

Vermont Department of Taxes
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 12345678901234567	First Name 12345678901234567	MI 1	Taxpayer's Social Security Number 123456789
---	---------------------------------	---------	--

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)
From (MM/DD/YYYY): MM / DD / YYYY	To (MM/DD/YYYY): MM / DD / YYYY	12

	A Federal Amount \$	B Vermont Portion \$
1. Wages, salaries, tips, etc. 1A.	12345678901234.00	1B. 12345678901234.00
2. Taxable interest. 2A.	12345678901234.00	2B. 12345678901234.00
3. Ordinary dividends. 3A.	12345678901234.00	3B. 12345678901234.00
4. Taxable IRAs, pensions, and annuities. 4A.	12345678901234.00	4B. 12345678901234.00
5. Taxable Social Security 5A.	12345678901234.00	5B. 12345678901234.00
6. Taxable refunds of state and local income taxes 6A.	12345678901234.00	6B. 12345678901234.00
7. Alimony received 7A.	12345678901234.00	7B. 12345678901234.00
8. Business income or loss <input checked="" type="checkbox"/> ← Check to indicate loss 8A.	12345678901234.00	<input checked="" type="checkbox"/> ← Check to indicate loss 8B. 12345678901234.00
9. Capital gain or loss <input checked="" type="checkbox"/> ← Check to indicate loss 9A.	12345678901234.00	<input checked="" type="checkbox"/> ← Check to indicate loss 9B. 12345678901234.00
10. Rents, royalties, partnerships, S corporations, trusts, etc. <input checked="" type="checkbox"/> ← Check to indicate loss 10A.	12345678901234.00	<input checked="" type="checkbox"/> ← Check to indicate loss 10B. 12345678901234.00
11. Farm income or loss <input checked="" type="checkbox"/> ← Check to indicate loss 11A.	12345678901234.00	<input checked="" type="checkbox"/> ← Check to indicate loss 11B. 12345678901234.00
12. Unemployment compensation 12A.	12345678901234.00	12B. 12345678901234.00
13. Other: Specify. <input checked="" type="checkbox"/> ← Check to indicate loss 13A.	12345678901234.00	<input checked="" type="checkbox"/> ← Check to indicate loss 13B. 12345678901234.00
14. TOTAL INCOME (Add Lines 1-13) <input checked="" type="checkbox"/> ← Check to indicate loss 14A.	12345678901234.00	<input checked="" type="checkbox"/> ← Check to indicate loss 14B. 12345678901234.00

Taxpayer's Last Name	Social Security Number
12345678901234567	123456789



Column A.	Column B.
Federal Amount \$	Vermont Portion \$

15. IRA, Keogh/SFP/SIMPLE (Reported on federal Form 1040)	15A. 12345678901234 .00	15B. 12345678901234 .00
Self 12345678. Spouse 12345678.		
16. Student Loan Interest (Reported on Form 1040)	16A. 12345678901234 .00	16B. 12345678901234 .00
17. Employee Deductions: Reservists, Performing Artists, Fee-basis Gov't Officials (Reported on Form 1040)	17A. 12345678901234 .00	17B. 12345678901234 .00
18. Self-Employment Deductions: Tax and Health Insurance (Reported on Form 1040)	18A. 12345678901234 .00	18B. 12345678901234 .00
19. Health Savings Account (Reported on Form 1040)	19A. 12345678901234 .00	19B. 12345678901234 .00
20. Moving Expenses (Reported on Form 1040)	20A. 12345678901234 .00	20B. 12345678901234 .00
21. Penalty on Early Withdrawal of Savings (Reported on Form 1040)	21A. 12345678901234 .00	21B. 12345678901234 .00
22. Alimony Paid (Reported on Form 1040)	22A. 12345678901234 .00	22B. 12345678901234 .00
23. Domestic Production Activities (Reported on Form 1040)	23A. 12345678901234 .00	23B. 12345678901234 .00
24. Educator Expenses and Tuition & Fees (Reported on Form 1040)	24A. 12345678901234 .00	24B. 12345678901234 .00
25. Deductions not listed above but reported on Form 1040	25A. 12345678901234 .00	25B. 12345678901234 .00
26. TOTAL ADJUSTMENTS (Add Lines 15-25)	26A. 12345678901234 .00	26B. 12345678901234 .00
27. Adjusted Gross Income (Subtract Line 26A from Line 14A)	<input checked="" type="checkbox"/> ← Check to indicate loss	27. 12345678901234 .00
28. Vermont Portion of AGI (Subtract Line 26B from Line 14B)	<input checked="" type="checkbox"/> ← Check to indicate loss	28. 12345678901234 .00
29. Non-Vermont Income (Subtract Line 28 from Line 27) Also enter on Part II, Line 31 below.	<input checked="" type="checkbox"/> ← Check to indicate loss	29. 12345678901234 .00

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 checked="" type="checkbox"/> ← Check to indicate loss	30. 12345678901234 .00
31. Non-Vermont Income (Line 29 above)	<input checked="" type="checkbox"/> ← Check to indicate loss	31. 12345678901234 .00
32. Military pay. Number of months on active duty 12 (See instructions)		32. 12345678901234 .00
33. Total (Add Lines 31 and 32)	<input checked="" type="checkbox"/> ← Check to indicate loss	33. 12345678901234 .00
34. Vermont Income (Subtract Line 33 from Line 30)	<input checked="" type="checkbox"/> ← Check to indicate loss	34. 12345678901234 .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. 123 . 1234 %