *

Carried forward from Line o 30000 .00 15000 .00 .00

	1. Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
p. See instructions. Enter Social Security and 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 if not included with income tax filing p.	2104 .00	.00	.00
q. Child support paid. You must include proof of payment. See instructions q.	.00	.00	.00

Support paid to: Last Name	First Name	MI	Social Security Number

r. Allowable adjustments from Federal Form 1040

r1. Business expenses for Reservists r1.	.00	.00	.00
r2. Alimony paid r2.	.00	.00	.00
r3. Self-employed health insurance deduction r3.	.00	.00	.00
r4. Health Savings Account deduction r4.	.00	.00	.00
r5. Tuition and Fees as reported on federal Form 8917 r5.	.00	.00	.00
s. Add Lines p, q, and total of Lines r1 to r5 for each column s.	2104 .00	.00	.00
t. Subtract Line s from Line o of each column. If a negative amount, enter -0- t.	27896 .00	15000 .00	.00
u. Add all three amounts from Line t. If a negative amount, enter -0- u.			42896 .00
v. Complete if born Jan. 1, 1956 and after. Enter interest and dividend income from Lines e and f. v.	500 .00	.00	.00
w. Add all three amounts from Line v w.			500 .00
x. Asset Adjustment of Interest and Dividend Income (Lines e and f). Per 32 V.S.A. § 6061E x.			10,000.00
y. Subtract Line x from Line w. If Line x is more than Line w, enter -0- y.			.00
z. HOUSEHOLD INCOME. Add Line u and Line y z.			42896 .00

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 8:

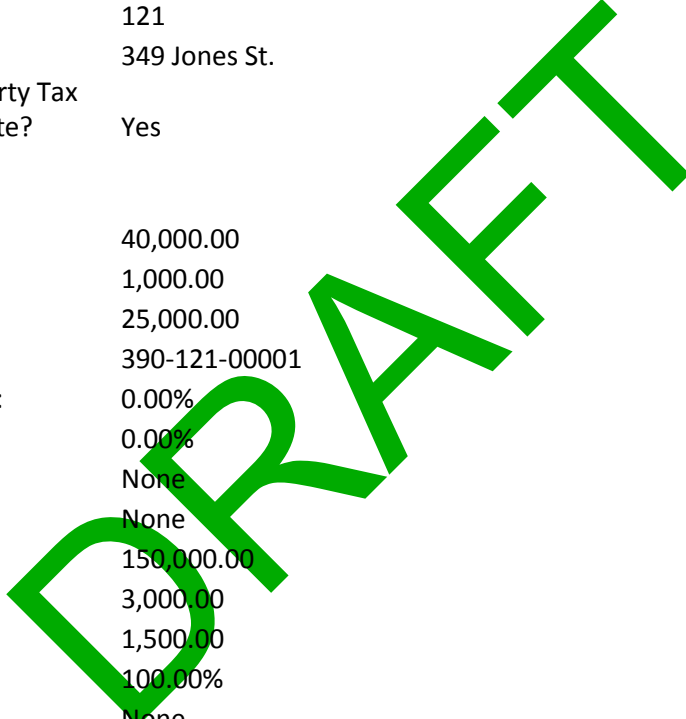
Required Vermont Forms/Schedules: HS-122, HI-144

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%
Rental Use of Dwelling: 0.00%
Improvements: None
Special Situations: None
Housesite Value: 150,000.00
Housesite Education Tax: 3,000.00
Housesite Municipal Tax: 1,500.00
Ownership Interest: 100.00%
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

This form must be filed each year by every Vermont resident whose property meets 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.

SECTION A.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name JONES	First Name JIM	MI	Claimant's Social Security Number 4 0 0 0 0 9 0 4 2
Spouse's/CU Partner's Last Name JONES	First Name PATTY	MI	Spouse's or CU Partner's Social Security Number 4 0 0 0 0 9 0 4 3
Mailing Address (Number and Street/Road or PO Box) PO BOX 349			Claimant's Date of Birth (MMDDYYYY) 06 / 18 / 1947
City MONTPELIER	State VT	ZIP Code 05602	SPAN - REQUIRED (from the 2020/2021 property tax bill) 3901210001
Location of Homestead (Use a number, street/road name. Do not use a PO Box or "same.") 349 JONES ST			City/Town of Legal Residence on April 1, 2021 & State MONTPELIER VT
Federal Filing Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married/CU Filing Jointly <input type="checkbox"/> Married/CU Filing Separately <input type="checkbox"/> Head of Household			

A1. Business Use of Dwelling A1. 0.00 %

A2. Rental Use of Dwelling A2. 0.00 %

A3. 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

A4-A7 Special Situations (see instructions for more information). Check the following if it applies:

A4. Grantor and sole beneficiary of a revocable trust owning the property

A6. Homestead property crosses town boundaries (File a declaration for each town.)

A5. Life estate holder of the property

A7. Residing in a dwelling on the homestead parcel owned 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 JONES	Social Security Number 4 0 0 0 0 9 0 4 2
-------------------------------	---



* 2 1 1 2 2 1 2 0 0 *

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

SECTION B.

PROPERTY TAX CREDIT CLAIM

For Household Income up to \$138,500. Complete and attach Schedule HI-144.

To qualify, you must meet the requirements for filing a homestead declaration in addition to the following requirements. ALL eligibility questions must be answered.

- B1. Were you domiciled in Vermont all of calendar year 2020? Yes, Go to Line B2. No, STOP.
- B2. Were you claimed as a dependent in 2020 by another taxpayer? Yes, STOP. No, Go to Line B3.
- B3. Do you anticipate selling this Vermont housesite on or before April 1, 2021? Yes, STOP. No, Continue

Amounts for Lines B4-B6 are found on the 2020/2021 property tax bill. Round amounts to the nearest dollar.

B4. Housesite Value B4. 150000.00

B5. Housesite Education Tax. B5. 3000.00

B6. Housesite Municipal Tax B6. 1500.00

B7. Ownership Interest B7. 100.00 %

B8. Household Income (Schedule HI-144, Line z).
You MUST attach Schedule HI-144. B8. 61064.00 Check here if amended Schedule HI-144, Household Income, is included.

Complete the following **ONLY if applicable**. See instructions for details.

B9. E-file Certificate Number (from Form LC-142). B9. 1497836220 - 004

B10. Lot Rent (Allocable Rent from Form LC-142 - include Form LC-142 with claim.) B10. .00

Attach documentation for Allocated Property Tax from Land Trust, Cooperative, or Nonprofit Mobile Home Park

B11. Allocated Education Tax. B11. .00

B12. Allocated Municipal Tax. B12. .00

OR Property Tax from contiguous property if housesite has less than 2 acres (see instructions.)

B13. Contiguous property Education Tax B13. .00

B14. Contiguous property Municipal Tax B14. .00

MAXIMUM CREDIT AMOUNT IS \$8,000.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature SIGNED	Date (MMDDYYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.) SIGNED	Date (MMDDYYYY)	Daytime Telephone Number
Paid Preparer's Signature	Date (MMDDYYYY)	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address	Preparer's SSN or PTIN P12345678	FEIN 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

