

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 1234567890123 (17)		First Name 1234567890123 (17)		MI 1	Social Security Number 123456789	<input checked="" type="checkbox"/> Check if Deceased
Spouse's/CU Partner's Last Name 1234567890123 (17)		First Name 1234567890123 (17)		MI 1	Social Security Number 123456789	<input checked="" type="checkbox"/> Check if Deceased
Mailing Address (Number and Street/Road or PO Box) 12345678901234567890123456789012 (36)				911/Physical Street Address on 12/31/2020 12345678901234567890123 (27)		
City 123456748901234567 (21)	State 12	ZIP Code or Foreign Postal Code 1234567890		Foreign Country 123456789012345678 (22)		
Vermont School District Code 123	<input type="checkbox"/> Enter Healthcare Coverage Code (See instructions for code options)	Check all that apply		<input checked="" type="checkbox"/> AMENDED Return	<input checked="" type="checkbox"/> RECOMPUTED Return	<input checked="" type="checkbox"/> EXTENDED Return
Filing Status and Standard Deduction	<input checked="" type="checkbox"/> Single (\$6,250)	<input checked="" type="checkbox"/> Married/CU Filing Jointly (\$12,500)	<input checked="" type="checkbox"/> Married/CU Filing Separately (\$6,250)	<input checked="" type="checkbox"/> Head of Household (\$9,400)	<input checked="" type="checkbox"/> Qualifying Widow(er) (\$12,500)	

1. Federal Adjusted Gross Income (federal Form 1040, Line 11) ← Check to indicate loss 1. 123456789012345 .00
 2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 15) ← Check to indicate loss 2. 123456789012345 .00
 3. Federal AGI with Modifications (Add Lines 1 and 2) ← Check to indicate loss 3. 123456789012345 .00
 4. 2020 Vermont Standard Deduction from filing status section above. 4. 123456789012345 .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. 12
 - 5d. Add Lines 5a through 5c. 5d. 12
 - 5e. Multiply Line 5d by \$4,350 (2020 Personal Exemption) 5e. 123456789012345 .00
 6. Add Lines 4 and 5e 6. 123456789012345 .00
 7. Vermont Taxable Income (Subtract Line 6 from Line 3. If less than zero, enter -0-). 7. 123456789012345 .00
 8. Vermont Income Tax from tax table or tax rate schedule 8. 123456789012345 .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. 123456789012345 .00
 10. Vermont Income Tax with Adjustment (Add Lines 8 and 9. If less than zero, enter -0-). 10. 123456789012345 .00
- | | | |
|---|---|---|
| 11. Tax-Deductible Charitable Contribution (See instructions) <u>12345678</u> .00 | 12. Multiply Line 11 by 5% (0.05) <u>12345678</u> .00 | 13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 13. <u>123456789012345</u> .00 |
|---|---|---|
14. Vermont Income Tax (Line 10 minus Line 13. If less than zero, enter -0-) 14. 123456789012345 .00
 15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%) 15. 123 .1234 %
 16. Adjusted Vermont Income Tax (Multiply Line 14 by Line 15) 16. 123456789012345 .00

Amount Due (from Line 31) 1234567890 .00

Taxpayer's Last Name 1234567890123 (17)	Social Security Number 123456789
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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. 123456789012 .00 + 18. 123456789012 .00 = 19. 123456789012345 .00

20. Vermont Income Tax after credits (Subtract Line 19 from Line 16.
If Line 19 is greater than Line 16, enter -0-). 20. 123456789012345 .00

21. Use Tax for taxable items on which no sales tax was charged,
including online purchases. (See instructions, worksheet, and chart). . . Check to certify
no Use Tax is due. **OR** 21. 1234567890 .00

22. Total Vermont Taxes (Add Lines 20 and 21) 22. 123456789012345 .00

Children's Trust Fund Vermont Veterans Fund Green Up Vermont Nongame Wildlife Fund **Total Contributions**

23a. 12345 .00 + 23b. 12345 .00 + 23c. 12345 .00 + 23d. 12345 .00 = 23e. 12345 .00

24. Total of Vermont Taxes and Voluntary Contributions (Add Lines 22 and 23e) 24. 123456789012345 .00

25a. 2020 Vermont Tax Withheld from W-2, 1099 25a. 12345678901 .00

25b. 2020 Estimated Tax payments, amount carried forward from 2019,
and payment made with 2020 extension. 25b. 12345678901 .00

25c. Refundable Credits (Schedule IN-112, Part II). 25c. 12345678901 .00

25d. 2020 Vermont Real Estate Withholding from Form RW-171 25d. 12345678901 .00

25e. 2020 Nonresident Estimated Tax payments
(nonresident withholding) allocated on Schedule K-1VT, Line 5 25e. 12345678901 .00

25f. Total Payments and Credits (Add Lines 25a through 25e). 25f. 123456789012345 .00

26. Overpayment. If Line 24 is less than Line 25f, subtract Line 24 from Line 25f 26. 123456789012345 .00

27a. Refund to be credited to 2021 Estimated Tax Payment 27a. 12345678901 .00

27b. Refund to be credited to 2021 Property Tax Bill 27b. 12345678901 .00

28. **REFUND AMOUNT** (Subtract Lines 27a and 27b from Line 26) 28. 123456789012345 .00

29. If Line 24 is more than Line 25f, subtract Line 25f from Line 24.
See instructions on tax due 29. 123456789012345 .00

30. **Interest and Penalty on**
Underpayment of Estimated Tax. . 30. 123456789 .00 **31. AMOUNT DUE**
(Worksheet IN-152 or IN-152A) (Add Lines 29 and 30) . 31. 123456789012345 .00

For Amended Returns Only:	Original refund received <u>123456789012</u> .00	Refund due now <u>123456789012</u> .00	Original payment <u>123456789012</u> .00	Amount due now <u>123456789012</u> .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	Date (MM/DD/YYYY) MM DD YYYY	Date of Birth (MM/DD/YYYY) MM / DD / YYYY	Daytime Telephone Number 123-123-1234
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY) MM DD YYYY	Date of Birth (MM/DD/YYYY) MM / DD / YYYY	Daytime Telephone Number 123-123-1234
Paid Preparer's Signature		Date MM / DD / YYYY	Preparer's Telephone Number 123-123-1234
Firm's Name (or yours if self-employed) and address 123456789012345678901234567890123456		Preparer's SSN or PTIN 123456789	FEIN 123456789

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

Keep a copy for your records.