

## **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	First Name	MI	Claimant's Social Security Number
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

names and Social Security Numbers on a se	parate sheet of paper and h	iciude with the min	g.		
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	Numher
G.1.6. 1 6.5611 # 2 2461 114.116	- week taken			Canon i crossii ii 2 coolai coolai ily	
Yearly totals of ALL members of the household		Claimant /Clair     and jointly filed Sp		2. Filing separately Spouse or CU Partner	3. Other Persons
a. Cash public assistance and relief (See in	structions for exclusions) .	<b>a.</b>	00	00	.00
<b>b.</b> Social Security, SSI, disability, railroad veteran's benefits, taxable and nontaxab		b	.00	.00	.00

c. Unemployment compensation/worker's compensation	00	00	.00
<b>d.</b> Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)		.00	.00
e. Interest and dividends e	00	00.	.00
<b>f.</b> Interest on U.S., state, and municipal obligations, taxable and nontaxable <b>f.</b>	00	00	.00
g. Alimony and support money	00	00	.00
h. Child support and cash gifts			
Please specify <b>h.</b>		00	.00
i. Business income. If the amount is a loss, enter -0  See instructions for offsetting a lossii	00	00	.00
<b>j.</b> Capital gains, taxable and nontaxable. If the amount is a loss, enter -0 See instructions for offsetting a loss <b>j.</b>	00	00	.00
<b>k.</b> Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions	00	00	.00
Rental and royalty income. If the amount is a loss, enter -0  See instructions for offsetting a loss	00	00	.00
m. Farm/partnerships/S corporations/LLC/Estate or Trust income.  If the amount is a loss, enter -0 See Line m instructions for only exception to offset a loss		00	.00
<b>n.</b> Other income (see instructions for examples of other income)	1		

Please specify n	00	.00	.00
o. Total Income: Add Lines a through n	00	.00	00

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Claimant's Last Name	Social Security Number



.00 .00.00Carried forward from Line o . . . . . \_\_\_ 1. Claimant /Claimant 2. Filing separately **p.** See instructions. Enter Social Security and 3. Other Persons Spouse or CU Partner and jointly filed Spouse Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE .00 .00.00if not included with income tax filing . . . . . p.\_ q. Child support paid. You must include .00 proof of payment. See instructions . . . . .  $\mathbf{q}$ . .00Support paid to: Last Name First Name Social Security Number MI r. Allowable adjustments from Federal Form 1040 **r1.** Business expenses for Reservists . . . . **r1.** \_\_\_\_\_\_ **.00** 00..00 .00 .00 **r2.** Alimony paid ......**r2.** \_\_\_\_\_\_.**00 r3.** Self-employed health insurance deduction.....r3. \_\_\_\_\_\_.00 .00.00.00 .00 .00 **r4.** Health Savings Account deduction . . . **r4. r5.** Tuition and Fees as reported on .00. .00 s. Add Lines p, q, and total of Lines r1 to r5 .00 .00**t.** Subtract Line s from Line o of each column. .00 .00 If a negative amount, enter -0- ..... t. \_\_ -.00.00 v. Complete if born Jan. 1, 1956 and after. Enter interest and dividend income from .00 .00 z. HOUSEHOLD INCOME. Add Line u and Line y .................................z. \_\_\_ If Line z Household Income is \$47,000 or less, you may be eligible for a renter rebate. Complete Form PR-141 Renter Rebate Claim. **RENTERS** This schedule must be filed with the Renter Rebate Claim. Claims are due April 15, 2021, but can be filed up to Oct. 15, 2021.

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

**HOMEOWNERS** 

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

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

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