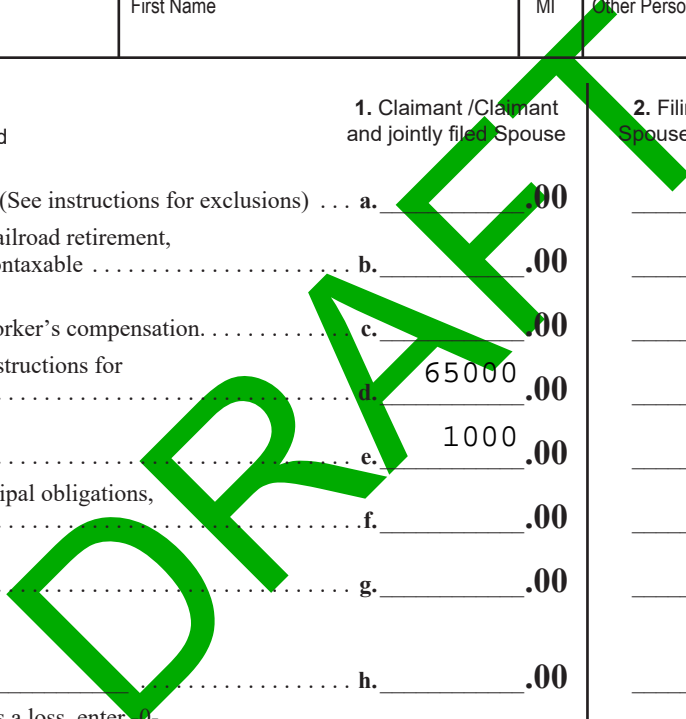
This schedule must be included with the 2020 Renter Rebate Claim (Form PR-141) OR the 2021 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name JONES	First Name JIM	MI	Claimant's Social Security Number 4 0 0 0 9 0 4 2
Spouse's/CU Partner's Last Name JONES	First Name PATTY	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	MI	Other Person #1 Social Security Number
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household	1. 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 exclusions)	a. .00	.00	.00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable	b. .00	.00	.00
c. Unemployment compensation/worker's compensation.	c. .00	.00	.00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)	d. 65000.00	.00	.00
e. Interest and dividends	e. 1000.00	.00	.00
f. Interest on U.S., state, and municipal obligations, 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, enter -0-. See instructions for offsetting a loss	i. .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	k. .00	.00	.00
l. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	l. .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	m. .00	.00	.00
n. Other income (see instructions for examples of other income) Please specify	n. .00	.00	.00
o. Total Income: Add Lines a through n	o. 66000.00	.00	.00



Claimant's Last Name JONES	Social Security Number 400009042
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Carried forward from Line o 66000 **.00** **.00** **.00**

p. See instructions. Enter Social Security and 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 if not included with income tax filing	1. Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
p.	<u>4936</u> .00	<u> </u> .00	<u> </u> .00
q. Child support paid. You must include proof of payment. See instructions	q. <u> </u> .00	<u> </u> .00	<u> </u> .00

Support paid to: Last Name	First Name	MI	Social Security Number

r. Allowable adjustments from Federal Form 1040

r1. Business expenses for Reservists	r1. <u> </u> .00	<u> </u> .00	<u> </u> .00
r2. Alimony paid	r2. <u> </u> .00	<u> </u> .00	<u> </u> .00
r3. Self-employed health insurance deduction	r3. <u> </u> .00	<u> </u> .00	<u> </u> .00
r4. Health Savings Account deduction	r4. <u> </u> .00	<u> </u> .00	<u> </u> .00
r5. Tuition and Fees as reported on federal Form 8917	r5. <u> </u> .00	<u> </u> .00	<u> </u> .00
s. Add Lines p, q, and total of Lines r1 to r5 for each column	s. <u>4936</u> .00	<u> </u> .00	<u> </u> .00
t. Subtract Line s from Line o of each column. If a negative amount, enter -0-	t. <u>61064</u> .00	<u> </u> .00	<u> </u> .00
u. Add all three amounts from Line t. If a negative amount, enter -0-			u. <u>61064</u> .00
v. Complete if born Jan. 1, 1956 and after. Enter interest and dividend income from Lines e and f.	v. <u> </u> .00	<u> </u> .00	<u> </u> .00
w. Add all three amounts from Line v			w. <u> </u> .00
x. Asset Adjustment of Interest and Dividend Income (Lines e and f). Per 32 V.S.A. § 6061E			x. <u>10,000</u> .00
y. Subtract Line x from Line w. If Line x is more than Line w, enter -0-			y. <u> </u> .00
z. HOUSEHOLD INCOME. Add Line u and Line y			z. <u>61064</u> .00

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 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

DRAFT

Taxpayer's Last Name TAYLOR	Social Security Number 400009030
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Other State Credit (Schedule IN-117, Line 21)		Vermont Tax Credits (Schedule IN-119, Part II)		Total Vermont Credits (Add Lines 17 and 18)				
17.	_____ .00	+	18.	_____ .00	= 19.	_____ .00		
20.	Vermont Income Tax after credits (Subtract Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-).					20.	_____ 57 .00	
21.	Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). . . . <input type="checkbox"/> Check to certify no Use Tax is due. OR					21.	_____ .00	
22.	Total Vermont Taxes (Add Lines 20 and 21)					22.	_____ 57 .00	
	Children's Trust Fund	Vermont Veterans Fund	Green Up Vermont	Nongame Wildlife Fund	Total Contributions			
23a.	_____ .00	+	23b.	_____ .00	+	23c.	_____ .00	
				+	23d.	_____ .00	= 23e.	_____ .00
24.	Total of Vermont Taxes and Voluntary Contributions (Add Lines 22 and 23e)					24.	_____ 57 .00	
25a.	2020 Vermont Tax Withheld from W-2, 1099					25a.	_____ .00	
25b.	2020 Estimated Tax payments, amount carried forward from 2019, and payment made with 2020 extension					25b.	_____ .00	
25c.	Refundable Credits (Schedule IN-112, Part II)					25c.	_____ .00	
25d.	2020 Vermont Real Estate Withholding from Form RW-171					25d.	_____ .00	
25e.	2020 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5					25e.	_____ .00	
25f.	Total Payments and Credits (Add Lines 25a through 25e)					25f.	_____ .00	
26.	Overpayment. If Line 24 is less than Line 25f, Subtract Line 24 from Line 25f					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 AMOUNT (Subtract Lines 27a and 27b from Line 26)					28.	_____ .00	
29.	If Line 24 is more than Line 25f, Subtract Line 25f from Line 24. See instructions on tax due					29.	_____ 57 .00	
30.	Interest and Penalty on Underpayment of Estimated Tax. . 30. _____ .00 (Worksheet IN-152 or IN-152A)					31.	_____ 57 .00	
	31. AMOUNT DUE (Add Lines 29 and 30)					31.	_____ 57 .00	

DRAFT

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .00
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature SIGNED	Date (MM/DD/YYYY) / /	Date of Birth (MM/DD/YYYY) 01/15/1969	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY) / /	Date of Birth (MM/DD/YYYY) / /	Daytime Telephone Number
Paid Preparer's Signature		Date / /	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN P123456789	FEIN 012345678

Check if the Department of Taxes may discuss this return with the preparer shown.
5454

Keep a copy for your records.

2020 Schedule IN-113



* 2 0 1 1 3 1 1 0 0 *

Vermont Income Adjustment Calculations

Please PRINT in BLUE or BLACK INK

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

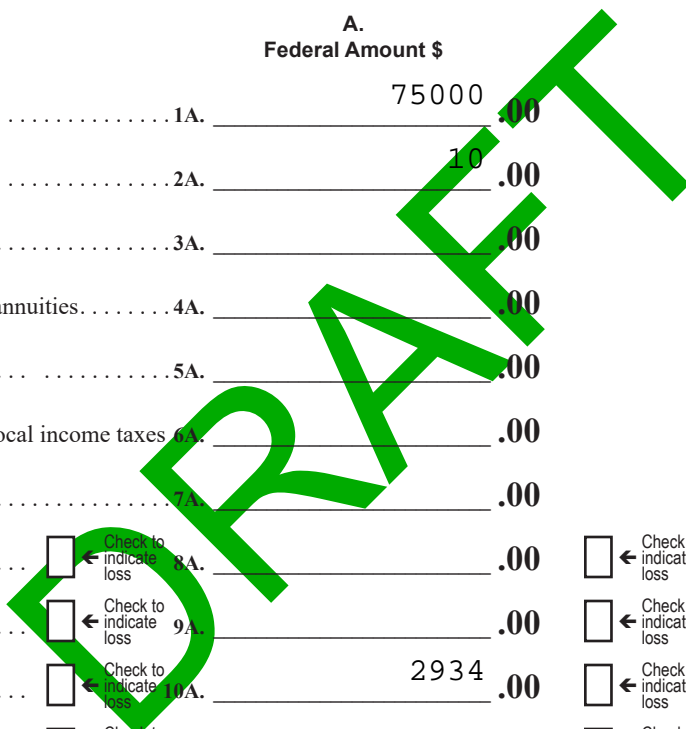
INCLUDE WITH FORM IN-111

Taxpayer's Last Name TAYLOR	First Name TOM	MI T	Taxpayer's Social Security Number 400009030
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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		Name of State(s), Canadian province, or country during non-Vermont residency (use standard 2-character abbreviation) CA
From (MMDDYYYY): / /	To (MMDDYYYY): / /	

