Vermont Income ATS Test Package for Tax Year 2022





DEPARTMENT OF TAXES

Test 1: Cannabis with Recomputed Federal Return Required Vermont Forms/Schedules: IN-111, IN-112, IN-113

| Taxpayer(s) Information: | 10 |
|--------------------------|------------------------|
| Primary SSN: | 400-00-8031 |
| Name: | Barb E Dahl |
| Residency Status: | Non-Resident |
| Mailing Address: | 82 Malibu Way |
| City: | Beverly Hills |
| State: | CA |
| Zip Code: | 90210 |
| Filing Status: | Married Filing Jointly |
| Spouse SSN: | 400-00-8032 |
| Spouse Name: | Ken Dahl |
| School District Code: | 999 |
| 911 Address: | 82 Malibu Way |
| Date of Birth: | August 02, 1978 |

Return Information:

| Recomputed Federal AGI: | 86,600.00 |
|--|-----------------------------------|
| Additions to Federal AGI: | 700.00 |
| Dependents: | 1 |
| Tax-Deductible Charitable Contributions: | 100.00 |
| Total Vermont Taxes: | 1173.00 |
| Vermont Children's Trust Foundation: | 100.00 |
| Refundable Credits: | 1,287.00 |
| Refund to 2023 Property Tax: | 10.00 |
| Refund Total: | 4.00 |
| Nontaxable Total interest and dividend: | 15,000.00 |
| Interest and dividend from VT: | 5,000.00 |
| Bonus Depreciation: | 1,000.00 |
| Interest from US Obligation: | 100.00 |
| Taxable Refunds of State and Local: | 2,200.00 |
| Medical Deduction: | 7,000.00 |
| Bond- Build America: | 1,000.00 |
| Child and Dependent Care Credit: | 1,000.00 |
| Qualifying Children: | 1 |
| Qualifying child #1: | Bay B Dahl 400-00-8033 02/16/2021 |
| Child Tax Credit: | 1,000.00 |
| Amount from IN-113, Line 14B: | 50,500.00 |
| Amount from IN-113, Line 14A: | 89,100.00 |
| Child Tax Credit Adjustment percentage: | 56.68% |
| Adjusted Child Tax Credit: | 567.00 |
| Dates lived in VT: | 01/01/2022 - 11/01/2022 |
| Other State lived in: | CA |
| Wages: | 73,800.00 |
| VT Wages: | 41,000.00 |
| Federal Taxable Social Security: | 12,000.00 |
| VT Taxable Social Security: | 9,500.00 |
| | |

Federal Other: Federal Health Savings: VT Health Savings: Federal Deductions not on 1040: 2,200.00 500.00 500.00 2000.00

Direct Debit Refund Information for Vermont:

| Routing Number: | 211672531 |
|--------------------------|----------------|
| Checking Account Number: | 75123862 |
| Payment Date: | Same as return |

2022 Form IN-111



ILLE YOUR AFTURN LLEISTRUMBALLYTUR A TACTER RIFFING, ODTO TOX, MERINDAT UOV ESE MINE INFOMMATINA.

Vermont Income Tax Return

Please PRINT in BLUE or BLACK INK

| Taxpayer's Last Name | First Name | MI Social Security Number | |
|--|--|--|--|
| DAHL | BARB | E 400 00 8031 | Check if Deceased |
| Spouse's/CU Partner's Last Name | First Name KEN | MI Social Security Number | Check if |
| DAHL | 400 00 8032 | Deceased | |
| Mailing Address (Number a | nd Street/Road or PO Box) | 911/Physical Street Address on 12 82 MALIBU WAY | /31/2022 |
| City | State ZIP Code or Foreign Postal Code | 82 MALIBO WAY Foreign Country | |
| BEVERLY HILLS | CA 90210 | | |
| Vermont School District Code | overage Code Check all AMENDED | | |
| 999 3 Enter Healthcare C (See instructions for | r code options) that apply Return | With Recomputed Federal Return | Return |
| Filing Status and Standard Deduction Single (\$6,500) Married (\$13,05) | /CU Filing Jointly Married/CU Filing 0) Separately (\$6,500 |) Head of Household Qua (\$9,800) (\$13 | lifying Widow(er) ,050) |
| 1. Federal Adjusted Gross Income (federal For | m 1040, Line 11) | | 86600.00 |
| 2. Net Modifications to Federal AGI (Schedule | IN-112, Part I, Line 18) | 2. | 700.00 |
| 3. Federal AGI with Modifications (ADD Line | s 1 and 2), | | 87300.00 |
| 2022 Vermont Standard Deduction from filin Please see instructions if you or your sy deduction boxes on federal Form 1040. | ng status section above pouse checked any standard page 1. | 4 | 13050.00 |
| | laim you as a dependent | | |
| | and data and d | 5b. <u>1</u> | |
| 5c. Enter number of other dependents cla This includes any dependents other th | aimed on federal Form 1040. nan yourself and/or your spouse | 5c. <u>1</u> | |
| 5d. ADD Lines 5a through 5c | | | d. <u>3</u> |
| 5e. MULTIPLY Line 5d by \$4,500 (2022 Pers | onal Exemption) | | 13500.00 |
| 6. ADD Lines 4 and 5e | | 6 | 26550.00 |
| 7. Vermont Taxable Income (SUBTRACT Lin | te 6 from Line 3. If less than zero, enter | 0-) | 60750.00 |
| 8. Vermont Income Tax from tax table or tax ra (If Line 1 is greater than \$150,000, see instru | | | 2035.00 |
| 9. Net Adjustment to Vermont Tax (Schedule I | | 9 | 0.00 |
| 10. Vermont Income Tax with Adjustment (ADI | Lines 8 and 9. If less than zero, enter | -0-) 10 | 2035.00 |
| 11. Tax-Deductible Charitable Contribution 1 (See instructions) 100 | Deduct | ble Contribution ion (Enter the lesser 12 or \$1,000), 13. | <u> </u> |
| 14. Vermont Income Tax (Line 10 MINUS Line | e 13. If less than zero, enter -0-) | | 2030.00 |
| 15. Income Adjustment (Schedule IN-113, Line | 35, or 100.0000%) | | 7,7637 % |
| 16. Adjusted Vermont Income Tax (MULTIPL) | Y Line 14 by Line 15) | | 1173.00 |
| 5454 | Amount Due (from Line 31) | Pag | I N-111 e 1 of 2 <i>v</i> . 10/22 |

| Γ | Taxpayer's Last Name Social Security Number DAHL 400 00 8031 | |
|------|--|--|
| | Amount from 1173.00 * 2 2 1 | |
| 17. | Other State Credit (Schedule IN-117, Line 21) Vermont Tax Credits (Schedule IN-119, Part II) To 0,00 + 18. 0,00 = 19. | btal Vermont Credits (Add Lines 17 and 18) 0.00 |
| 20. | Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-) | <u>1173</u> .00 |
| 21. | Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart) | 0.00 |
| | Total Vermont Taxes (ADD Lines 20 and 21) 22. Green Up Vermont Nongame Wildlife Fund Vermont Children's Trust Foundation Vermont Veterans Fundation | |
| 23a. | | 0 = 23e. 100.00 |
| 24. | Total of Vermont Taxes and Voluntary Contributions (ADD Lines 22 and 23e) | 1273.00 |
| | 2022 Vermont Tax Withheld from W-2, 1099 25a0.00 | |
| 25b. | 2022 Estimated Tax payments, amount carried forward from 2021, and/or payment made with 2022 extension | |
| 25c. | Refundable Credits (Schedule IN-112, Part II, Line 17) | |
| 25d. | 2022 Vermont Real Estate Withholding from Form RW-171 25d0.00 | |
| 25e. | 2022 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 | |
| 25f. | Total Payments and Credits (ADD Lines 25a through 25e) | 1287.00 |
| 26. | Overpayment. If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f | 14.00 |
| 27a. | Refund to be credited to 2023 Estimated Tax Payment | |
| 27b. | Refund to be credited to 2023 Property Tax Bill 27b10.00 | |
| 28. | REFUND AMOUNT (SUBTRACT Lines 27a and 27b from Line 26) | <u> </u> |
| 29. | If Line 24 is more than Line 25f, subtract Line 25f from Line 24. See instructions on tax due | 0.00 |
| 30. | Interest and Penalty on Underpayment of Estimated Tax 30. 0.00 (Morksheet IN-152 or IN-152A) 31. AMOUNT DUE (ADD Lines 29 and 30) 31. | <u> </u> |

| For Amended | Original refund received | Refund due now | Original payment | Amount due now |
|---------------|--------------------------|----------------|------------------|----------------|
| Returns Only: | .00 | .00 | .00 | .00 |

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) 08 / 02 / 1978 | 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 th | e preparer shown. | Keep a copy for your records. | Form IN-111 Page 2 of 2 Rev. 10/22 |

2022 Schedule IN-112

Vermont Tax Adjustments and Credits



Please PRINT in BLUE or BLACK INK

INCLUDE WITH FORM IN-111

| _ | Taxpayer's Last Name | First Nar | me | M | | Taxpay | er's Social Secur | ity Number |
|------|--|----------------------|--|---------|---|--------|-------------------|------------------------|
| | DAHL | BARB | | Е | 400 | 00 | 8031 | |
| DA | NRT ! | | | _ | | | | |
| _ | DITIONS TO FEDERAL ADJUSTED | GROSS INCOME | | | | | | |
| | Total interest and dividend income from all | | | | | | | |
| | obligations exempt from federal tax (reported on federal Form 1040) | | | 1 5 | 000.00 |) | | |
| 2. | Interest and dividend income from Vermont | | | | | , | | |
| | obligations included in Line 1 | | | 5 | .000 |) | | |
| 3. | Income from Non-Vermont State and Local | Obligations (SUBTRAC | CT Line 2 from I | Line 1) | ana ang ang ang ang ang ang ang ang ang | 3 | | 10000.00 |
| 4. | Bonus Depreciation Allowed under Federal | Law for 20224. | | 1 | .000.00 |) | | |
| 5. | Other (reserved) | | RESER | VE | D |) | | |
| 6. | Total Additions (ADD Line 3 and Line 4) . | | | | | 6 | | 11000.00 |
| SU | BTRACTIONS FROM FEDERAL AD | JUSTED GROSS IN | NCOME | | | | | |
| 7. | Interest Income from U.S. Obligations | | | | 100.00 |) | | |
| 8. | Capital Gains Exclusion (Schedule IN-153, J | Line 21)8. | | | 0.00 |) | | |
| 9. | Adjustment for Prior Years' Bonus Deprecia | ation | | | 0.00 |) | | |
| | Taxable Refunds of State and Local Income (Reported on federal Form 1040) | Taxes | | | 200 .00 |) | | |
| 11. | Medical Expense Deduction (see the worksheet in the instructions) | | | 7 | 000.00 |) | | |
| 12. | Retirement Benefits Exempt from Taxation (see the worksheet in the instructions) | | | | 0.00 |) | | |
| 13. | Railroad Retirement income | | | | 0.00 |) | | |
| 14. | Bond/note interest income from (see below) | 14. | | 1 | .000 .00 |) | | |
| | | rmont Telecom | Vermont Public Pow Supply Authority | | | | | |
| 15a. | For residents only - Enter the total student l paid in 2022 on qualified student loans | | | | 0.00 |) | | |
| 15b. | For residents only - Enter any student loan deducted on federal Form 1040, Schedule 1, | | | | 0.00 |) | | |
| 15c. | Subtract Line 15b from Line 15a. If filing jc greater than \$200,000, enter -0 All other fi greater than \$120,000, enter -0 | lers, if AGI is | | | 0.0 |) | | |
| 16. | Other (reserved) | | RESER | VE | | | | |
| | Total Subtractions (ADD Lines 7 through 1 | | | | 1 | 7. | | 10300.00 |
| | T MODIFICATIONS TO FEDERAL A | | | | | | | |
| | SUBTRACT Line 17 from Line 6 . Enter o This can be a negative number. | | | | 1 | 8 | Schedul | 700.00 e IN-112 |
| Ĺ | 5454 | | | | | | Pa | ge 1 of 2 av. 10/22 |

| Taxpayer's Last Name | Social Security Number |
|----------------------|------------------------|
| DAHL | 400 00 8031 |

