

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

Form with fields for Taxpayer's Last Name, First Name, MI, Social Security Number, Spouse's/CU Partner's Last Name, First Name, MI, Social Security Number, Mailing Address, City, State, ZIP Code or Foreign Postal Code, Foreign Country, Vermont School District Code, Enter Healthcare Coverage Code, Check all that apply (AMENDED, RECOMPUTED, EXTENDED Return), Filing Status and Standard Deduction (Single, Married/CU Filing Jointly, Married/CU Filing Separately, Head of Household, Qualifying Widow(er)).

1. Federal Adjusted Gross Income (federal Form 1040, Line 11) . . . . . 1. .00
2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 15) . . . . . 2. .00
3. Federal AGI with Modifications (Add Lines 1 and 2) . . . . . 3. .00
4. 2020 Vermont Standard Deduction from filing status section above. . . . . 4. .00
5. Personal Exemptions:
5a. Enter "1" for yourself if no one can claim you as a dependent . . . . . 5a.
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.
5e. Multiply Line 5d by \$4,350 (2020 Personal Exemption) . . . . . 5e. .00
6. Add Lines 4 and 5e . . . . . 6. .00
7. Vermont Taxable Income (Subtract Line 6 from Line 3. If less than zero, enter -0-). . . . . 7. .00
8. Vermont Income Tax from tax table or tax rate schedule . . . . . 8. .00
9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 16). . . . . 9. .00
10. Vermont Income Tax with Adjustment (Add Lines 8 and 9. If less than zero, enter -0-). . . . . 10. .00
11. Tax-Deductible Charitable Contribution (See instructions) . . . . . 11. .00
12. Multiply Line 11 by 5% (0.05) . . . . . 12. .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. .00
15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%) . . . . . 15. %
16. Adjusted Vermont Income Tax (Multiply Line 14 by Line 15) . . . . . 16. .00

Amount Due (from Line 31) .00

Taxpayer's Last Name	Social Security Number
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<b>Other State Credit</b> (Schedule IN-117, Line 21)		<b>Vermont Tax Credits</b> (Schedule IN-119, Part II)		<b>Total Vermont Credits</b> (Add Lines 17 and 18)		
17.	_____ <b>.00</b>	+	18.	_____ <b>.00</b>	= 19. _____ <b>.00</b>	
20.	Vermont Income Tax after credits (Subtract Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-). . . . .					20. _____ <b>.00</b>
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. <b>OR</b>					21. _____ <b>.00</b>
22.	Total Vermont Taxes (Add Lines 20 and 21) . . . . .					22. _____ <b>.00</b>
	Children's Trust Fund	Vermont Veterans Fund	Green Up Vermont	Nongame Wildlife Fund	<b>Total Contributions</b>	
23a.	_____ <b>.00</b>	+	23b.	_____ <b>.00</b>	+	
			23c.	_____ <b>.00</b>	+	
			23d.	_____ <b>.00</b>	= 23e.	
					_____ <b>.00</b>	
24.	Total of Vermont Taxes and Voluntary Contributions (Add Lines 22 and 23e) . . . . .					24. _____ <b>.00</b>
25a.	2020 Vermont Tax Withheld from W-2, 1099 . . . . .					25a. _____ <b>.00</b>
25b.	2020 Estimated Tax payments, amount carried forward from 2019, and payment made with 2020 extension . . . . .					25b. _____ <b>.00</b>
25c.	Refundable Credits (Schedule IN-112, Part II) . . . . .					25c. _____ <b>.00</b>
25d.	2020 Vermont Real Estate Withholding from Form RW-171 . . . . .					25d. _____ <b>.00</b>
25e.	2020 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 . . . . .					25e. _____ <b>.00</b>
25f.	Total Payments and Credits (Add Lines 25a through 25e) . . . . .					25f. _____ <b>.00</b>
26.	Overpayment. If Line 24 is less than Line 25f, subtract Line 24 from Line 25f . . . . .					26. _____ <b>.00</b>
27a.	Refund to be credited to 2021 Estimated Tax Payment . . . . .					27a. _____ <b>.00</b>
27b.	Refund to be credited to 2021 Property Tax Bill . . . . .					27b. _____ <b>.00</b>
28.	<b>REFUND AMOUNT</b> (Subtract Lines 27a and 27b from Line 26) . . . . .					28. _____ <b>.00</b>
29.	If Line 24 is more than Line 25f, subtract Line 25f from Line 24. See instructions on tax due . . . . .					29. _____ <b>.00</b>
30.	<b>Interest and Penalty on Underpayment of Estimated Tax.</b> . 30. _____ <b>.00</b>		<b>31. AMOUNT DUE</b> (Add Lines 29 and 30) . 31. _____ <b>.00</b>			

<b>For Amended Returns Only:</b>	Original refund received <b>.00</b>	Refund due now <b>.00</b>	Original payment <b>.00</b>	Amount due now <b>.00</b>
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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	Date (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)	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	FEIN

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

**Keep a copy for  
your records.**