	A. Federal Amount \$		B. Vermont Portion \$
1. Wages, salaries, tips, etc. 1A.	75000	.00	1B.00
2. Taxable interest. 2A.	10	.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 6A.		.00	6B.00
7. Alimony received 7A.		.00	7B.00
8. Business income or loss <input type="checkbox"/> ← Check to indicate loss 8A.		.00	<input type="checkbox"/> ← Check to indicate loss 8B.00
9. Capital gain or loss <input type="checkbox"/> ← Check to indicate loss 9A.		.00	<input type="checkbox"/> ← Check to indicate loss 9B.00
10. Rents, royalties, partnerships, S corporations, trusts, etc <input type="checkbox"/> ← Check to indicate loss 10A.	2934	.00	<input type="checkbox"/> ← Check to indicate loss 10B. 2934 .00
11. Farm income or loss <input type="checkbox"/> ← Check to indicate loss 11A.		.00	<input type="checkbox"/> ← Check to indicate loss 11B.00
12. Unemployment compensation 12A.		.00	12B.00
13. Other: Specify <input type="checkbox"/> ← Check to indicate loss 13A.		.00	<input type="checkbox"/> ← Check to indicate loss 13B.00
14. TOTAL INCOME (Add Lines 1-13) <input type="checkbox"/> ← Check to indicate loss 14A.	77944	.00	<input type="checkbox"/> ← Check to indicate loss 14B. 2934 .00



Taxpayer's Last Name TAYLOR	Social Security Number 400009030
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* 2 0 1 1 3 1 2 0 0 *

	Column A. Federal Amount \$	Column B. Vermont Portion \$
15. IRA, Keogh/SEP/SIMPLE (Reported on federal Form 1040)	15A. _____ .00	15B. _____ .00
Self _____ Spouse _____		
16. Student Loan Interest (Reported on Form 1040)	16A. _____ .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)	19A. _____ .00	19B. _____ .00
20. Moving Expenses (Reported on Form 1040)	20A. _____ .00	20B. _____ .00
21. Penalty on Early Withdrawal of Savings (Reported on Form 1040)	21A. _____ .00	21B. _____ .00
22. Alimony Paid (Reported on Form 1040)	22A. _____ .00	22B. _____ .00
23. Domestic Production Activities (Reported on Form 1040)	23A. _____ .00	23B. _____ .00
24. Educator Expenses and Tuition & Fees (Reported on Form 1040)	24A. _____ 1500 .00	24B. _____ 1500 .00
25. Deductions not listed above but reported on Form 1040	25A. _____ .00	25B. _____ .00
26. TOTAL ADJUSTMENTS (Add Lines 15-25)	26A. _____ 1500 .00	26B. _____ 1500 .00
27. Adjusted Gross Income (Subtract Line 26A from Line 14A)	<input type="checkbox"/> ← Check to indicate loss	27. _____ 76444 .00
28. Vermont Portion of AGI (Subtract Line 26B from Line 14B)	<input type="checkbox"/> ← Check to indicate loss	28. _____ 1434 .00
29. Non-Vermont Income (Subtract Line 28 from Line 27) Also enter on Part II, Line 31 below.	<input type="checkbox"/> ← Check to indicate loss	29. _____ 75010 .00

DRAFT

PART II. Adjustment for Vermont Exempt Income and Military Exempt Income

30. Adjusted Gross Income. If Part I completed, enter Line 27 amount. Otherwise, enter amount from Form IN-111, Line 1	<input type="checkbox"/> ← Check to indicate loss	30. _____ 76444 .00
31. Non-Vermont Income (Line 29 above)	<input type="checkbox"/> ← Check to indicate loss	31. _____ 75010 .00
32. Military pay. Number of months on active duty _____ (See instructions)		32. _____ .00
33. Total (Add Lines 31 and 32)	<input type="checkbox"/> ← Check to indicate loss	33. _____ 75010 .00
34. Vermont Income (Subtract Line 33 from Line 30)	<input type="checkbox"/> ← Check to indicate loss	34. _____ 1434 .00
35. INCOME ADJUSTMENT % (Divide Line 34 by Line 30 out to the fourth decimal place) Also enter on Form IN-111, Line 15 (See instructions)		35. _____ 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

DEPT USE ONLY



* 2 0 1 1 1 1 0 0 *

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

Please PRINT in BLUE or BLACK INK

Form header section containing taxpayer information: Taxpayer's Last Name (SMITH), First Name (MAY), MI, Social Security Number (400009051), Spouse's/CU Partner's Last Name, First Name, MI, Social Security Number, Mailing Address (1239 MAIN ST APT 1), City (MIDDLESEX), State (VT), ZIP Code (05655), Foreign Country, Vermont School District Code (121), Enter Healthcare Coverage Code (1), Check all that apply (AMENDED Return, RECOMPUTED Return, EXTENDED Return), Filing Status and Standard Deduction (Single, Married/CU Filing Jointly, Married/CU Filing Separately, Head of Household, Qualifying Widow(er)).

Main calculation section with lines 1-16. Includes a large green 'DRAFT' watermark. Line 1: Federal Adjusted Gross Income (21091.00). Line 2: Net Modifications to Federal AGI (300.00). Line 3: Federal AGI with Modifications (20791.00). Line 4: 2020 Vermont Standard Deduction (9400.00). Line 5: Personal Exemptions (1). Line 5a: Enter '1' for yourself if no one can claim you as a dependent. Line 5b: Enter '1' for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er). Line 5c: Enter number of other dependents claimed on federal Form 1040 (1). Line 5d: Add Lines 5a through 5c (2). Line 5e: Multiply Line 5d by \$4,350 (2020 Personal Exemption) (8700.00). Line 6: Add Lines 4 and 5e (18100.00). Line 7: Vermont Taxable Income (2691.00). Line 8: Vermont Income Tax from tax table or tax rate schedule (90.00). Line 9: Net Adjustment to Vermont Tax (0.00). Line 10: Vermont Income Tax with Adjustment (90.00). Line 11: Tax-Deductible Charitable Contribution (500.00). Line 12: Multiply Line 11 by 5% (0.05) (25.00). Line 13: Charitable Contribution Deduction (25.00). Line 14: Vermont Income Tax (Line 10 minus Line 13) (65.00). Line 15: Income Adjustment (100.0000%). Line 16: Adjusted Vermont Income Tax (65.00).

Amount Due (from Line 31) .00

Taxpayer's Last Name SMITH	Social Security Number 400009051
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Other State Credit (Schedule IN-117, Line 21)		Vermont Tax Credits (Schedule IN-119, Part II)		Total Vermont Credits (Add Lines 17 and 18)	
17. _____	.00	+	18. _____	.00	= 19. _____ .00
20. Vermont Income Tax after credits (Subtract Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-).					
					20. _____ 65 .00
21. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). <input type="checkbox"/> Check to certify no Use Tax is due. OR					
					21. _____ .00
22. Total Vermont Taxes (Add Lines 20 and 21).					
					22. _____ 65 .00
Children's Trust Fund		Vermont Veterans Fund		Green Up Vermont	
				Nongame Wildlife Fund	
					Total Contributions
23a. _____	.00	+	23b. _____	.00	+
23c. _____	.00	+	23d. _____	.00	+
					= 23e. _____ .00
24. Total of Vermont Taxes and Voluntary Contributions (Add Lines 22 and 23e)					
					24. _____ 65 .00
25a. 2020 Vermont Tax Withheld from W-2, 1099					
					25a. _____ .00
25b. 2020 Estimated Tax payments, amount carried forward from 2019, and payment made with 2020 extension.					
					25b. _____ .00
25c. Refundable Credits (Schedule IN-112, Part II).					
					25c. _____ 1190 .00
25d. 2020 Vermont Real Estate Withholding from Form RW-171					
					25d. _____ .00
25e. 2020 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5					
					25e. _____ .00
					25f. _____ 1190 .00
26. Overpayment. If Line 24 is less than Line 25f, Subtract Line 24 from Line 25f.					
					26. _____ 1125 .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. _____ 1125 .00
28. REFUND AMOUNT (Subtract Lines 27a and 27b from Line 26)					
29. If Line 24 is more than Line 25f, Subtract Line 25f from Line 24. See instructions on tax due					
					29. _____ .00
30. Interest and Penalty on Underpayment of Estimated Tax.00					
31. AMOUNT DUE (Add Lines 29 and 30)00					

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .00
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature SIGNED	Date (MM/DD/YYYY) / /	Date of Birth (MM/DD/YYYY) 03 / 24 / 1977	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY) / /	Date of Birth (MM/DD/YYYY) / /	Daytime Telephone Number
Paid Preparer's Signature		Date / /	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN P12345678	FEIN 123456789

Check if the Department of Taxes may discuss this return with the preparer shown.
5454

Keep a copy for your records.