PART II



REFUNDABLE CREDITS Child and Dependent Care Credit - Resident and Part-Year Resident Child and Dependent Care Credit (federal Form 2441, Line 11).....1. 1000.00 1. 720.00 2. Child Tax Credit - Resident and Part-Year Resident 1 3. List only children who qualify for Child Tax Credit (born 2017 through 2022) below MI Social Security Number Year of Birth Qualifying Child #1 - Last Name First Name B 400 00 8033 DAHL BAY 2021 MI Social Security Number Year of Birth Qualifying Child #2 - Last Name First Name MI Social Security Number Year of Birth Qualifying Child #3 - Last Name First Name Child Tax Credit (MULTIPLY Line 3 by \$1,000). See instructions for credit amount if 4. 1000.00 your Adjusted Gross Income from Form IN-111, Line 1 is over \$125,0004. Lines 5 through 7 - For part-year residents only: 50500.00 5. 89100.00 6. 7. 567.00 8. Earned Income Tax Credit - Resident and Part-Year Resident 0 Number of qualifying children from federal Schedule EIC9. 9. 0.00 10. 0.00 Vermont Earned Income Tax Credit: MULTIPLY Line 10 by 38% (0.38). 11. Lines 12 through 15 - For part-year residents only: A. Federal Amount \$ **B. Vermont Portion \$** 12. Wages, salaries, tips, etc. 0.00 12B. Other earned income 13. 0.00 0.00 13B. 0.00 0.00 Total earned income (Add Lines 12 and 13). 14**B**. 14. % 15. 0.00 16. 1287.00 TOTAL REFUNDABLE CREDITS (ADD Lines 2, 8, and 16. Enter this amount on Form IN-111, Line 25c) ... 17. 17.

2022 Schedule IN-113

Vermont Income Adjustment Calculations

Nonresidents and Part-Year Residents Must Complete Parts I and II Full-Year Residents with Adjustments Complete only Part II



Please PRINT in BLUE or BLACK INK

INCLUDE WITH FORM IN-111

| Taxpayer's Last Name | First Name | MI | Taxpayer's Social Security Number | | |
|----------------------|------------|----|-----------------------------------|--|--|
| DAHL | BARB | E | 400 00 8031 | | |

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 2022 | | | | Name of State(s), Canadian province, or | |
|------------------------------------|------------|-------------------|------------|---|----|
| From (MMDDYYYY): | 01/01/2022 | To (MMDDYYYY): | 11/01/2022 | country during non-Vermont residency (use standard 2-character abbreviation) | CA |

| | | A. Federal Amount \$ | | B. Vermont Portion \$ |
|-----|--|-------------------------|---------------|--------------------------|
| 1. | Wages, salaries, tips, etc | 73800.00 | 1B | 41000.00 |
| 2. | Taxable interest | 1100.00 | 2B | 0 .00 |
| 3. | Ordinary dividends | 0.00 | 3B | 0.00 |
| 4. | Taxable IRAs, pensions, and annuities4A. | 0 .00 | 4B | 0.00 |
| 5. | Taxable Social Security | 12000.00 | 5B | 9500.00 |
| 6. | Taxable refunds of state and local income taxes 6A. | <u>0.00</u> | 6B | 0.00 |
| 7. | Alimony received7A. | <u>0.00</u> | 7B, _ | <u>0.00</u> |
| 8. | Business income or loss | <u>0.00</u> | 8B | 0.00 |
| 9. | Capital gain or loss | <u>0.00</u> | 9B | 0.00 |
| 10. | Rents, royalties, partnerships, S corporations, trusts, etc | <u>0.00</u> | 10 B . | 0.00 |
| 11. | Farm income or loss 11A. | 0.00 | 11 B . | 0.00 |
| 12. | Unemployment compensation | 0.00 | 12B. | 0.00 |
| 13. | Other: Specify | 2200.00 | 13B | 0.00 |
| 14. | TOTAL INCOME (ADD Lines 1 through 13) 14A. | 89100.00 | 14B | 50500.00 |

Schedule IN-113 Page 1 of 2 Rev. 10/22

| Taxpayer's Last Name | Social Security Number |
|----------------------|------------------------|
| DAHL | 400 00 803 |



1

| | Fe | Column A. ederal Amount \$ | | Column B. nont Portion \$ |
|-------------|---|--------------------------------|-------|------------------------------|
| 15. | IRA, Keogh/SEP/SIMPLE (Reported on federal Form 1040) 15A. | | 15B | 0.0 |
| | Self Spouse | | | |
| 16. | Student Loan Interest (Reported on Form 1040) 16A. | 0.00 | 16B | 0.0 |
| 17. | Employee Deductions: Reservists, Performing Artists, Fee-basis Gov't Officials (Reported on Form 1040) 17A. | 0.00 | 17B | 0.0 |
| 18. | Self-Employment Deductions: Tax and Health Insurance (Reported on Form 1040) 18A. | 0.00 | 18B | .0 |
| 1 9. | Health Savings Account (Reported on Form 1040) 19A. | 500.00 | 19B | 500. |
| 20. | Moving Expenses (Reported on Form 1040) . 20A. | 0.00 | 20B. | 0. |
| 21. | Penalty on Early Withdrawal of Savings (Reported on Form 1040) 21A. | 0.00 | 21B | 0. |
| 22. | Alimony Paid (Reported on Form 1040) 22A. | 0.00 | 22B | 0. |
| .3. | Domestic Production Activities (Reported on Form 1040) 23A. | 0.00 | 23B | 0. |
| 24. | Educator Expenses and Tuition & Fees (Reported on Form 1040) 24A. | 0.00 | 24B | 0. |
| 25. | Deductions not listed above but reported on Form 1040 25A. | 2000.00 | 25B. | 0. |
| 6. | TOTAL ADJUSTMENTS (ADD Lines 15 through 25) | 2500.00 | 26B | 500. |
| .7. | Adjusted Gross Income (SUBTRACT Line 26A from Line | e 14A) | | 86600. |
| 8. | Vermont Portion of AGI (SUBTRACT Line 26B from Lin | ie 14B) | | 50000. |
| | Non-Vermont Income (SUBTRACT Line 28 from Line 27 Also enter on Part II, Line 31 below | 7) | | |
| AR | T II. Adjustment for Vermont Exempt Income | and Military Exempt Incom | e | |
| 60. | Adjusted Gross Income. If Part I completed, enter Line 27 a Otherwise, enter amount from Form IN-111, Line 1 | | | 86600. |
| 51. | Non-Vermont Income (Line 29 above) | 36600.00 | | |
| 2. | Military pay. Number of months on active duty 0 (See instructions) | 0.00 | | |
| 3. | Total (ADD Lines 31 and 32) | ****** | | 36600. |
| 4. | Vermont Income (SUBTRACT Line 33 from Line 30) | | | 50000. |
| | INCOME ADJUSTMENT % (DIVIDE Line 34 by Line carry the result out to the fourth decimal place.) Also en | 30. MULTIPLY the result by 100 |) and | 57 7367 |

Schedule IN-113 Page 2 of 2 Rev. 10/22 Test 2:

Required Vermont Forms/Schedules: IN-111, IN-112, HS-122, HI-144

Taxpayer(s) Information:

Primary SSN: Name: Residency Status: Mailing Address: City: State: Zip Code: Date of Birth: Filing Status: School District Code: 911 Address: 400-00-8034 Dan D Lion Resident 4 Wish Lane Montpelier VT 05602 August 7, 1958 Single 126 4 Wish Lane

Return Information:

| Federal AGI: | 45,000.00 |
|--|--|
| Wages: | 34,200.00 |
| Net Modifications to AGI: | -10,700.00 |
| Dependents: | 3 |
| Personal Exemptions: | 4 |
| Charitable Contribution: | 100.00 |
| Charitable Contribution Deductions: | 5.00 |
| Green Up VT: | 25.00 |
| Nongame Wildlife: | 25.00 |
| VT Children's Trust Foundation: | 25.00 |
| VT Veteran's Fund: | 25.00 |
| Tax Withheld from W-2: | 5,000.00 |
| Refundable Credits: | 4,512.00 |
| Refund credited to 2023 Property Tax: | 500.00 |
| Taxable Refunds of State and Local Income Taxes: | 100.00 |
| Retirement Benefits Exempt: | 10,000.00 |
| Bond from VT Public Power Supply Authority: | 100.00 |
| Total Student Loan Interest Paid: | 3,000.00 |
| Student Loan Interest Already Deducted on 1040: | 2,500.00 |
| Child and Dependent Care Credit: | 2,100.00 |
| Number of Qualifying Children: | 3 |
| Qualifying Child 1: | Poppy O Lion 400-00-8035 06/25/2022 |
| Qualifying Child 2: | Lily P Lion 400-00-8036 03/19/2021 Rose R Lion 400-00-8037 12/04/2020 |
| Qualifying Child 3: | RUSE R LION 400-00-8037 12/04/2020 |

| SPAN: | 405-126-12585 |
|---------------------------|---------------|
| Business Use of Dwelling: | 0.00% |
| Rental Use of Dwelling: | 0.00% |
| Improvements: | None |
| Special Situations: | None |
| Housesite Value: | 142,800.00 |
| Housesite Education Tax: | 2,464.00 |
| Housesite Municipal Tax: | 1,811.00 |
| Ownership Interest: | 100.00% |
| Mobile Home Lot Rent: | None |
| Contiguous Property: | No |

Direct Debit Refund Information for Vermont:

| Routing Number: | 211672531 |
|--------------------------|----------------|
| Checking Account Number: | 75123123 |
| Payment Date: | Same as return |

2022 Form IN-111



INTERNATION DE COMUNE INTERNATIONE POR A DATER ALEPHALINA DA TO COMUNE ALEPHALINA DA TO MUTO ALERADORI LOUVINA MUTO ALERADORI DO

