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Vermont Department of Taxes

2021 Form RCC-146

For the year Jan 1 - Dec 31, 2021

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Vermont Renter Credit Claim

Claimant's Last Name		First Name			Claimant's Social	Claimant's Social Security Number				
Spouse's/CU Partner's Last Name		First Name			Spouse's or CU Partner's Social Security Number					
\vdash	Mailing Address (Number ar	Claimant's Date of Birth (MM/DD/YYYY)								
	<u> </u>				/ /					
City		State ZIP Code			County of Rental Unit					
Ve	rmont School District Code Physical Address	s of Rental	Unit on 12/31/2021	Unit Number	City/Town of Rental Unit or	12/31/2021 and State				
					I					
	deral Single Married Filing Jo			d of sehold	Will you be using Renter Credit to pay Income Tax liability?	Yes No				
1	SPAN. To find your SPAN, please see instr	uctions			1 -	_				
	letermine eligibility, answer questions 2 thr									
2.	Were you domiciled in Vermont all of calen	dar year	2021? 2. Yes, G	o to Question	No, STC	P. You are not eligible.				
3.	3. Were you claimed as a dependent by another taxpayer in 2021?3. Yes, STOP. You are not eligible. No, Go to Question 4.									
4.	Did you rent in Vermont for six months or n	nore in 2	2021? Yes, G	io to Question	n 5. No, STO	P. You are not eligible.				
	ou are eligible for a Renter Credit, complete				_					
5.	Did you share your rental unit with another a	adult wh	o was <i>not</i> your jointly filed s	spouse?	5	Yes No				
6.	Was your rent subsidized?				6	Yes No				
7.	Number of months rented in 2021					•				
8.	Number of Personal Exemptions claimed (fr (See the instructions if you did not file Form				8					
9.	Are you required to file a federal income tax If "Yes," complete Lines 10 through 14. If skip Lines 10 through 14, sign in the signs	"No" be	ecause your income was un			Yes No				
10.	Total Income (from federal Form 1040, Line	9)			10	.				
11.	75% of nontaxable Social Security benefits (from federal Form 1040, Line 6a minus Lin	ne 6b. M	Iultiply result by 0.75)		11	0				
12.	Tax-exempt interest (from federal Form 104	0, Line	2a)		12	0				
13.	Add back any negative amounts from federa (See instructions)	l Form 1	1040, Line 7 and Schedule 1,	Lines 3, 4,	, 5, 6, and 8a	0				
14.	Total (ADD Lines 10 through 13)				14	0				
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.										
Sig	nature			Date ((MM/DD/YYYY) D	aytime Telephone Number				
Sig	nature (If a joint return, BOTH must sign.)			Date ((MM/DD/YYYY) D	aytime Telephone Number				
Pa	d Preparer's Signature			Date ((MM/DD/YYYY) P	reparer's Telephone Number				
Fin	m's Name (or yours if self-employed) and address			Prepa	rer's SSN or PTIN FI	EIN				

Form RCC-146 (Replaces Form PR-141)