2020 Schedule IN-112

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or BLACK INK



* 2 0 1 1 2 1 1 0 0 *

INCLUDE WITH FORM IN-111

Taxpayer's Last Name SMITH	First Name MAY	MI	Taxpayer's Social Security Number 400009051
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PART I

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax (Reported on federal Form 1040) . . . 1. _____ .00
- 2. Interest and dividend income from Vermont state and local obligations included in Line 1 2. _____ .00
- 3. Income from Non-Vermont State and Local Obligations (Subtract Line 2 from Line 1) 3. _____ .00
- 4. Bonus Depreciation Allowed under Federal Law for 2020 4. _____ .00
- 5. Total Additions (Add Line 3 and Line 4) 5. _____ .00

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

- 6. Interest Income from U.S. Obligations 6. _____ .00
 - 7. Capital Gains Exclusion (Schedule IN-153, Line 21) 7. _____ .00
 - 8. Adjustment for Prior Years' Bonus Depreciation 8. _____ .00
 - 9. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040) 9. _____ .00
 - 10. Medical Expense Deduction (see the worksheet 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 Power Supply Authority
- 14. Total Subtractions (Add Lines 6 through 13) 14. _____ 300 .00

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

- 15. Subtract Line 14 from Line 5. Enter on Form IN-111, Line 2. ← Check to indicate loss 15. _____ 300 .00
This can be a negative number.

Taxpayer's Last Name SMITH	Social Security Number 400009051
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PART II

REFUNDABLE CREDITS

Line 1 is for FULL-YEAR residents

1. Low Income Child & Dependent Care Credit1. _____ **.00**
 If your federal Adjusted Gross Income is \$30,000 (or \$40,000 for Married Filing Jointly) or less, and child care services are provided by a Vermont accredited daycare provider, enter 50% of federal Form 2441, Line 11. If you are not a Vermont resident or your daycare provider is not accredited, use Schedule IN-119, Part I, Line 8. See instructions if your providers are both accredited and not accredited.

VERMONT EARNED INCOME TAX CREDIT

For FULL-YEAR residents and PART-YEAR residents

ELIGIBILITY QUESTIONS MUST BE ANSWERED

A. Enter number of qualifying children A. _____ **1**
 B. Enter number of qualifying children under the age of 18 B. _____ **1**
 C. Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at the end of 2020? C. Yes No
If you answered "No" and do not have any qualifying children, you do not qualify for Earned Income Tax Credit

FULL-YEAR RESIDENTS

Answer eligibility questions above and complete Lines 2 and 3

2. Earned income tax credit (Reported on federal Form 1040)2. _____ **3305 .00**
 3. Vermont Earned Income Tax Credit. Multiply Line 2 by 36% (0.36)3. _____ **1190 .00**

PART YEAR RESIDENTS

Answer eligibility questions above and complete Lines 4 through 10

A. Federal Amount \$

Enter figures in Column A from your federal EITC worksheet and Schedule IN-113

B. Vermont Portion \$

For Vermont Portion, enter income earned while a Vermont resident as shown on Schedule IN-113, Column B, Lines 1, 8, 10, and 11

4. Wages, salaries, tips, etc. (Schedule IN-113, Line 1) **4A.** _____ **.00** **4B.** _____ **.00**
 5. Other earned income (Schedule IN-113, Lines 8, 10, and 11) ← Check to indicate loss **5A.** _____ **.00** ← Check to indicate loss **5B.** _____ **.00**
 6. Total earned income (Add Lines 4 and 5) **6A.** _____ **.00** **6B.** _____ **.00**
 7. Earned income tax credit adjustment (Divide Line 6B by Line 6A and enter here, but not more than 100%)7. _____ **%**
 8. Earned income tax credit (Reported on federal Form 1040) **8.** _____ **.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.** _____ **1190 .00**

DRAFT

MEDICAL DEDUCTION WORKSHEET

- 1. Medical and Dental Expense from federal Form 1040, Schedule A, Line 4. **1.** _____
- 2. Amount from Vermont Form IN-111, Line 6 **2.** _____
- 3. Subtract Line 2 from Line 1. Enter here and on Schedule IN-112, Line 10. **3.** _____

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



* 2 0 1 4 1 1 1 0 0 *

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

Claimant's Last Name SMITH		First Name MAY		MI	Claimant's Social Security Number 4 0 0 0 9 0 5 1	
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) 1239 MAIN ST APT 1					Claimant's Date of Birth (MM/DD/YYYY) 03 /24 /1977	
City MIDDLESEX		State VT	ZIP Code 05655			
Vermont School District Code 121	911/Physical Street Address on 12/31/2020 1239 MAIN ST APT 1			City/Town of Legal Residence on 12/31/2020 & State MIDDLESEX | VT		
Federal Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married/CU Filing Jointly <input type="checkbox"/> Married/CU Filing Separately <input checked="" type="checkbox"/> Head of Household				Will you be using Renter Rebate to pay Income Tax liability? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ELIGIBILITY QUESTIONS: ALL questions must be answered. You must have rented all 12 months in 2020. See instructions for exception.

- Were you domiciled in Vermont all of calendar year 2020? Yes, Go to Line 2 No, STOP. You are not eligible.
- Were you claimed as a dependent by another taxpayer in 2020? Yes, STOP. You are not eligible. No, Go to Line 3.
- Did you rent in Vermont all 12 months in calendar year 2020? Yes, Complete this form. No, STOP. You are not eligible.

REBATE CALCULATION: Before doing rebate calculation, complete Household Income (Schedule HI-144). You MUST include Schedule HI-144 and Form LC-142 with this form.

4. E-file Certificate Number (from Form LC-142)	1234567890 - 002								
5. Allocable Rent (from Form LC-142, Line 9)	2394 .00								
6. Home Use. If more than 25% of this rental is used for business, see instructions. If no business use, enter 100.00%.	100 .00 %								
7. Allowable Rent for Rebate Claim (Multiply Line 5 by Line 6)	2394 .00								
8. Household Income (from Schedule HI-144, Line 2). If more than \$47,000 you are not eligible.	20923 .00 <input type="checkbox"/> Check here if amended Schedule HI-144, Household Income, is included.								
9. Maximum Percentage of Income for Rent	4 .5 %								
<table border="1"> <tr> <td>If Line 8 Household Income is:</td> <td>\$0 - 9,999</td> <td>\$10,000 - 24,999</td> <td>\$25,000 - 47,000</td> </tr> <tr> <td>Enter this % on Line 9:</td> <td>2.0%</td> <td>4.5%</td> <td>5.0%</td> </tr> </table>		If Line 8 Household Income is:	\$0 - 9,999	\$10,000 - 24,999	\$25,000 - 47,000	Enter this % on Line 9:	2.0%	4.5%	5.0%
If Line 8 Household Income is:	\$0 - 9,999	\$10,000 - 24,999	\$25,000 - 47,000						
Enter this % on Line 9:	2.0%	4.5%	5.0%						
10. Maximum Rent for Household Income (Multiply Line 8 by Line 9 and enter result here. If Line 10 is more than Line 7, you do not qualify for a renter rebate)	942 .00								
11. Renter Rebate Amount (Subtract Line 10 from Line 7 and enter result here.) If result is zero, you do not qualify for a rebate.	1452 .00								

MAXIMUM REBATE AMOUNT IS \$3,000.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature SIGNED	Date (MMDDYYYY)	Daytime Telephone Number 8022067412
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 address	Preparer's SSN or PTIN P12345678	FEIN 123456789