Vermont Income Tax Return

Please PRINT in BLUE or BLACK INK

| Taxpayer's Last Name | First Name | M | Social Security Nu | mber |
|---|--|---------------------------------------|--|----------------------|
| LION | DAN | D | 400 00 803 | |
| Spouse's/CU Partner's Last Name | First Name | M | Social Security Nul | mber Check if |
| | | | Odd/Dhuring Cherry Add | Deceased |
| Mailing Address (Number a 4 WISH LANE | Ind Street/Road or PU Box) | 4 | 911/Physical Street Add WISH LANE | Jiess on 12/31/2022 |
| City | State ZIP Code or Foreign | | Foreign C | ountry |
| MONTPELIER | VT 05602 | | | |
| Vermont School District Code | | | | |
| 126 1 Enter Healthcare C (See instructions for | | MENDED Wi eturn Fe | th Recomputed RECO | m EXTENDED |
| Filing Status and Single Married | /CU Filing Jointly | ied/CU Filing | Head of Household | Qualifying Widow(er) |
| Standard Deduction M (\$6,500) (\$13,05 | 0) Sep | arately (\$6,500) | (\$9,800) | (\$13,050) |
| | | | | |
| 1. Federal Adjusted Gross Income (federal For | m 1040, Line 11) | | 1. | 45000.00 |
| | | | | 10000 |
| 2. Net Modifications to Federal AGI (Schedule | e IN-112, Part I, Line 18) | ••••• | 2. | .00 |
| 3. Federal AGI with Modifications (ADD Line | as 1 and 2) | | COLORIDA DI MARINI 🖁 | 34300.00 |
| 5. Federal ACI with Mounications (ADD Line | cs 1 and 2) | | | |
| 4. 2022 Vermont Standard Deduction from fili | ng status section above | | 4 | 6500.00 |
| Please see instructions if you or your s deduction boxes on federal Form 1040 | pouse checked any standard | | | |
| 5 Personal Exemptions: | | 15 | - 1 | |
| 5a. Enter "1" for yourself if no one can o | | | ····· 5a | |
| 5b. Enter "1" for your jointly filed spous claim them as a dependent or if you | se or CU partner if no one can are a qualifying widow(er) | | | |
| 5c. Enter number of other dependents cl | | | | |
| This includes any dependents other t | han yourself and/or your spou | ıse | 5c. <u>3</u> | |
| | | | | 5d. 4 |
| 5d. ADD Lines 5a through 5c | | | | |
| 5e. MULTIPLY Line 5d by \$4,500 (2022 Pers | onal Exemption). | | 5e. | 18000.00 |
| | | | | |
| 6. ADD Lines 4 and 5e | | | | 24500.00 |
| | C C C C C C C C C C C C C C C C C C C | | 7 | 9800 .00 |
| 7. Vermont Taxable Income (SUBTRACT Lin | ne 6 from Line 3. If less that | n zero, enter -0-). | ······································ | .00 |
| 8. Vermont Income Tax from tax table or tax r | ate schedule | | 8. | 330.00 |
| (If Line 1 is greater than \$150,000, see instr | uctions) | :_: | | |
| 9. Net Adjustment to Vermont Tax (Schedule | IN-119, Part I, Line 15). | | | 00.00 |
| | | * | 10 | ³³⁰ .00 |
| 10. Vermont Income Tax with Adjustment (AD | D Lines 8 and 9. If less than | zero, enter -U-) | | 00 |
| | 12. Multiply Line 11 by 5% (0.05) | 13. Charitable Cont | | |
| (See instructions) 100,00 | 5.00 | Deduction (Ente of Line 12 or \$1. | or the lesser 000) 13. | <u> </u> |
| | | | | |
| 14. Vermont Income Tax (Line 10 MINUS Lin | e 13. If less than zero, enter | -0-) | | 325.00 |
| 15 Income Adverture out (Caladada TNI 110 The | 25 0= 100 00009/1 | | 14 | 5. 100,0000 % |
| 15. Income Adjustment (Schedule IN-113, Line | 55, 0F 100.0000%) | | ******* | /0 |
| 16. Adjusted Vermont Income Tax (MULTIPL | Y Line 14 by Line 15) | | | 325.00 |
| · · · · · · · · · · · · · · · · · · · | · · · | | | Form IN-111 |
| 5454 | Amount Due | | 00 | Page 1 of 2 |
| 5454 | (from Line 31) | | .00 | Rev. 10/22 |

| - | Taxpayer's Last Name Social Security | Number | | | |
|------|---|----------------------------------|---|---------------|-------------------------------|
| | LION 400 00 8 | Contractory designed them | | | |
| | Amount from 325 .00 | | * 2 2 1 | 1 1 1 | 2 0 0 * |
| | Other State Credit (Schedule IN-117, Line 21) Vermont Tax (| Credits (Sche | dule IN-119, Part II) | Total Vermont | Credits (Add Lines 17 and 18) |
| 17. | .00 + 18 | | 00 = 19 | | .00 |
| 20. | Vermont Income Tax after credits (SUBTRACT Line 19 from If Line 19 is greater than Line 16, enter -0-) | | | | |
| 21. | Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and ch | ıart) 🖌 | Check to certify OR 21 no Use Tax is due. | • | 00.0 |
| 22. | Total Vermont Taxes (ADD Lines 20 and 21) | | | · | 325.00 |
| | Green Up Vermont Taxes (ADD Lines 20 and 21) | nont Children's st Foundation | Vermont Veterans | | Total Contributions |
| 23a. | <u>25</u> .00 + 23b. <u>25</u> .00 + 23c. | | | .00 = | 23e. 100.00 |
| 24. | Total of Vermont Taxes and Voluntary Contributions (ADD Line | es 22 and 2 | 3e)24 | | 425.00 |
| 25a. | 2022 Vermont Tax Withheld from W-2, 1099 | 25a. | 5000.00 |) | |
| 25b. | 2022 Estimated Tax payments, amount carried forward from 202 and/or payment made with 2022 extension | 21, 25b. | .00.0 |)" | |
| 25c. | Refundable Credits (Schedule IN-112, Part II, Line 17) | | 4512.00 |) | |
| 25d. | 2022 Vermont Real Estate Withholding from Form RW-171 | 25d. | 0.00 | | |
| 25e. | 2022 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 | | 0.00 |) | |
| 25f. | Total Payments and Credits (ADD Lines 25a through 25e) | | . 25f | | 9512.00 |
| 26. | Overpayment. If Line 24 is less than Line 25f, SUBTRACT L | ine 24 fron | 1 Line 25f 26 | | 9087.00 |
| 27a. | Refund to be credited to 2023 Estimated Tax Payment | | 0.00 |) | |
| 27b. | Refund to be credited to 2023 Property Tax Bill | 27b. | 500.00 |) | |
| 28. | REFUND AMOUNT (SUBTRACT Lines 27a and 27b from L | | | | |
| 29. | If Line 24 is more than Line 25f, subtract Line 25f from Line See instructions on tax due | e 24. | | | 00.0 |
| 30. | Interest and Penalty on Underpayment of Estimated Tax 300, (Worksheet IN-152 or IN-152A) | 31. | AMOUNT DUE (ADD Lines 29 and 30) 31. | | |

| For Amended | Original refund received | Refund due now | Original payment | Amount due now |
|---------------|--------------------------|----------------|------------------|----------------|
| Returns Only: | .00 | .00 | .00 | .00 |

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) 04 15 2023 | Date of Birth (MM/DD/YYYY) 08 / 07 / 1958 | 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 th 5454 | Keep a copy for your records. | Form IN-111 Page 2 of 2 Rev. 10/22 | |

2022 Schedule IN-112

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or BLACK INK



 INCLUDE WITH FORM IN-111

| | Taxpayer's Last Name | First Name | | MI | | lax | payer's Social Se | ecurity Number | |
|------|---|-----------------------|--------------------------------------|-------|-------|-------|-------------------|--|--------------|
| | LION | DAN | | D | 400 | 0 0 0 | 8034 | | |
| P۵ | RTI | | | | | | | | |
| _ | DITIONS TO FEDERAL ADJUSTED | GROSS INCOME | | | | | | | |
| | Total interest and dividend income from all s obligations exempt from federal tax (reported on federal Form 1040) | state and local | | | 0. | 00 | | | |
| 2. | Interest and dividend income from Vermont obligations included in Line 1 | state and local | | | | | | | |
| 3. | Income from Non-Vermont State and Local | Obligations (SUBTRACT | Line 2 from I | ine 1 |) | . 3. | | | <u>0</u> .00 |
| | Bonus Depreciation Allowed under Federal | | 2 | | | 00 | | | |
| 5. | Other (reserved) | | RESER | VE | D(| 00 | | | |
| 6. | Total Additions (ADD Line 3 and Line 4) . | | <u></u> | | | . 6 | | | <u> </u> |
| SU | BTRACTIONS FROM FEDERAL AD | JUSTED GROSS INC | OME | | | | | | |
| 7. | Interest Income from U.S. Obligations | | | | 0. | 00 | | | |
| 8. | Capital Gains Exclusion (Schedule IN-153, I | Line 21) | | | 0. | 00 | | | |
| 9. | Adjustment for Prior Years' Bonus Deprecia | tion | | | 0. | 00 | | | |
| 10. | Taxable Refunds of State and Local Income (Reported on federal Form 1040) | | | | 100. | 00 | | | |
| 11. | Medical Expense Deduction (see the worksheet in the instructions) | | | | 0 | 00 | | | |
| 12. | Retirement Benefits Exempt from Taxation (see the worksheet in the instructions) \ldots . | | | 10 | 0000 | 00 | | | |
| 13. | Railroad Retirement income | | | | 0. | 00 | | | |
| 14. | Bond/note interest income from (see below) | | | | 100 | 00 | | | |
| | VSAC Build Ver America Aut | mont Telecom VS | ermont Public Pow upply Authority | er | | | | | |
| 15a. | For residents only - Enter the total student l paid in 2022 on qualified student loans | oan interest you | | 3 | .000 | 00 | 24 | | |
| 15b. | For residents only - Enter any student loan i deducted on federal Form 1040, Schedule 1, | | | 2 | 2500. |)0 | | | |
| 15c. | Subtract Line 15b from Line 15a. If filing jo greater than \$200,000, enter -0 All other fil greater than \$120,000, enter -0 | lers, if AGI is | | | 500. |)0 | | | |
| 16. | Other (reserved) | | RESER | VE | D(|)0 | | | |
| 17. | Total Subtractions (ADD Lines 7 through 1 | 4 and Line 15c) | ····· | | | 17. | | 107 | <u>00.00</u> |
| NET | MODIFICATIONS TO FEDERAL AI | DJUSTED GROSS IN | COME | | | | | | |
| | SUBTRACT Line 17 from Line 6. Enter on This can be a negative number. | n Form IN-111, Line 2 | | | | 18 | Sche | – 1 0 7 dule IN-112 Page 1 of 2 | <u>00.00</u> |
| | 5454 | | | | | | | Rev. 10/22 | |

| Taxpayer's Last Name | |
|----------------------|--|
| LION | |

PART II



REFUNDABLE CREDITS Child and Dependent Care Credit - Resident and Part-Year Resident 1. Child and Dependent Care Credit (federal Form 2441, Line 11).....1. 2100.00 1512.00 Vermont Child and Dependent Care Credit (MULTIPLY Line 1 by 72% (0.72)) 2. **Child Tax Credit - Resident and Part-Year Resident** 3 List only children who qualify for Child Tax Credit (born 2017 through 2022) below Qualifying Child #1 - Last Name First Name MI Social Security Number Year of Birth LION 0 400 00 8035 2022 POPPY Qualifying Child #2 - Last Name First Name MI Social Security Number Year of Birth P LION LILY 400 00 8036 2021 Social Security Number Qualifying Child #3 - Last Name First Name MI Year of Birth LION ROSE R 400 00 8037 2020 Child Tax Credit (MULTIPLY Line 3 by \$1,000). See instructions for credit amount if 4. 3000.00 your Adjusted Gross Income from Form IN-111, Line 1 is over \$125,0004. Lines 5 through 7 - For part-year residents only: 0.00 5. 0.00 6. % Child tax credit adjustment percentage. (DIVIDE Line 5 by Line 6, then MULTIPLY the result by 100)......7. . 7. 3000.00 8. Earned Income Tax Credit - Resident and Part-Year Resident 0 Number of qualifying children from federal Schedule EIC9. 9. 0.00 10. 0.00 11. Lines 12 through 15 - For part-year residents only: A. Federal Amount \$ **B. Vermont Portion \$** 12. Wages, salaries, tips, etc. 0.00 **00.**⁰ 12B. Other earned income 13. 0.00 0.00 13B. 14B. _____0.00 0.00 Total earned income (Add Lines 12 and 13).....14A. 14. % 15. 0.00 16. 4512.00 TOTAL REFUNDABLE CREDITS (ADD Lines 2, 8, and 16. Enter this amount on Form IN-111, Line 25c) ... 17. 17.

Social Security Number 400 00 8034

| 1.50 | DETIDEMENT INCOME EVENDTION WORKSHEET | 1014 St. 17 Jan 1 |
|--------|---|---|
| 1.0 | RETIREMENT INCOME EXEMPTION WORKSHEET | Vallen |
| 6.18 | PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS WOF Instructions: It is important that you answer the questions in Section I to determine if you | the second se |
| | a full or partial exemption. If you qualify for a partial exemption, you may move on to Se calculate the amount of the exemption. | |
| SECTIO | ON I: Do you qualify for the Vermont Retirement Income full or partial exemption? | 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. |
| | Did you report an amount on federal Form 1040, U.S. Individual Income Tax Return, Line 6b, for benefits that were taxable in the current tax year or did you receive retirement income from the C Military, or State or Federal Government? No, STOP. You do not qualify for this exemption. | |
| 2 | X Yes. Proceed to question 2. | |
| 2. | If you are: | |
| 505 | Married filing jointly, is your Adjusted Gross Income (AGI) on Form IN-111, Vermont Income less than \$75,000? | |
| | Single, head of household, surviving spouse, or married filing separately, is your AGI on Form than \$60,000? | IN-111, Line 1, less |
| 1 | No, STOP. You do not qualify for this exemption. Yes. You qualify for Vermont's Social Security exemption. Proceed to question 3. | |
| 3. | If you are: | |
| 18 | • Married filing jointly, is your AGI less than \$65,000? | Sector Sector |
| 1.1 | • Single, head of household, surviving spouse, or married filing separately, is your AGI less that | n \$50,000? |
| 1.1 | No. Please proceed to Section II of this worksheet. | 1. 1. 1. 1. 1. 1. 1. |
| | Yes. You qualify for a full exemption . If you elected the exemption for social secu full amount from federal Form 1040, Line 6b, on Schedule IN-112, Part I, Line 12. I the other retirement exemptions, enter your retirement Civil Service Retirement system whichever is less | f you elected one of |
| SECTIC | ON II: Calculating your Partial Retirement Income Exemption | Y OTHER THREE |
| | This section is for married joint filers with an Adjusted Gross Income (AGI) between \$65,000-\$75, single, head of household, surviving spouse, or married separate filers with an AGI between \$50,00 | |
| 4. | If you are: | 1.1.1.1.1.1.1 |
| | Married filing jointly, enter \$75,000. | |
| | • All other filing statuses, enter \$60,0004. | 60,000 |
| 5. | Enter your AGI from Form IN-111, Line 1 | 45,000 |
| 6. | Subtract Line 5 from Line 4. If Line 5 is greater than Line 4, enter -0 | 15,000 |
| 7. | Divide Line 6 by \$10,000. This value will be a decimal. Please round to the second decimal place (<i>Example:</i> .481 would round to .48) | 1.5 |
| 8. | Enter the lesser of Line 7 or the value 1 (This line should not be greater than 1) | 1 |
| | Please complete lines 9 & 10 OR 11 & 12. You may only elect one exclusion per taxable year | |
| If you | elected to exempt your social security income: | 1.000 |
| | Enter the amount from federal Form 1040, Line 6b | 1. A. |
| | Amount of partial exemption. Multiply Line 9 by Line 8. Enter this amount on Schedule IN-112, Part I, Line 12 10. | |
| If you | elected one of the other allowable retirement income exemptions: | |
| | Enter the lesser of the retirement income you earned from that source or 10,000 | 10 000 |
| | Amount of partial exemption. Multiply Line 11 by Line 8. | |
| | Enter this amount on Schedule IN-112, Part I, Line 12 | 10,000 |
| | Note about civil unions: If you are in a civil union and filing jointly, you should file for this exmarried filing jointly. If you are a civil union and filing separately, you should file as married filing | |

Vermont Department of Taxes 2023 Form HS-122 Vermont Homestead Declaration AND Property Tax Credit Claim



DUE DATE: April 18, 2023. You may file up to Oct. 16, 2023, but the town may assess a penalty. For details on late filing, see the instructions.

How to file a Homestead Declaration: Please complete Section A of this form, sign in the signature section at the bottom of page 2, and send the form to the Vermont Department of Taxes

How to file a Property Tax Credit Claim: To be considered for a Property Tax Credit, you must file a 1) Homestead Declaration (Section A of this form), 2) Property Tax Credit Claim (Section B of this form), and 3) Schedule HI-144, Household Income. Sign this form in the signature section at the bottom of page 2 and send the forms to the Department.

Tired of paper forms? It's fast and convenient to file your claim online at myVTax.vermont.gov.

Annual Vermont Homestead Declaration



This form must be filed each year by every Vermont resident whose property meets the definition of a homestead. A Vermont homestead is the principal dwelling and parcel of land surrounding the dwelling, owned and occupied by a resident individual as the individual's domicile on April 1, 2023. If your homestead is leased to a tenant on April 1, 2023, you may still claim it as a homestead if it is not leased for more than 182 days in the 2022 calendar year.

Please PRINT in BLUE or BLACK INK

| Claimant's Last Name | First Name | MI | Claimant's Social S | Security Number |
|---|---|---|-------------------------------------|----------------------------|
| LION | DAN | D | 400 00 8034 | |
| Spouse's/CU Partner's Last Name | First Name | MI | Spouse's or CU Partner's | Social Security Number |
| | | | | |
| Mailing Address (Number a | nd Street/Road or PO Box) | | Claimant's Date of Bir | |
| 4 WISH LANE | | | 08/07/1 | .958 |
| City | State ZIP Code | | | |
| MONTPELIER | VT 05602 | | | |
| Location of Homestead (Use a number, street/ | road name. Do not use a PO Box or "sar | 1e.") | City/Town of Legal Residence of | on April 1, 2023 and State |
| 4 WISH LANE | | | MONTPELIER | VT |
| Federal Filing Status Single | Married/CU Filing Jointly | | Married/CU Filing Separately | Head of Household |
| A1. SPAN - REQUIRED (from the 2022/2023 p A2. Business Use of Dwelling. A3. Rental Use of Dwelling. A4. Business or Rental Use of Improvements on Not including the dwelling, are improvement A5-A8 Special Situations (See instructions for m A5. Grantor and sole beneficiary of a revocable trust owning the property A6. Life estate holder of the property | r Other Buildings ats or other buildings located on y | our parcel us owing if it app Homestead pri (File a declara Residing in a c | A2. A3. ed for business or rented?. | 0,00 % |
| | | | | |

Please continue to Page 2, Part B, for property tax credit. Sign on Page 2.

Mail to: Vermont Department of Taxes PO Box 1881 Montpelier, VT 05601-1881

Form HS-122 Page 1 of 2 Rev. 10/22

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| Claimant's Last Name | Social Security Number |
|----------------------|------------------------|
| LION | 400 00 8034 |



DUE DATE: April 18, 2023. Claims accepted up to Oct. 16, 2023.

| Ş | SECTION B. For Household Income up to \$134,800. Complete and attach Schedule HI-144. | | | |
|-----------------------------------|---|--|--------------------------------------|--|
| | | neet the requirements for filing a homestead decl ns must be answered. | aration in addition to the following | requirements. |
| B 1. | Were you domici | led in Vermont all of calendar year 2022? | Yes, Go to Line B2. | No, STOP. |
| B2. B3. | | d as a dependent in 2022 by another taxpayer? | Yes, STOP. | No, Go to Line B3. |
| | before April 1, 20 |)23? | | No, Continue |
| Am | bunts for Lines B4 | through B6 are found on the 2022/2023 property | y tax dill. Round amounts to the h | earest donar. |
| B4 . | Housesite Value | | | .B4. 142800.00 |
| B5 . | Housesite Educat | ion Tax | | B5. 2464.00 |
| B6 . | Housesite Munici | pal Tax | | B61811.00 |
| B7. | - | st | | B7. <u>100.00</u> % |
| B8. | Household Incom You MUST attack | e (Schedule HI-144, Line z). 1 Schedule HI-144 | B855000.00 | Check here if amended Schedule HI-144, Household Income, is included. |
| Com | plete the following | ONLY if applicable from Form LRC-147, Part B. | | |
| | | | | |
| B9. | For Profit Mobile | Home Lot Rent (Allocable Rent from Form LRC-1 | 47) | вэ00 |
| | | | 47) | B900 |
| Not- | For-Profit Mobile | Home Lot Rent (Allocable Rent from Form LRC-1 | | |
| Not- B10. | For-Profit Mobile | Home Lot Rent (Allocable Rent from Form LRC-1 Home Park, Cooperative and Land Trust | | .00 |
| Not- B10. B11. | For-Profit Mobile Allocated Educati Allocated Munici | Home Lot Rent (Allocable Rent from Form LRC-) Home Park, Cooperative and Land Trust | | .00 |
| Not- B10. B11. <u>OR</u> | For-Profit Mobile Allocated Educati Allocated Munici Property Tax fróm | Home Lot Rent (Allocable Rent from Form LRC-1 Home Park, Cooperative and Land Trust on Tax | | .00 31000 31100 |

MAXIMUM CREDIT AMOUNT IS \$8,000.

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 (MMDDYYYY) | Daytime Telephone Number |
|---|------------------------|-----------------------------|
| | | |
| | 04122023 | |
| Signature (If a joint return, BOTH must sign.) | Date (MMDDYYYY) | Daytime Telephone Number |
| | | |
| | | |
| Paid Preparer's Signature | Date (MMDDYYYY) | 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.

Form HS-122 Page 2 of 2 Rev. 10/22

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2022 Schedule HI-144



i.