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

2020 Schedule HI-144



* 2 0 1 4 4 2 1 0 0 *

Household Income

For the year Jan 1 - Dec 31, 2020

Please PRINT in BLUE or BLACK INK

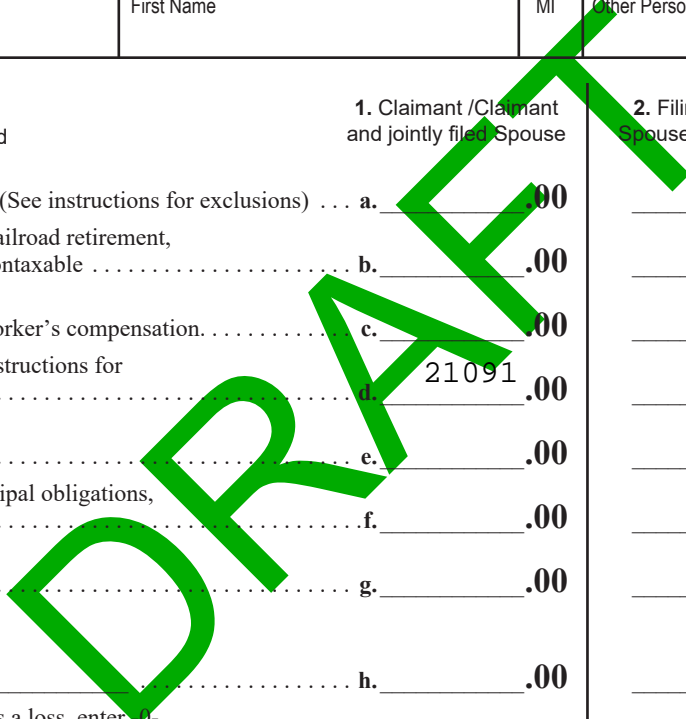
This schedule must be included with the 2020 Renter Rebate Claim (Form PR-141) OR the 2021 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name SMITH	First Name MAY	MI	Claimant's Social Security Number 40009051
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.

Other Person #1 Last Name	First Name	MI	Other Person #1 Social Security Number
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household	1. 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 exclusions)	a. .00	.00	.00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable	b. .00	.00	.00
c. Unemployment compensation/worker's compensation.	c. .00	.00	.00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)	d. 21091.00	.00	.00
e. Interest and dividends	e. .00	.00	.00
f. Interest on U.S., state, and municipal obligations, 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, enter -0-. See instructions for offsetting a loss	i. .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	k. .00	.00	.00
l. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	l. .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	m. .00	.00	.00
n. Other income (see instructions for examples of other income) Please specify	n. .00	.00	.00
o. Total Income: Add Lines a through n	o. 21091.00	.00	.00



Claimant's Last Name SMITH	Social Security Number 400009051
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Carried forward from Line o 21091 .00 .00 .00

p. See instructions. Enter Social Security and 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 if not included with income tax filing	1. Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
p. 168 .00	.00	.00	.00
q. Child support paid. You must include proof of payment. See instructions	q. .00	.00	.00

Support paid to: Last Name	First Name	MI	Social Security Number
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r. Allowable adjustments from Federal Form 1040

r1. Business expenses for Reservists	r1. .00	.00	.00
r2. Alimony paid	r2. .00	.00	.00
r3. Self-employed health insurance deduction	r3. .00	.00	.00
r4. Health Savings Account deduction	r4. .00	.00	.00
r5. Tuition and Fees as reported on federal Form 8917	r5. .00	.00	.00
s. Add Lines p, q, and total of Lines r1 to r5 for each column	s. 168 .00	.00	.00
t. Subtract Line s from Line o of each column. If a negative amount, enter -0-	t. 20923 .00	.00	.00
u. Add all three amounts from Line t. If a negative amount, enter -0-	u. 20923 .00		
v. Complete if born Jan. 1, 1956 and after. Enter interest and dividend income from Lines e and f.	v. .00	.00	.00
w. Add all three amounts from Line v	w. .00		
x. Asset Adjustment of Interest and Dividend Income (Lines e and f). Per 32 V.S.A. § 6061E	x. 10,000.00		
y. Subtract Line x from Line w. If Line x is more than Line w, enter -0-	y. .00		
z. HOUSEHOLD INCOME. Add Line u and Line y	z. 20923 .00		

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

DEPT USE ONLY



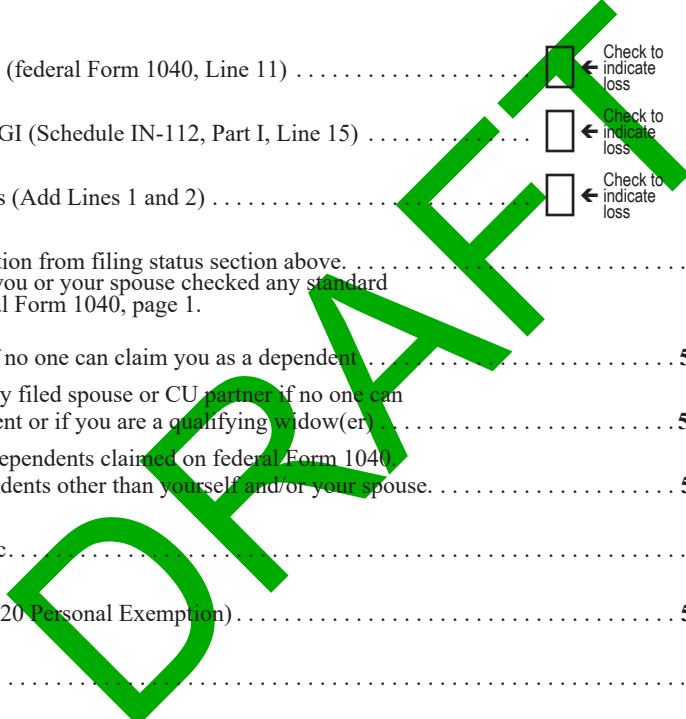
* 2 0 1 1 1 1 0 0 *

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

Please PRINT in BLUE or BLACK INK

Form header section containing taxpayer information: Taxpayer's Last Name (SMITH), First Name (JAMES), MI, Social Security Number (400009050), Spouse's/Partner's Last Name (SMITH), First Name (MAY), MI, Social Security Number (400009051), Mailing Address (239 SMITH ST), City (MIDDLESEX), State (VT), ZIP Code (05602), Foreign Country, Vermont School District Code (121), Healthcare Coverage Code (1), Filing Status (Married/CU Filing Separately), and Deduction options.

Main calculation section with lines 1 through 16. Line 1: Federal Adjusted Gross Income (47820.00). Line 2: Net Modifications to Federal AGI (.00). Line 3: Federal AGI with Modifications (47820.00). Line 4: 2020 Vermont Standard Deduction (6250.00). Line 5: Personal Exemptions (1). Line 5e: Multiply Line 5d by \$4,350 (4350.00). Line 6: Add Lines 4 and 5e (10600.00). Line 7: Vermont Taxable Income (37220.00). Line 8: Vermont Income Tax from tax table (1361.00). Line 9: Net Adjustment to Vermont Tax (.00). Line 10: Vermont Income Tax with Adjustment (1361.00). Line 11: Tax-Deductible Charitable Contribution (500.00). Line 12: Multiply Line 11 by 5% (25.00). Line 13: Charitable Contribution Deduction (25.00). Line 14: Vermont Income Tax (1336.00). Line 15: Income Adjustment (100.0000%). Line 16: Adjusted Vermont Income Tax (1336.00).



Amount Due (from Line 31) .00

Taxpayer's Last Name SMITH	Social Security Number 400009050
--------------------------------------	--



Other State Credit (Schedule IN-117, Line 21)		Vermont Tax Credits (Schedule IN-119, Part II)		Total Vermont Credits (Add Lines 17 and 18)	
17. _____	.00	+	18. _____	.00	= 19. _____ .00
20. Vermont Income Tax after credits (Subtract Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-).					
					20. _____ 1336 .00
21. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart).					
				<input checked="" type="checkbox"/> Check to certify no Use Tax is due.	OR
					21. _____ .00
22. Total Vermont Taxes (Add Lines 20 and 21).					
Children's Trust Fund		Vermont Veterans Fund		Green Up Vermont	
				Nongame Wildlife Fund	
					Total Contributions
23a. _____	.00	+	23b. _____	.00	+
23c. _____	.00	+	23d. _____	.00	+
					= 23e. _____ .00
24. Total of Vermont Taxes and Voluntary Contributions (Add Lines 22 and 23e)					
					24. _____ 1336 .00
25a. 2020 Vermont Tax Withheld from W-2, 1099					
					25a. _____ 1525 .00
25b. 2020 Estimated Tax payments, amount carried forward from 2019, and payment made with 2020 extension.					
					25b. _____ .00
25c. Refundable Credits (Schedule IN-112, Part II).					
					25c. _____ .00
25d. 2020 Vermont Real Estate Withholding from Form RW-171					
					25d. _____ .00
25e. 2020 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5					
					25e. _____ .00
					25f. _____ 1525 .00
26. Overpayment. If Line 24 is less than Line 25f, Subtract Line 24 from Line 25f.					
					26. _____ 189 .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 AMOUNT (Subtract Lines 27a and 27b from Line 26).					
					28. _____ 189 .00
29. If Line 24 is more than Line 25f, Subtract Line 25f from Line 24. See instructions on tax due					
					29. _____ .00
30. Interest and Penalty on Underpayment of Estimated Tax.					
					30. _____ .00
31. AMOUNT DUE (Add Lines 29 and 30)					
					31. _____ .00

DRAFT

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .00
----------------------------------	--	------------------------------	--------------------------------	------------------------------

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature SIGNED	Date (MM/DD/YYYY) / /	Date of Birth (MM/DD/YYYY) 03/ 24 /1977	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY) / /	Date of Birth (MM/DD/YYYY) / /	Daytime Telephone Number
Paid Preparer's Signature		Date / /	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN P12345678	FEIN 123456789

Check if the Department of Taxes may discuss this return with the preparer shown.
5454

Keep a copy for your records.