Household Income For the year Jan. 1 - Dec. 31, 2022

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2023 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

| Claimant's Last Name | First Name | M | Claimant's Social Security Number | |
|---------------------------------|------------|----|-------------------------------------|--|
| LION | DAN | D | 400 00 8034 | |
| Spouse's/CU Partner's Last Name | First Name | MI | Claimant's Date of Birth (MMDDYYYY) | |
| | | | 08 07 1958 | |

List the names and Social Security Numbers of all other people (in addition to a Spouse or CU Partner) who had income and lived with you during 2022. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other People" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Check this box if you temporarily hosted a refugee, asylee, or asylum seeker in your home during 2022. Do not include their income on this form.

| Other Person #1 Last Name | First Name | MI | Other Person #1 Social Security Number |
|---------------------------|------------|----|--|
| 12 | | | |
| Other Person #2 Last Name | First Name | MI | Other Person #2 Social Security Number |
| | | | |

| Yearly totals of ALL members of the household | 1. Claimant /Claimant and jointly filed Spouse | 2. Filing separately Spouse or CU Partner | 3. Other People |
|--|--|---|-----------------|
| a. Cash public assistance and relief (See instructions for exclus | ions) a. 000 | .00 | .00 |
| b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable | b000 | .00 | .00 |
| c. Unemployment compensation/worker's compensation. | c. 0.00 | .00 | .00 |
| d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.) | | 00 | .00 |
| e. Interest and dividends | e,00 | .00 | .00 |
| f. Interest on U.S., state, and municipal obligations, taxable and nontaxable | f0.00 | 00 | .00 |
| g. Alimony and support money | g000 | .00 | .00 |
| h. Child support and cash gifts | 3 | | |
| Please specify | h. 10000.00 | .00 | .00 |
| i. Business income. If the amount is a loss, enter -0 See instructions for offsetting a loss | i0.00 | .00 | .00 |
| j. Capital gains, taxable and nontaxable. If the amount is a loss enter -0 See instructions for offsetting a loss | | 00 | .00 |
| k. Taxable pensions, annuities, IRA and other retirement fund a distributions. See instructions | and k. 10800.00 | .00 | .00 |
| I. Rental and royalty income. If the amount is a loss, enter -0 See instructions for offsetting a loss | | .00 | .00 |
| m. Farm/partnerships/S corporations/LLC/Estate or Trust incom If the amount is a loss, enter -0 See Line m instructions for exception to offset a loss | only | .00 | .00 |
| n. Other income (See instructions for examples of other income |) | | |
| Please specify | n0.00 | .00 | .00 |
| o. Total Income: ADD Lines a through n | <u>.</u> 55000 .00 | .00 | .00 |
| | | Sch | nedule HI-144 |

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5454

| - | Claimant's Last Name | Social Security Numb | er | | |
|-----------------------------------|--|--|--|-----------------|---------------------|
| | LION | 400 00 803 | | | |
| | | | | | |
| | | | * 2 | 2 1 4 4 1 2 0 | 0 * |
| | Carried forward from Line o | 55000.00 | .00 | .00 | |
| | | | | | |
| Medicard Line d. S tax from | ICHORS, PHILEF SUCHE SCULITY AND | Claimant /Claimant jointly filed Spouse | 2. Filing separately Spouse or CU Partner | 3. Other People | |
| | f these taxes are paid on income not to be reported on Schedule HI-144. | | | | |
| Include V | V-2 and/or Federal Schedule SE luded with income tax filing p | 0.00 | .00 | .00 | |
| q. Child sup | port paid. You must include | 0.00 | 00 | .00 | |
| proof of | payment. See instructions | 00. 0 | .00 | .00 | |
| S | upport paid to: Last Name | First Na | me MI | Social Secu | rity Number |
| | | | | | |
| r. Allowab | e adjustments from Federal Form 104 | | n i | ř | r |
| r1. Bus | ness expenses for Reservistsr1. | 0.00 | .00 | .00 | |
| r2. Alin | nony paid r2. | 0.00 | .00 | .00 | |
| r3. Self- insu | employed health rance deduction | 0.00 | 00 | 00 | |
| r4. Hea | th Savings Account deductionr4. | 0.00 | .00 | .00 | |
| | es p, q, and total of through r4 for each columns | 000 | .00 | 00 | |
| t. SUBTRA column. | CT Line s from Line o of each If a negative amount, enter -0t. | 55000.00 | .00 | .00 | |
| u. ADD all | three amounts from Line t. If a negative | e amount, enter -0- | | | u. <u>55000</u> .00 |
| Enter inte | if born Jan. 1, 1958 and after. rest and dividend income from hd fv. | | .00 | 00 | |
| w. ADD all | three amounts from Line v | | | | w. 0.00 |
| | | | | | |
| x. Asset Adj | ustment of Interest and Dividend Income | e (Lines e and f). Per | r 32 V.S.A. § 6061E | | x. 10,000.00 |
| y. SUBTRA | CT Line x from Line w. If Line x is mo | ore than Line w, ente | r -0 | | y0.00 |
| z. HOUSEI | IOLD INCOME. ADD Line u and Lin | еу | | | z. <u>55000</u> .00 |

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

Homeowners with Household Income up to \$134,800 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 18, 2023. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 19 and Oct. 16, 2023, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

Schedule HI-144 Page 2 of 2 Rev. 10/22

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Test 3: Required Vermont Forms/Schedules: IN-111, IN-112, IN-113, IN-119

| Taxpayer(s) Information: | |
|---|--|
| Primary SSN: | 400-00-8038 |
| Primary Name: | Remy M Redford |
| Residency Status: | Non-Resident |
| Mailing Address: | 17 Franklin Rd |
| City: | Boston |
| State: | MA |
| Zip Code: | 02108 |
| Date of Birth: | November 30, 1980 |
| Filing Status: | Single |
| School District Code: | 999 |
| 911 Address: | 17 Franklin Rd |
| Return Information: | |
| Federal AGI: | 48,600.00 |
| Wages: | 10,000.00 |
| Net Modifications to AGI: | 1,400.00 |
| Other Dependents: | 2 |
| VT Taxable Income: | 30,000.00 |
| Use Tax: | 2,000.00 |
| VT Taxes Withheld from W-2: | 300.00 |
| Refundable Credits: | 1,656.00 |
| Real Estate Withholding: | 100.00 |
| Refund: | 35.00 |
| Nontaxable Interest and Dividend: | 2,300.00 |
| Nontaxable VT Interest and Dividend: | 1,000.00 |
| Bonus Depreciation: | 200.00 |
| Bond from VSAC: | 100.00 |
| Federal Child and Dependent Care Credit | 500.00 |
| Qualifying Children: | 2 |
| Qualifying child #1: | Benny M Redford 400-00-8039 02/16/2017 |
| Qualifying child #2: | Charlie D Redford 400-00-8040 05/02/2019 |
| Qualifying children from federal EIC: | 2 |
| Federal EITC: | 163.00 |
| VT Wages: | 10,000.00 |
| Federal Business Income: | 5,000.00 |
| Federal Farm Income: | 20,000.00 |
| VT Farm Income: | 12,500.00 |
| Federal Unemployment: | 5,000.00 |
| VT Unemployment: | 2,500.00 |
| Federal Other: | 10,000.00 |
| | |

| VT Other: | 6,000.00 |
|---------------------------------------|-----------|
| VT Student Loan Interest: | 2,500.00 |
| Military Months: | 4 |
| Military Pay: | 10,000.00 |
| Credit for Elderly or Disabled: | 200.00 |
| VT Higher Education Investment: | 300.00 |
| Historic Rehabilitation 2022: | 500.00 |
| Historic Rehabilitation Carryforward: | 100.00 |
| Seed Capital Fund: | 100.00 |

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2022 Form IN-111



FULL FROM TO THE MENT FLUCTHORN CALLY FOR A 6525730 ACTUAL TO THE CONSTRUCTION OF CONTRACTOR INTERFECTION

Vermont Income Tax Return

Please PRINT in BLUE or BLACK INK

| 5454 | Amount Due (from Line 31) | .00 | Page 1 of 2 Rev. 10/22 |
|---|---------------------------------------|---|---------------------------|
| 16. Adjusted Vermont Income Tax (MULTIPL | Y Line 14 by Line 15) | | 387.00 Form IN-111 |
| 15. Income Adjustment (Schedule IN-113, Line | 35, or 100.0000%) | | 15. <u>40,3292</u> % |
| 14. Vermont Income Tax (Line 10 MINUS Lin | e 13. If less than zero, enter -0-) | | 959.00 |
| 11. Tax-Deductible Charitable Contribution (See instructions) .00 | n n n n n n n n n n n n n n n n n n n | ritable Contribution uction (Enter the lesser ne 12 or \$1,000) 13. | |
| 10. Vermont Income Tax with Adjustment (AD | | | 959.00 |
| 9. Net Adjustment to Vermont Tax (Schedule | IN-119, Part I, Line 15). | | |
| 8. Vermont Income Tax from tax table or tax r (If Line 1 is greater than \$150,000, see instr | uctions) | | 10.00 |
| 7. Vermont Taxable Income (SUBTRACT Li | | | |
| 6. ADD Lines 4 and 5e | | | |
| 5e. MULTIPLY Line 5d by \$4,500 (2022 Pers | | | |
| | | | |
| | han yourself and/or your spouse. | | |
| 5c Enter number of other dependents cl | are a qualifying widow(er) | | |
| 5b. Enter "1" for your jointly filed spous | se or CU partner if no one can | | |
| deduction boxes on federal Form 1040 5. Personal Exemptions: 5a. Enter "1" for yourself if no one can | , page 1. | 50 1 | |
| 4. 2022 Vermont Standard Deduction from fili Please see instructions if you or your s | ng status section above | | 6500.00 |
| 3. Federal AGI with Modifications (ADD Line | es 1 and 2) | | 50000.00 |
| 2. Net Modifications to Federal AGI (Schedule | e IN-112, Part I, Line 18) | | |
| 1. Federal Adjusted Gross Income (federal For | m 1040, Line 11) | | 48600.00 |
| Filing Status and Standard Deduction Single (\$6,500) Marriec (\$13,05) | | 500) (\$9,800) | (\$13,050) |
| 999 3 Enter Healthcare C (See instructions for | | Federal Return | |
| BOSTON Vermont School District Code | MA 02108 | | |
| City | State ZIP Code or Foreign Postal Code | | Country |
| Mailing Address (Number a | nd Street/Road or PO Box) | 911/Physical Street A | |
| | | | Check if Deceased |
| REDFORD Soouse's/CU Partner's Last Name | REMY First Name | M 400 00 80 | 38 Deceased |
| Taxpayer's Last Name | First Name | MI Social Security N | umber |

| | Taxpayer's Last NameSocial Security NumberREDFORD400 00 8038 | |
|------|--|---|
| | Amount from Line 16 387.00 * 2 2 1 | 1 1 1 2 0 0 * |
| 17 | Other State Credit (Schedule IN-117, Line 21) Vermont Tax Credits (Schedule IN-119, Part II) T 0.00 + 18. 366.00 = 19. | otal Vermont Credits (Add Lines 17 and 18) 366.00 |
| 20. | Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16. | .00 |
| | If Line 19 is greater than Line 16, enter -0-) | 21.00 |
| 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. | 2000.00 |
| 22. | Total Vermont Taxes (ADD Lines 20 and 21) | 2021.00 |
| | Green Up Vermont Nongame Wildlife Fund Vermont Children's Vermont Veterans For | und Total Contributions |
| 23a. | 0.00 + 23b. 0.00 + 23c. 0.00 + 23d. 0.00 | 00 = 23e. 0.00 |
| 24. | Total of Vermont Taxes and Voluntary Contributions (ADD Lines 22 and 23e) | 2021.00 |
| 25a. | 2022 Vermont Tax Withheld from W-2, 1099 25a. 300.00 | |
| | 2022 Estimated Tax payments, amount carried forward from 2021, and/or payment made with 2022 extension | |
| 25c. | Refundable Credits (Schedule IN-112, Part II, Line 17) | |
| 25d. | 2022 Vermont Real Estate Withholding from Form RW-171 | |
| 25e. | 2022 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 525e. 0.00 | |
| 25f. | Total Payments and Credits (ADD Lines 25a through 25e) | 2056.00 |
| 26. | Overpayment. If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f | 35.00 |
| 27a. | Refund to be credited to 2023 Estimated Tax Payment | |
| 27b. | Refund to be credited to 2023 Property Tax Bill | 141 |
| 28. | REFUND AMOUNT (SUBTRACT Lines 27a and 27b from Line 26) | 35.00 |
| 29. | If Line 24 is more than Line 25f, subtract Line 25f from Line 24. See instructions on tax due | 00.0 |
| | Interest and Penalty on 31. AMOUNT DUE Underpayment of Estimated Tax 30. 0.00 (ADD Lines 29 and 30) 31. (Worksheet IN-152 or IN-152A) | 0.00 |

| For Amended | Original refund received | Refund due now | Original payment | Amount due now |
|---------------|--------------------------|----------------|------------------|----------------|
| Returns Only: | .00 | .00 | .00 | .00 |

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) 04 15 2023 | Date of Birth (MM/DD/YYYY) 11 / 30 / 1980 | 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 5454 | Keep a copy for your records. | Form IN-111 Page 2 of 2 Rev. 10/22 | |

2022 Schedule IN-112

Vermont Tax Adjustments and Credits



Please PRINT in BLUE or BLACK INK

INCLUDE WITH FORM IN-111

| REDFORD REMY M 4 00 00 8038 PART I ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME 1. Total interest and dividend income from all state and local obligations exempt from faderal tax (creported on federal Form 1040). 1. 2300.00 2. Interest and dividend income from Vermont state and local obligations included in Line 1. 2300.00 .00 3. Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1) | | Taxpayer's Last Name | First Name | | ML | | Тахрау | er's Social Security N | umber |
|---|---------|---|-------------------------|------------------|---------|---------|-------------|------------------------|---------|
| ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME 1. Total interest and dividend income from all state and local obligations centpl from fictors included in Line 1. 2300,00 2. Interest and dividend income from Vermont state and local obligations included in Line 1. 2300,00 3. Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1) | | REDFORD | REMY | | М | 400 | 00 | 8038 | |
| ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME 1. Total interest and dividend income from all state and local obligations centry from federal tax (reported on federal from 1040). 1 | PA | RTI | | | | | | | |
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| obligations included in Line 1 | | (reported on federal Form 1040) | | <i>n</i> | 2 | 300.00 | 0 | | |
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| 4. Bonus Depreciation Allowed under Federal Law for 20224. 200.00 5. Other (reserved) 5. RESERVED .00 6. Total Additions (ADD Line 3 and Line 4) 6. 1500.00 SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME 7. Interest Income from U.S. Obligations 7. 0.00 8. Capital Gains Exclusion (Schedule IN-153, Line 21) 8. 0.00 9. Adjustment for Prior Years' Bonus Depreciation 9. 0.00 10. Medical Expense Deduction (see the vorksheet in the instructions) 10. 0.00 11. Medical Expense Deduction (see the worksheet in the instructions) 12. 0.00 12. Retirement Benefits Exempt from Taxation (see the worksheet in the instructions) 12. 0.00 13. Railroad Retirement income 13. 0.00 14. Bond/note interest income from (see below) 15a. 0.00 15. For residents only - Enter the total student loan interest you paid in 2022 on qualified student loan interest you paid in 2022 on qualified student loan interest you paid in 2020, ongue Televent (40, Schedule 1, Line 21 | 3. | Income from Non-Vermont State and Local | Obligations (SUBTRACT | Line 2 from I | Line 1) | xxxxxxx | 3. | | 1300.00 |
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| Supply Authority Under Content America Supply Authority Supply Authority Authority Authority Authority Authority< | 14. | Bond/note interest income from (see below) | | | | 100.00 | 0 | | |
| 15a. For residents only - Enter the total student loan interest you paid in 2022 on qualified student loans | | | | | er | | | | |
| paid in 2022 on qualified student loans | 1.5 | | | Supply Authority | | | | | |
| 5b. For residents only - Enter any student loan interest already deducted on federal Form 1040, Schedule 1, Line 21 | | | | | | 0.00 | 0 | | |
| deducted on federal Form 1040, Schedule 1, Line 21 | | | | | | | | | |
| greater than \$200,000, enter -0 All other filers, if AGI is greater than \$120,000, enter -0 | | | | | | 0.00 | 0 | | |
| greater than \$120,000, enter -0 | | | | | | | | | |
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| NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME 18. SUBTRACT Line 17 from Line 6. Enter on Form IN-111, Line 2 | 16. | Other (reserved) | | RESER | VEI | 0 |) | | |
| NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME 18. SUBTRACT Line 17 from Line 6. Enter on Form IN-111, Line 2 | 17 | Total Subtractions (ADD Line 7 the 1.4 | 4 1 F 1 F | | | - | 7 | | 100 00 |
| 8. SUBTRACT Line 17 from Line 6. Enter on Form IN-111, Line 2. 18. 1400.00 This can be a negative number. Schedule IN-112 | | | | | courses | | /• <u> </u> | | 100.00 |
| This can be a negative number. Schedule IN-112 | NET | MODIFICATIONS TO FEDERAL A | DJUSTED GROSS IN | ICOME | | | i. | | |
| | | | n Form IN-111, Line 2. | | | 1 | 8 | | |
| | | This can be a negative number. | | | | | | | |
| Page 1 of 2 5454 Rev. 10/22 | | 5454 | | | | | | - | |

| Taxpayer's Last Name | Social Security Number |
|----------------------|------------------------|
| REDFORD | 400 00 803 |



1

PART II

Г

| RE | FUNDABLE CREDITS | | | | | | |
|------|---|--|----------------------------|--|-------------------|--|--|
| Chil | d and Dependent Care Credit - Resident | t and Part-Year Resident | | | | | |
| 1. | Child and Dependent Care Credit (federal Form 2441, Line 10 or 11) | | | | | | |
| 2. | Vermont Child and Dependent Care Cro | 2 | 360.00 | | | | |
| | | | (| | | | |
| Chil | d Tax Credit - Resident and Part-Year Re | esident | | | 2 | | |
| 3. | Number of qualifying children | | •••• | | 2 | | |
| | List only children who qualify for Child Ta | ax Credit (born 2017 through 2022) be | ow | | | | |
| | Qualifying Child #1 - Last Name | First Name | . Mi | Social Security Number | Year of Birth | | |
| | REDFORD | BENNY | M | 400 00 8039 | 2017 | | |
| _ | Qualifying Child #2 - Last Name | First Name | M | Social Security Number | Year of Birth | | |
| - | REDFORD | CHARLIE | D | 400 00 8040 | 2019 | | |
| - | Qualifying Child #3 - Last Name | First Name | MI | Social Security Number | Year of Birth | | |
| L | | | | | | | |
| 4. | Child Tax Credit (MULTIPLY Line 3 your Adjusted Gross Income from Form | by \$1,000). See instructions for cred | it amount if | | 2000.00 | | |
| - | your Adjusted Gross Income from Form | 1 IN-111, Line 1 is over \$125,000 | | ······································ | 00 | | |
| | Lines 5 through 7 - For part-year resid | lents only: | | | | | |
| 5. | Enter amount from Schedule IN-113, La | - | ome | | 32100.00 | | |
| э. | Enter amount nom schedule IN-113, L | me 14B, vermon ronion of rotar me | Joinie | | | | |
| 6. | Enter amount from Schedule IN-113, Li | ine 144 Total Income | | | 51100 .00 | | |
| 0. | Enter amount from Schedule IIV 115, E | | | | | | |
| 7. | Child tax credit adjustment percentage. | (DIVIDE Line 5 by Line 6, then M | ULTIPLY t | he result by 100) | 62.82 % | | |
| | | | | | | | |
| 8. | Adjusted Child Tax Credit. MULTIPL | Y Line 4 by 100% or Line 7, if less | | | 1256.00 | | |
| Farm | ed Income Tax Credit - Resident and Pa | art-Year Resident | | | | | |
| | Number of qualifying children from fed | | | 0 | 2 | | |
| 9. | Number of qualitying children from fed | | | | <u>∠</u> | | |
| 10. | Federal Earned Income Tax Credit. Ent | er amount from federal Form 1040 | 15110751575757575757575757 | | 163 .00 | | |
| 101 | | | | 15- | | | |
| 11. | Vermont Earned Income Tax Credit: M | ULTIPLY Line 10 by 38% (0.38) | | | 62.00 | | |
| | | | | | | | |
| | Lines 12 through 15 - For part-year res | sidents only: A. Federal / | Amount \$ | B. Ve | ermont Portion \$ | | |
| 12. | Wages, salaries, tips, etc. | | | | | | |
| | (Schedule IN-113, Line 1) | 12A | .00 | ^{12B.} _ | 10000.00 | | |
| 13. | Other earned income | 10 L 2 E | 000 00 | 120 | 12500 .00 | | |
| | (Schedule IN-113, Lines 8, 10, and 11) | I3A25 | .00.00 | 13B | 12300.00 | | |
| 1.4 | Total comed income (Add Lines 12 and | 12) 144 35 | 000 .00 | 14B. | 22500 .00 | | |
| 14. | Total earned income (Add Lines 12 and | 13)14 A. | .00 | 14D | 00 | | |
| -15. | Earned income tax credit adjustment (D | IVIDE Line 14B by Line 14A MU | TIPI V the | result by 100) | 64 29 % | | |
| 1.5. | Earled meome tax credit adjustment (D | TT IDE Line 140 by Line 14A, mor | | | | | |
| 16. | Adjusted Earned Income Tax Credit. M | ULTIPLY Line 11 by 100% or Lin | e 15. if less | .16. | 40.00 | | |
| | | | | | | | |
| 17. | TOTAL REFUNDABLE CREDITS (| ADD Lines 2, 8, and 16. Enter this a | mount on Fo | rm IN-111, Line 25c)17. | 1656.00 | | |
| | | , , | | | | | |

2022 Schedule IN-113

Vermont Income Adjustment Calculations

Nonresidents and Part-Year Residents Must Complete Parts I and II Full-Year Residents with Adjustments Complete only Part II



Please PRINT in BLUE or BLACK INK

INCLUDE WITH FORM IN-111

| Taxpayer's Last Name | First Name | M | Taxpayer's Social Security Number |
|----------------------|------------|---|-----------------------------------|
| REDFORD | REMY | M | 400 00 3000 |

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 2022 | | | Name of State(s), Canadian province, or | |
|---------------------|------------------------------------|-------------------|------------|--|--|
| From (MMDDYYYY): | 01/01/2022 | To (MMDDYYYY): | 08/01/2022 | country during non-Vermont residency (use standard 2-character abbreviation) MA | |

| | | A. Federal Amount \$ | Verm | B. Iont Portion \$ |
|-----|--|-------------------------|------------|-----------------------|
| 1. | Wages, salaries, tips, etc 1A. | 10000.00 | 1B | 10000.00 |
| 2. | Taxable interest 2A | 1100.00 | 2B | 1100.00 |
| 3. | Ordinary dividends 3A. | <u>0</u> .00 | 3B | <u> 0.00</u> |
| 4. | Taxable IRAs, pensions, and annuities4A. | 00.0 0 | 4 B | 0.00 |
| 5. | Taxable Social Security SA. | 0.00 | 5B | 0.00 |
| 6. | Taxable refunds of state and local income taxes 6A. | 0 .00 | 6B | 0.00 |
| 7. | Alimony received7A. | 0 .00 | 7B | |
| 8. | Business income or loss | 5000 .00 | | 0.00 |
| 9. | Capital gain or loss9A. | 0.00 | 98. | 0.00 |
| | Rents, royalties, partnerships, S corporations, trusts, etc | | 10B. | 0.00 |
| 11. | Farm income or loss | 2222 | 11B. | |
| | Unemployment compensation 12A. | | 12B. | |
| | Other: Specify | 10000 00 | 13B | |
| | TOTAL INCOME (ADD Lines 1 through 13)14A. | | 14B. | |
| | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | 140, | |