2020 Form PR-141

Vermont Renter Rebate Claim

For the year Jan 1 - Dec 31, 2020



* 2 0 1 4 1 1 1 0 0 *

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

Claimant's Last Name SMITH		First Name JAMES		MI	Claimant's Social Security Number 400009050
Spouse's/CU Partner's Last Name SMITH		First Name MAY		MI	Spouse's or CU Partner's Social Security Number
Mailing Address (Number and Street/Road or PO Box) 239 SMITH ST				Claimant's Date of Birth (MM/DD/YYYY) 03 /24 /1977	
City MIDDLESEX		State VT	ZIP Code 05602		
Vermont School District Code 121	911/Physical Street Address on 12/31/2020 239 SMITH ST			City/Town of Legal Residence on 12/31/2020 & State MIDDLESEX | VT	
Federal Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married/CU Filing Jointly <input checked="" type="checkbox"/> Married/CU Filing Separately <input type="checkbox"/> Head of Household				Will you be using Renter Rebate to pay Income Tax liability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

ELIGIBILITY QUESTIONS: ALL questions must be answered. You must have rented all 12 months in 2020. See instructions for exception.

- Were you domiciled in Vermont all of calendar year 2020? Yes, Go to Line 2 No, STOP. You are not eligible.
- Were you claimed as a dependent by another taxpayer in 2020? Yes, STOP. You are not eligible. No, Go to Line 3.
- Did you rent in Vermont all 12 months in calendar year 2020? Yes, Complete this form. No, STOP. You are not eligible.

REBATE CALCULATION: Before doing rebate calculation, complete Household Income (Schedule HI-144). You MUST include Schedule HI-144 and Form LC-142 with this form.

4. E-file Certificate Number (from Form LC-142)	1412358741 - 001								
5. Allocable Rent (from Form LC-142, Line 9)	3276 .00								
6. Home Use. If more than 25% of this rental is used for business, see instructions. If no business use, enter 100.00%.	100 .00 %								
7. Allowable Rent for Rebate Claim (Multiply Line 5 by Line 6)	3276 .00								
8. Household Income (from Schedule HI-144, Line 2). If more than \$47,000 you are not eligible.	46186 .00 <input type="checkbox"/> Check here if amended Schedule HI-144, Household Income, is included.								
9. Maximum Percentage of Income for Rent	5 .0 %								
<table border="1"> <tr> <td>If Line 8 Household Income is:</td> <td>\$0 - 9,999</td> <td>\$10,000 - 24,999</td> <td>\$25,000 - 47,000</td> </tr> <tr> <td>Enter this % on Line 9:</td> <td>2.0%</td> <td>4.5%</td> <td>5.0%</td> </tr> </table>		If Line 8 Household Income is:	\$0 - 9,999	\$10,000 - 24,999	\$25,000 - 47,000	Enter this % on Line 9:	2.0%	4.5%	5.0%
If Line 8 Household Income is:	\$0 - 9,999	\$10,000 - 24,999	\$25,000 - 47,000						
Enter this % on Line 9:	2.0%	4.5%	5.0%						
10. Maximum Rent for Household Income (Multiply Line 8 by Line 9 and enter result here. If Line 10 is more than Line 7, you do not qualify for a renter rebate.	2309 .00								
11. Renter Rebate Amount (Subtract Line 10 from Line 7 and enter result here.) If result is zero, you do not qualify for a rebate.	967 .00								

MAXIMUM REBATE AMOUNT IS \$3,000.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature SIGNED	Date (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 address	Preparer's SSN or PTIN P12345678	FEIN 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

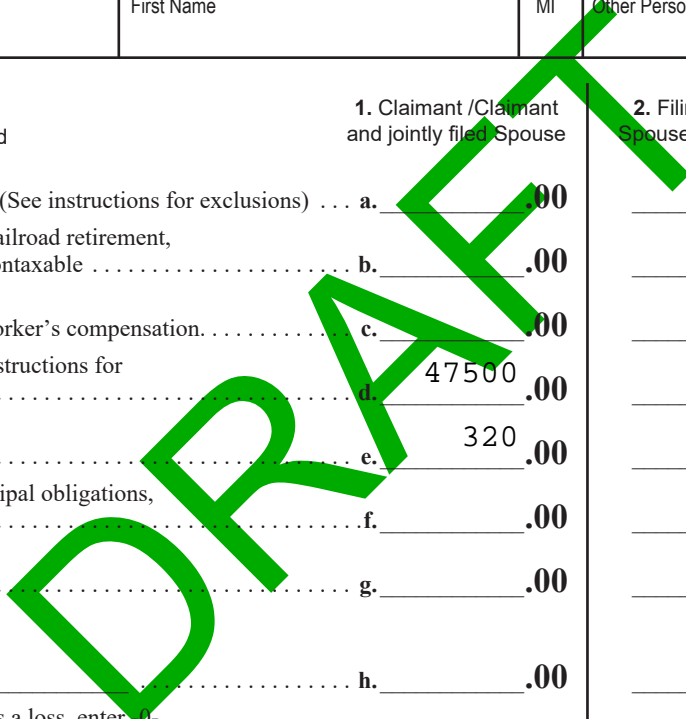
This schedule must be included with the 2020 Renter Rebate Claim (Form PR-141) OR the 2021 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name SMITH	First Name JAMES	MI	Claimant's Social Security Number 4 0 0 0 9 0 5 0
Spouse's/CU Partner's Last Name SMITH	First Name MAY	MI	Claimant's Date of Birth (MMDDYYYY) 0 3 2 4 1 9 7 7

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
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household	1. 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 exclusions) a.	_____ .00	_____ .00	_____ .00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable b.	_____ .00	_____ .00	_____ .00
c. Unemployment compensation/worker's compensation. c.	_____ .00	_____ .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 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, enter -0-. See instructions for offsetting a loss i.	_____ .00	2000 .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 k.	_____ .00	_____ .00	_____ .00
l. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss l.	_____ .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 m.	_____ .00	_____ .00	_____ .00
n. Other income (see instructions for examples of other income) Please specify _____ n.	_____ .00	_____ .00	_____ .00
o. Total Income: Add Lines a through n o.	47820 .00	2000 .00	_____ .00



Claimant's Last Name SMITH	Social Security Number 400009050
-------------------------------	-------------------------------------



Carried forward from Line o 47820 .00 2000 .00 .00

p. See instructions. Enter Social Security and 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 if not included with income tax filing	1. Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
p.	3634 .00	.00	.00
q. Child support paid. You must include proof of payment. See instructions	q.00	.00

Support paid to: Last Name	First Name	MI	Social Security Number
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r. Allowable adjustments from Federal Form 1040

r1. Business expenses for Reservists	r1.00	.00	.00
r2. Alimony paid	r2. . . . .	.00	.00	.00
r3. Self-employed health insurance deduction	r3. . . . .	.00	.00	.00
r4. Health Savings Account deduction	r4. . . . .	.00	.00	.00
r5. Tuition and Fees as reported on federal Form 8917	r5. . . . .	.00	.00	.00
s. Add Lines p, q, and total of Lines r1 to r5 for each column	s.	3634 .00	.00	.00
t. Subtract Line s from Line o of each column. If a negative amount, enter -0-	t.	44186 .00	2000 .00	.00
u. Add all three amounts from Line t. If a negative amount, enter -0-	u.			46186 .00
v. Complete if born Jan. 1, 1956 and after. Enter interest and dividend income from Lines e and f.	v.	320 .00	.00	.00
w. Add all three amounts from Line v	w.			320 .00
x. Asset Adjustment of Interest and Dividend Income (Lines e and f). Per 32 V.S.A. § 6061E	x.			10,000.00
y. Subtract Line x from Line w. If Line x is more than Line w, enter -0-	y. . . . .			.00
z. HOUSEHOLD INCOME. Add Line u and Line y	z.			46186 .00

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 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 #: 111111111-002
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.