Schedule IN-113 Page 1 of 2 Rev. 10/22

| Taxpayer's Last Name | Social Security Number |
|----------------------|------------------------|
| REDFORD | 400 00 3000 |



| 15 | ID & Vacab/SED/SIM/DLE | Column A. Federal Amount \$ | | Column B. Vermont Portion \$ |
|-----|---|--------------------------------|---------------|---------------------------------|
| 15. | IRA, Keogh/SEP/SIMPLE (Reported on federal Form 1040) 15A. | 0.0 | 0 15B. | 0.00 |
| | Self Spouse | | | |
| 16. | Student Loan Interest (Reported on Form 1040) 16A. | 2500.0 | 0 16B. | 2500.00 |
| 17. | Employee Deductions: Reservists, Performing Artists, Fee-basis Gov't Officials (Reported on Form 1040) 17A. | 0.0 | 0 17B. | 0.00 |
| 18. | Self-Employment Deductions: Tax and Health Insurance (Reported on Form 1040) 18A. | 0.0 | 0 18B. | 0.00 |
| 19. | Health Savings Account (Reported on Form 1040) 19A. | 0.0 | 0 19B. | 0.0 |
| 20. | Moving Expenses (Reported on Form 1040). 20A. | 0.0 | 0 20В. | <u> </u> |
| 21. | Penalty on Early Withdrawal of Savings (Reported on Form 1040) 21A. | 0.0 | 0 21B. | <u>0</u> .00 |
| 22. | Alimony Paid (Reported on Form 1040) 22A. | 0.0 | 0 22B. | <u> </u> |
| 23. | Domestic Production Activities (Reported on Form 1040) | 0.0 | 0 23B. | 0.00 |
| 24. | Educator Expenses and Tuition & Fees (Reported on Form 1040) 24A. | | | 00.0 |
| 25. | Deductions not listed above but reported on Form 1040 25A | | 0 25B. | 0.00 |
| 26. | TOTAL ADJUSTMENTS (ADD Lines 15 through 25) | 2500.0 | | 2500.00 |
| 27. | Adjusted Gross Income (SUBTRACT Line 26A from Li | ne 14A) | | 48600.00 |
| 28. | Vermont Portion of AGI (SUBTRACT Line 26B from L | ine 14B) | | 29600.00 |
| 29. | Non-Vermont Income (SUBTRACT Line 28 from Line Also enter on Part II, Line 31 below | 2 7) | | 19000.00 |
| | T II. Adjustment for Vermont Exempt Income | | t Income | |
| 30. | Adjusted Gross Income. If Part I completed, enter Line 27 Otherwise, enter amount from Form IN-111, Line 1 | amount. | | 48600.00 |
| 31. | Non-Vermont Income (Line 29 above) | 19000.0 | 0 | 28 |
| 32. | Military pay. Number of months on active duty <u>4</u> (See instructions) 32. | 10000.0 | 0 | 2 |
| 33. | Total (ADD Lines 31 and 32) | | | 29000.00 |
| 31 | Vermont Income (SUBTRACT Line 33 from Line 30) | | 34 | 19600 .00 |

Schedule IN-113 Page 2 of 2 Rev. 10/22

2022 Schedule IN-119

Vermont Tax Adjustments and Nonrefundable Credits



INCLUDE WITH FORM IN-111

Please PRINT in BLUE or BLACK INK

| Taxpayer's Last Name | First Name | MI | Тахра | ver's Social Security Number |
|--|-----------------------------------|-----------|---------------------|------------------------------|
| REDFORD | REMY | M | 400 00 | 8038 |
| ADDITIONS TO VERMONT TAX 1. Tax on Qualified Plans including IRA, HS/ on federal Form 1040, U.S. Individual Inco 2. Recapture of Federal Investment Tax Credit | me Tax Return) 1t | | <u>0</u> .00 | |
| (reported on Form 1040)3. Tax from federal Form 4972, Tax on Lump | -Sum Distributions3. | | 0.00 | 0.00 |
| 4. ADD Lines 1 through 3 5. MULTIPLY Line 4 by 24% (0.24) | | | 0.00 | 0.00 |
| Recapture of Vermont Credits (See instruct ADD Lines 5 and 6 | | | <u>0</u> .00 | 0.00 |
| SUBTRACTIONS FROM VERMONT TA | 4X | | | |
| 8. Credit for the Elderly or the Disabled (feder | ral Schedule R) 8 | 20 | 00. <u>0</u> | |
| 9. Investment Tax Credit - Vermont-based on (See instructions) | | | 0.00 | |
| 10. Vermont Farm Income Averaging Credit (from worksheet in instructions) | | | 0.00 | |
| 11. ADD Lines 8 through 10 | | | 11. <u>-</u> | 200.00 |
| 12. MULTIPLY Line 11 by 24% (0.24) | | 4 | 00. 8 | 2 N |
| 13. Vermont-based Solar Energy Credit carryfo | rward13 | | .00 | |
| 14. ADD Lines 12 and 13 | | | 14 | 48.00 |
| NET ADJUSTMENTS TO VERMONT T | AX | | | |
| SUBTRACT Line 14 from Line 7. Enter Line 9. This can be a negative number | on Form IN-111, Vermont Income Ta | x Return, | 15. | -48.00 |

5454

| Taxpayer's Last Name REDFORD | Social Security Nu 400 00 8 | | * 2 2 | 1 1 9 | 1 2 0 | |
|---|---|------------------|--------------------------|-------------|-------------|----------------------|
| | | | INCL | UDE WITH | FORM IN-11 | 1 |
| PART II VERMONT INCOME | TAX CREDITS 2022 Contribution | | | | | 0 |
| 1. Vermont Higher Education Investment (32 V.S.A § 5825a) | eligible for credit | | TIMES (X) .10 | - | | Credit 30 .00 |
| See instructions | | | | | | 00 |
| For credits earned through an S-Corporation, L Nar | LC, or Partnership, enter ne of Entity | name and FEI | N of the entity | | FEIN | |
| If credits from more than one business entity, fi | Il out a separate IN-119 fo | or each entity. | | 1 | | |
| | Column A | PLUS (+) | Column B Carryforward | | UALS (=) | <u>Column C</u> |
| 2. Charitable Housing (32 V.S.A. § 5830c)2A. | | | | .00 | 2C | .00 |
| 3. Qualified Sale of Mobile Home Park (32 V.S.A. § 5828) | | | | | 3C. | .00 |
| 4. Research & Development (32 V.S.A. § 5930ii) | | | | | | .00 |
| Prior approval required from Vermont Housin | | | | | - | |
| 5. Affordable Housing (32 V.S.A § 5930u)5A. | .00 | 5B. | | 00 | 5C | .00 |
| 6. Historic Rehabilitation (32 V.S.A. § 5930cc(a)) 6A. | 500.00 | 6 B . | 100 | .00 | 6C | 600.00 |
| 7. Facade Improvement (32 V.S.A. § 5930cc(b)) | .00 | 7 B . | | 00 | 7C | .00 |
| 8. Code Improvements (32 V.S.A. § 5930cc(c)) | | 8B. | | 00 | 8C. | .00 |
| 9. ADD Column C, Lines 1 through 8. If | | e 10, enter this | amount on Form | IN-111, Lir | ne 189. | 630 .00 |
| Tax Credit Calculation Worksheet | | | | | | |
| 10. Vermont Entrepreneur's Seed Capital Fun | nd (32 V.S.A. § 5830b) | | | ******* | 10 | 100.00 |
| 11. Enter adjusted Vermont income tax amou | int from Form IN-111, Li | ine 16 | | ******** | | 366.00 |
| 12. Enter credit for income tax paid to anothe | er state or Canadian provi | nce from Forr | n IN-111, Line 17 | | 12 | 0.00 |
| 13. SUBTRACT Line 12 from Line 11 | | | - | | 13 | 366.00 |
| 14. Enter the lesser of Line 9 or Line 13 | | | | | 14 | 366.00 |
| 15. SUBTRACT Line 14 from Line 13. The | e result cannot be less that | n zero | | | | 0.00 |
| 16. MULTIPLY Line 15 by 50% (0.50) | | | | ******* | | 0.00 |
| 17. Enter the lesser of Line 10 or Line 16. | | | | | 17 | 0.00 |
| 18. Total Credits Allowable. ADD Lines 14 | | | | | | |
| 19. Total Income Tax Credits Available. E Enter this amount on Form IN-111, Line | Enter the lesser of Line 13 | or Line 18. | | | | |
| | | | | | | |

Schedule IN-119 Page 2 of 2 Rev. 10/22

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Test 4: Cannabis with Recomputed Federal Return Required Vermont Forms/Schedules: IN-111, IN-117

Taxpayer(s) Information:

| Primary SSN: | 400-00-8041 |
|-----------------------|---------------------------|
| Name: | Arty Fishel |
| Residency Status: | Resident |
| Mailing Address: | 1 Main St |
| City: | Manchester |
| State: | VT |
| Zip Code: | 05254 |
| Filing Status: | Married Filing Separately |
| School District Code: | 116 |
| 911 Address: | 1 Main St Manchester, VT |
| Date of Birth: | January 14, 1964 |
| | |

Return Information:

| Federal AGI: Wages: | 400,000.00 400,000.00 |
|---|--------------------------|
| Other State Credit: VT Tax Withheld from W2: | 5,000.00 7,000.00 |
| Amount Due: | 18,549.00 |
| Name of State: | RI |
| Gross Income Taxes in Another State: | 100,000.00 |
| 2022 Bonus Depreciation: | 500.00 |
| Non-VT Obligations: | 2,000.00 |
| Bonus Deprecation from Another State: | 1,000.00 |
| US Interest from Another State: | 500.00 |

Direct Debit Information for Vermont:

| Routing Number: | 211672531 |
|--------------------------|-----------|
| Checking Account Number: | 75123684 |