DRAFT

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.

Claimant's Last Name KENT		First Name LARRY		MI	Claimant's Social Security Number 4 0 0 0 9 0 5 2
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 15				Claimant's Date of Birth (MM/DD/YYYY) 03 /24 /1976	
City MONTPELIER		State VT	ZIP Code 05601		
Vermont School District Code 126	911/Physical Street Address on 12/31/2020 15 KENT ST UNIT 2			City/Town of Legal Residence on 12/31/2020 & State MONTPELIER VT	
Federal Filing Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married/CU Filing Jointly <input type="checkbox"/> Married/CU Filing Separately <input type="checkbox"/> Head of Household				Will you be using Renter Rebate to pay Income Tax liability? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ELIGIBILITY QUESTIONS: ALL questions must be answered. You must have rented all 12 months in 2020. See instructions for exception.

- Were you domiciled in Vermont all of calendar year 2020? Yes, Go to Line 2. No, STOP. You are not eligible.
- Were you claimed as a dependent by another taxpayer in 2020? Yes, STOP. You are not eligible. No, Go to Line 3.
- Did you rent in Vermont all 12 months in calendar year 2020? Yes, Complete this form. No, STOP. You are not eligible.

REBATE CALCULATION: Before doing rebate calculation, complete Household Income (Schedule HI-144). You MUST include Schedule HI-144 and Form LC-142 with this form.

4. E-file Certificate Number (from Form LC-142)	1111111111 - 001								
5. Allocable Rent (from Form LC-142, Line 9)	1176 .00								
6. Home Use. If more than 25% of this rental is used for business, see instructions. If no business use, enter 100.00%.	100 .00 %								
7. Allowable Rent for Rebate Claim (Multiply Line 5 by Line 6)	1176 .00								
8. Household Income (from Schedule HI-144, Line 2). If more than \$47,000 you are not eligible.	20000 .00 <input type="checkbox"/> Check here if amended Schedule HI-144, Household Income, is included.								
9. Maximum Percentage of Income for Rent	4 .5 %								
<table border="1"> <tr> <td>If Line 8 Household Income is:</td> <td>\$0 - 9,999</td> <td>\$10,000 - 24,999</td> <td>\$25,000 - 47,000</td> </tr> <tr> <td>Enter this % on Line 9:</td> <td>2.0%</td> <td>4.5%</td> <td>5.0%</td> </tr> </table>		If Line 8 Household Income is:	\$0 - 9,999	\$10,000 - 24,999	\$25,000 - 47,000	Enter this % on Line 9:	2.0%	4.5%	5.0%
If Line 8 Household Income is:	\$0 - 9,999	\$10,000 - 24,999	\$25,000 - 47,000						
Enter this % on Line 9:	2.0%	4.5%	5.0%						
10. Maximum Rent for Household Income (Multiply Line 8 by Line 9 and enter result here. If Line 10 is more than Line 7, you do not qualify for a renter rebate)	900 .00								
11. Renter Rebate Amount (Subtract Line 10 from Line 7 and enter result here.) If result is zero, you do not qualify for a rebate.	276 .00								

MAXIMUM REBATE AMOUNT IS \$3,000.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature SIGNED	Date (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 address	Preparer's SSN or PTIN P12345678	FEIN 123456789

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

Vermont Department of Taxes
2020 Schedule HI-144



Household Income

For the year Jan 1 - Dec 31, 2020

Please PRINT in BLUE or BLACK INK

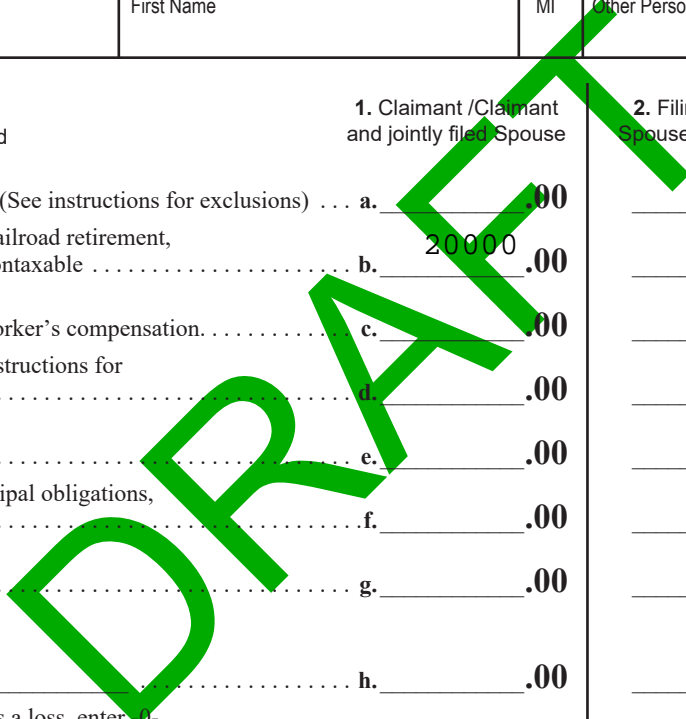
This schedule must be included with the 2020 Renter Rebate Claim (Form PR-141) OR the 2021 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name KENT	First Name LARRY	MI	Claimant's Social Security Number 4 0 0 0 9 0 5 2
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY) 0 3 2 4 1 9 7 6

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
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household	1. 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 exclusions) . . . a.	<u>20000</u> .00	<u> </u> .00	<u> </u> .00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable b.	<u> </u> .00	<u> </u> .00	<u> </u> .00
c. Unemployment compensation/worker's compensation. c.	<u> </u> .00	<u> </u> .00	<u> </u> .00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.) d.	<u> </u> .00	<u> </u> .00	<u> </u> .00
e. Interest and dividends e.	<u> </u> .00	<u> </u> .00	<u> </u> .00
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable f.	<u> </u> .00	<u> </u> .00	<u> </u> .00
g. Alimony and support money g.	<u> </u> .00	<u> </u> .00	<u> </u> .00
h. Child support and cash gifts Please specify _____ h.	<u> </u> .00	<u> </u> .00	<u> </u> .00
i. Business income. If the amount is a loss, enter -0-. See instructions for offsetting a loss i.	<u> </u> .00	<u> </u> .00	<u> </u> .00
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-. See instructions for offsetting a loss j.	<u> </u> .00	<u> </u> .00	<u> </u> .00
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions k.	<u> </u> .00	<u> </u> .00	<u> </u> .00
l. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss l.	<u> </u> .00	<u> </u> .00	<u> </u> .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 m.	<u> </u> .00	<u> </u> .00	<u> </u> .00
n. Other income (see instructions for examples of other income) Please specify _____ n.	<u> </u> .00	<u> </u> .00	<u> </u> .00
o. Total Income: Add Lines a through n o.	<u>20000</u> .00	<u> </u> .00	<u> </u> .00



Claimant's Last Name KENT	Social Security Number 400009052
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* 2 0 1 4 4 2 2 0 0 *

Carried forward from Line o 20000 .00 .00 .00

	1. Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
p. See instructions. Enter Social Security and 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 if not included with income tax filing p.	.00	.00	.00
q. Child support paid. You must include proof of payment. See instructions q.	.00	.00	.00

Support paid to: Last Name	First Name	MI	Social Security Number
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r. Allowable adjustments from Federal Form 1040

r1. Business expenses for Reservists r1.	.00	.00	.00
r2. Alimony paid r2.	.00	.00	.00
r3. Self-employed health insurance deduction r3.	.00	.00	.00
r4. Health Savings Account deduction r4.	.00	.00	.00
r5. Tuition and Fees as reported on federal Form 8917 r5.	.00	.00	.00
s. Add Lines p, q, and total of Lines r1 to r5 for each column s.	.00	.00	.00
t. Subtract Line s from Line o of each column. If a negative amount, enter -0- t.	20000 .00	.00	.00
u. Add all three amounts from Line t. If a negative amount, enter -0- u.	20000		.00
v. Complete if born Jan. 1, 1956 and after. Enter interest and dividend income from Lines e and f. v.	.00	.00	.00
w. Add all three amounts from Line v w.			.00
x. Asset Adjustment of Interest and Dividend Income (Lines e and f). Per 32 V.S.A. § 6061E x.			10,000.00
y. Subtract Line x from Line w. If Line x is more than Line w, enter -0- y.			.00
z. HOUSEHOLD INCOME. Add Line u and Line y z.			20000 .00

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.

Form LC-142

Vermont Landlord Certificate



* 1 9 1 4 2 1 1 W W *

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

Claimant's Last Name	First Name	MI	Claimant's Social Security Number
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Section A: Landlord and Rental Unit Information (Please complete all fields)

Name of Owner or Landlord LANDLORD			
Landlord's Mailing Address PO BOX 5		City MONTPELIER	State VT
ZIP 0560		Location of Rental Unit (number, street/road name) 15 KENT ST	Unit Number 2
SPAN (from property tax bill) 405 126 00002		City/Town MONTPELIER	Number of Units in this Building 2
Rental Unit is (check one) <input checked="" type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Lot for Mobile Home <input type="checkbox"/> Boarding Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living / Community Care			
Items Included in Rent (check all that apply) <input checked="" type="checkbox"/> Heat <input type="checkbox"/> Furnishing <input checked="" type="checkbox"/> Electricity <input type="checkbox"/> Personal Care <input type="checkbox"/> Other Services			
Tenant #1 Last Name KENT	First Name LARRY	Tenant #2 Last Name	First Name
Tenant #3 Last Name	First Name	Tenant #4 Last Name	First Name

Section B: Allocable Rent

E-file Certificate Number 111111111-002

1. Calendar year 1a. 2020 Number of months rented... 1b. 12.00
2. Monthly rental amount charged 2. 500.00
3. Total rent paid for calendar year listed on Line 1a 3. 6000.00
4. Less dollar values of items above that were included in rent (heat, electricity, etc.) 4. 400.00
5. Adjusted rent paid for calendar year listed on Line 1a (Line 3 minus Line 4) 5. 5600.00
6. For government subsidized rent, enter percent tenant pays. For nonsubsidized rent, enter 100.00% 6. 100.00 %
7. Rent paid during calendar year solely for the right of occupancy (Multiply Line 5 by Line 6) 7. 5600.00
8. Rental adjustment 8. 21.00 %
9. **Allocable rent** (Multiply Line 7 by Line 8) 9. 1176.00

Renters: Enter on Form PR-141, Vermont Renter Rebate Claim, Line 3

Mobile home owners: Enter on Form HS-122, Homestead Declaration and Property Tax Credit Claim, Line B10.

Section C: Signature

I 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 representative	Date (MMDDYYYY)	Daytime Telephone 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

DRAFT

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 Name BRANDLEY		MI	Taxpayer's Social Security Number 400009031
Spouse's/CU Partner's Last Name EDGEWOOD		First Name MARJORIE		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 05655		
Foreign Country (if not United States)					

TAX CALCULATION WORKSHEET

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

1. Estimated individual income tax liability	1.	8879	.00
2. Previous payments	2.	1279	.00
3. Amount of tax paid with extension	3.	4200	.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 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

DRAFT

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	MI J	Taxpayer's Social Security Number 400009053
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) 239 SMITH ST			For Department Use Only
City MIDDLESEX	State VT	ZIP Code or Postal Code 05602	
Foreign Country (if not United States)			

TAX CALCULATION WORKSHEET

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

1. Estimated individual income tax liability	1.	2975	.00
2. Previous payments	2.		.00
3. Amount of tax paid with extension	3.	2975	.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

DRAFT

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	MI T	Taxpayer's Social Security Number 400009054
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 NEWPORT	State VT	ZIP Code or Postal Code 05855	
Foreign Country (if not United States)			

TAX CALCULATION WORKSHEET

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

1. Estimated individual income tax liability	1.	100	.00	
2. Previous payments	2.	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

DRAFT

2021 Form IN-114

**Vermont Individual Income Estimated
Tax Payment Voucher**

DEPT
USE
ONLY



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 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 2021	
City HYDE PARK		State VT	ZIP Code or Postal Code 05655			
Foreign Country (if not United States)					Amount of this payment 250 .00	

5454

Form IN-114
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	1. \$ _____
Line 2	Estimated 2021 Vermont Tax: Use 2021 preliminary tax schedules (See instructions)	2. \$ _____
Line 3	Estimated 2021 Vermont Tax with Adjustments. See instructions for Form IN-111, Line 10.	3. \$ _____
Line 4	Estimated Income Adjustment. See instructions for Form IN-111, Line 15.	4. _____ %
Line 5	Adjusted Vermont Tax (Multiply Line 3 by Line 4)	5. \$ _____
Line 5a	Expected 2021 Vermont Tax Withholding	5a. \$ _____
Line 6	2021 Estimated Tax Liability (Line 5 minus Line 5a)	6. \$ _____
Line 7	Quarterly payments due (Divide Line 6 by 4)	7. \$ _____

You can check the status of your estimated payments online at myVTax.vermont.gov under Payments, "Find my Estimated Payment."

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:

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Taxpayer Services Division-Income Tax
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Web site Address: www.tax.vermont.gov

Email Address: tax.IndividualIncome@vermont.gov

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2021 Form IN-114

**Vermont Individual Income Estimated
Tax Payment Voucher**

DEPT
USE
ONLY



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 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 2021	
City HYDE PARK		State VT	ZIP Code or Postal Code 05655			
Foreign Country (if not United States)					Amount of this payment 500.00	

5454

Form IN-114
Rev.10/20

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Line 4	Estimated Income Adjustment. See instructions for Form IN-111, Line 15.	4. _____ %
Line 5	Adjusted Vermont Tax (Multiply Line 3 by Line 4)	5. \$ _____
Line 5a	Expected 2021 Vermont Tax Withholding	5a. \$ _____
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2021 Form IN-114

**Vermont Individual Income Estimated
Tax Payment Voucher**

DEPT
USE
ONLY



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 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 2021	
City HYDE PARK		State VT	ZIP Code or Postal Code 05655			
Foreign Country (if not United States)					Amount of this payment 750.00	

5454

Form IN-114
Rev.10/20

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2021 Form IN-114

**Vermont Individual Income Estimated
Tax Payment Voucher**

DEPT
USE
ONLY



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Spouse's/CU Partner's Last Name EDGEWOOD		First Name MARJORIE		MI	Spouse's or CU Partner's Social Security Number 400009032	
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City HYDE PARK		State VT	ZIP Code or Postal Code 05655			
Foreign Country (if not United States)					Amount of this payment 1000.00	

5454

Form IN-114
Rev.10/20

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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)

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

DRAFT

2020 Form IN-116

Vermont Income Tax Payment Voucher

DEPT
USE
ONLY



* 2 0 1 1 6 1 1 0 0 *

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 2020	
City WATERBURY		State VT	ZIP Code or Postal Code 05676		
Foreign Country (if not United States)				Amount of this payment 1300 .00	

5454

Mail to: Vermont Department of Taxes
PO Box 1779
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

DRAFT

2020 Form IN-116

Vermont Income Tax Payment Voucher

DEPT
USE
ONLY



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 2020	
City MORRISVILLE		State VT	ZIP Code or Postal Code 05661			
Foreign Country (if not United States)					Amount of this payment 1348 .00	

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

5454

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

Form IN-116
Rev.10/20

DRAFT

2020 Form IN-116

Vermont Income Tax Payment Voucher

DEPT
USE
ONLY



* 2 0 1 1 6 1 1 0 0 *

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name LONG		First Name JANE		MI	Taxpayer's Social Security Number 400009076
Spouse's/CU Partner's Last Name LONG		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 2020
City LOWER WATERFORD		State VT	ZIP Code or Postal Code 05848		
Foreign Country (if not United States)					Amount of this payment 56 .00

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

5454

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

Form IN-116
Rev.10/20

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