2022 Form IN-111



THE COMPAREMENT OF A LEGENDRIC TOP A LEGENDRIC A LEGENDRIC TOP A LEGENDRIC A LEGENDRIC TOP A L

Vermont Income Tax Return

Please PRINT in BLUE or BLACK INK

| Taxpayer's Last Name | First Name | MI | Social Security N | lumber |
|--|---|---|---|--|
| FISHEL | ARTY | | 400 00 80 | L Check if |
| Spouse's/CU Partner's Last Name | First Name | MI | Social Security N | lumber |
| | | | | Check if Deceased |
| Mailing Address (Number a | and Street/Road or PO Box) | | 911/Physical Street A | ddress on 12/31/2022 |
| 1 MAIN STREET | | lı | MAIN STREET | MANCHESTER |
| City | State ZIP Code or Foreigr | n Postal Code | Foreign | Country |
| MANCHESTER | VT 05254 | | | |
| Vermont School District Code | Coverage Code Check all | | | |
| 116 1 Enter Healthcare C (See instructions for | or code options) that apply | Return Fee | h Recomputed Ret | |
| Filing Status and Single Married | I/CU Filing Jointly | parately (\$6,500) | Head of Household | Qualifying Widow(er) |
| Standard Deduction (\$6,500) (\$13,05 | 50) 💌 Se | parately (\$6,500) | (\$9,800) | (\$13,050) |
| | | | | |
| 1. Federal Adjusted Gross Income (federal For | rm 1040, Line 11) | | 1. | 400000.00 |
| , , | interest Cristia | | | |
| 2. Net Modifications to Federal AGI (Schedule | e IN-112, Part I, Line 18) | | | 00.0 |
| | | | | 400000.00 |
| 3. Federal AGI with Modifications (ADD Line | es 1 and 2) | | | .00.000.00 |
| 4. 2022 Vermont Standard Deduction from fili | na status section channel | | 4 | 6500 .00 |
| Please see instructions if you or your s | pouse checked any standard | | | .00 |
| deduction boxes on federal Form 1040 5. Personal Exemptions: | , page 1. | | | |
| 5a. Enter "1" for yourself if no one can c | claim vou as a dependent | | | |
| 5b. Enter "1" for your jointly filed spous | | | | |
| claim them as a dependent or if you a | are a qualifying widow(er). | | 5ь. 0 | |
| 5c. Enter number of other dependents cla | aimed on federal Form 1040 | | 0 | |
| This includes any dependents other the | han yourself and/or your spo | ouse | 5c0 | |
| | | | | - , 1 |
| 5d. ADD Lines 5a through 5c | | ***** | | |
| 5e. MULTIPLY Line 5d by \$4,500 (2022 Pers | sonal Exemption) | | 56. | 4500 .00 |
| | Sim Bromptony, Fritter | | | |
| 6. ADD Lines 4 and 5e | | | 6 | 11000.00 |
| | | | | |
| 7. Vermont Taxable Income (SUBTRACT Lir | ne 6 from Line 3. If less that | an zero, enter -0-) | | 389000.00 |
| | · · · · · · | | × | 30549.00 |
| 8. Vermont Income Tax from tax table or tax ra (If Line 1 is greater than \$150,000, see instru | | | 8 | .00 |
| 9. Net Adjustment to Vermont Tax (Schedule I | | | 9 | 0.00 |
| | | | | |
| 10. Vermont Income Tax with Adjustment (ADI | D Lines 8 and 9. If less that | n zero, enter -0-) | | 30549.00 |
| | | | | |
| 11. Tax-Deductible Charitable Contribution 1 | 0 M. H | | | |
| (See instructions) | 12. Multiply Line 11 by 5% (0.05) | 13. Charitable Contri Deduction (Enter | the leaser | 0.00 |
| (See instructions) 0.00 | 12. Multiply Line 11 by 5% (0.05) | Deduction /Enter | | <u> </u> |
| .00 | 0.00 | Deduction (Enter of Line 12 or \$1,00 | the lesser 00) 13. | |
| .00 | 0.00 | Deduction (Enter of Line 12 or \$1,00 | the lesser 00) 13. | |
| 14. Vermont Income Tax (Line 10 MINUS Line | 0.00 e 13. If less than zero, enter | Deduction (Enter of Line 12 or \$1,00 | 13 14 | 30549.00 |
| 14. Vermont Income Tax (Line 10 MINUS Line | 0.00 e 13. If less than zero, enter | Deduction (Enter of Line 12 or \$1,00 | 13 14 | 30549.00 |
| 14. Vermont Income Tax (Line 10 MINUS Line 15. Income Adjustment (Schedule IN-113, Line | 0.00 e 13. If less than zero, enter 35, or 100.0000%) | Deduction (Enter of Line 12 or \$1,00 | the lesser 00) 13 14 | 30549.00 |
| 14. Vermont Income Tax (Line 10 MINUS Line 15. Income Adjustment (Schedule IN-113, Line | 0.00 e 13. If less than zero, enter 35, or 100.0000%) | Deduction (Enter of Line 12 or \$1,00 | the lesser 00) 13 14 | 30549.00 15. 100.0000 % 30549.00 |
| 14. Vermont Income Tax (Line 10 MINUS Line | 0.00 e 13. If less than zero, enter 35, or 100.0000%) | Deduction (Enter of Line 12 or \$1,00 | ithe lesser 13 00) 14 14 16 | 30549.00 15. 100.0000 % |

| Г | Taxpayer's Last Name | Social Security Number | | |
|------|---|--|---|---------------------------------------|
| | FISHEL | 400 00 8041 | | |
| | Amount from 30549 .00 | | * 2 2 1 1 3 | |
| | Other State Credit (Schedule IN-117, Line 21) | Vermont Tax Credits (Sched | | /ermont Credits (Add Lines 17 and 18) |
| 17. | | 180 | | 5000.00 |
| 20. | If Line 19 is greater than Line 16, enter -0-) | | | 25549.00 |
| 21. | Use Tax for taxable items on which no sales tax including online purchases. (See instructions, we | was charged, orksheet, and chart). | Check to certify no Use Tax is due. OR 21. | 0.00 |
| 22. | Total Vermont Taxes (ADD Lines 20 and 21) | | | 25549.00 |
| | Green Up Vermont Nongame Wildlife Fund | Vermont Children's Trust Foundation | Vermont Veterans Fund | Total Contributions |
| 23a. | 0.00 + 23b0.00 | | | |
| 24. | Total of Vermont Taxes and Voluntary Contribut | ions (ADD Lines 22 and 2. | 3e)24 | 25549.00 |
| 25a. | 2022 Vermont Tax Withheld from W-2, 1099 | 25a. | 7000.00 | |
| | 2022 Estimated Tax payments, amount carried f and/or payment made with 2022 extension | orward from 2021 | | |
| 25c. | Refundable Credits (Schedule IN-112, Part II, L | ine 17) | 0.00 | |
| 25d. | 2022 Vermont Real Estate Withholding from Fo | rm RW-171 25d. | 0.00 | |
| | 2022 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule | | | |
| 25f. | Total Payments and Credits (ADD Lines 25a th | rough 25e) | 25f | 7000.00 |
| 26. | Overpayment. If Line 24 is less than Line 25f, | SUBTRACT Line 24 from | Line 25f 26 | <u>00.</u> |
| 27a. | Refund to be credited to 2023 Estimated Tax Pay | yment | 0.00 | |
| 27b. | Refund to be credited to 2023 Property Tax Bill | 27b. | 0.00 | |
| 28. | REFUND AMOUNT (SUBTRACT Lines 27a a | and 27b from Line 26) | | <u> </u> |
| 29. | If Line 24 is more than Line 25f, subtract Line See instructions on tax due | e 25f from Line 24. | | 18549 .00 |
| 30. | Interest and Penalty on Underpayment of Estimated Tax 30 (Worksheet IN-152 or IN-152A) | 31. | AMOUNT DUE | |

| For Amended | Original refund received | Refund due now | Original payment | Amount due now |
|---------------|--------------------------|----------------|------------------|----------------|
| Returns Only: | .00 | .00 | .00 | .00 |

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) 11 04 2021 | Date of Birth (MM/DD/YYYY) 01 / 14 / 1964 | 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 th 5454 | e preparer shown. | Keep a copy for your records. | Form IN-111 Page 2 of 2 Rev. 10/22 |

2022 Schedule IN-117

Vermont Credit for Income Tax Paid to Other State or Canadian Province



INCLUDE WITH FORM IN-111 Please PRINT in BLUE or BLACK INK

For Residents and Some Part-Year Residents ONLY.

You must complete a separate Schedule IN-117 for each state or Canadian province and include a copy of the other state return(s). Please see instructions.

| _ | Tax payer's Last Name | First Name | MI | - | | al Security Number |
|----|---|------------------------------|---------------------|------------|-------------------|---------------------------|
| | FISHEL | ARTY | | 40 | 0 00 0011 | |
| 1. | Name of state or Canadian province. Use sta | ndard two-letter abbreviatio | n | | | 1RI |
| 2. | Enter Adjusted Gross Income taxed in anoth subject to Vermont income tax. This entry ca the entry on Form IN-111, Line 1. (If less th | annot be more than | | 0000 | .00 | |
| 3. | 2022 Bonus Depreciation addback taxed in a Canadian province AND taxed in Vermont. | nother state or | | 500 | .00 | |
| 4. | Non-Vermont state/local obligations taxed in or Canadian province AND taxed in Vermor | another state | | 2000 | .00 | |
| 5. | ADD Lines 2 through 4 | | | | 5 | 102500.0 |
| 6. | Bonus Depreciation subtracted from income or Canadian province in tax year 2022 | in another state | | 1000 | .00 | |
| 7. | U.S. Government interest income subtracted another state or Canadian province in tax year | from income in | | 500 | .00 | |
| 8. | ADD Lines 6 and 7 | | | | | 1500.0 |
| 9. | Modified Adjusted Gross Income for income taxed in Vermont (SUBTRACT Line 8 from | | | | 9 | 101000.0 |
|). | Adjusted Gross Income from Form IN-111, I (If less than zero, enter -0-) | Line 1. | 40 | 0000 | .00 | |
| l. | Non-Vermont state/local obligations from Schedule IN-112, Part I, Line 3 | | | 0 | .00 | |
| 2. | Bonus Depreciation from Schedule IN-112, I | Part I, Line 4 12. | | 0 | .00 | |
| 3. | ADD Lines 10 through 12 | | | | 13 | 400000.0 |
| 1. | U.S. Government interest income from Schedule IN-112, Part I, Line 7 | 14 | | 0 | .00 | |
| 5. | Bonus Depreciation from Schedule IN-112, I | Part I, Line 9 15 | 4 | 0 | .00 | |
| 5. | ADD Lines 14 and 15 | | | | 16 | .0 |
| 7. | SUBTRACT Line 16 from Line 13 | | | | 17 | 400000.0 |
| 3. | Vermont income tax from Form IN-111, Line | e 14 18. | 305 | 549.00 | E II | |
|). | Computed tax credit (DIVIDE Line 9 by Line Line 9 101000.00 x Line 18 | ne 17. MULTIPLY the res | sult by Line 18.) F | Result car | nnot be more than | 100% of Vermont tax. |
| | Line // 400000.00 | | | | 19 | 7714.00 |
|). | Income tax paid to another state or Canadian Income from Line 9 above | | | | 20 | 5000.0 |
| • | VERMONT CREDIT for income tax paid t Enter the lesser of Line 19 or Line 20. Also e | | | | 21 | 5000.0 |
| | 5454 | | | | | Page 1 of 1 Rev. 10/22 |

Test 5: Required Vermont Forms/Schedules: IN-111, IN-112, IN-119, IN-153

Taxpayer(s) Information:

| Primary SSN: | 400-00-8042 |
|-----------------------|-------------------|
| Name: | Kay Oss |
| Residency Status: | Resident |
| Mailing Address: | 1 Main Street |
| City: | Dover |
| State: | VT |
| Zip Code: | 05302 |
| Filing Status: | Qualified Widower |
| School District Code: | 058 |
| 911 Address: | 1 Main Street |
| Date of Birth: | 10/31/1970 |
| | |

Return Information:

| Return Information: | |
|---|------------|
| Federal AGI: | 70,000.00 |
| Net Modifications to AGI: | -19,000.00 |
| Federal AGI with Modifications: | 51,000.00 |
| Personal Exemptions: | 2 |
| Net adjustment to Vermont Tax (schedule IN-119, Part I): | 2,900.00 |
| 2022 Estimated payments carried forward: | 200.00 |
| Refundable credits (schedule IN-112, Part II, Line 17): | 1,000.00 |
| Interest and penalty on underpayment of estimated tax: | 100.00 |
| Total interest & dividend income from state and local obligatio | ns |
| As reported on federal form 1040: | 12,000.00 |
| Interest & dividend income from state and local obligations | |
| Included in line 1: | 10,000.00 |
| Interest from US obligations: | 500.00 |
| Capital gains exclusion (schedule IN-153, Line 21): | 14,000.00 |
| Taxable Refunds of state and local income Taxes: | 1,000.00 |
| Student loan interest paid in 2022: | 8,000.00 |
| Student loan interest already deducted on federal form 1040: | 2,500.00 |
| Total subtractions: | 21,000.00 |
| Number of qualifying children: | 1 |
| Child Information: | |
| Last Name: | Mumm |
| First Name: | Max |
| Middle Initial: | ∋≊ E |
| Social Security Number: | 400-00-80 |
| Year of birth: | 2018 |
| Child tax credit: | 1,000.00 |
| Tax on qualified plans including IRA, HAS, and MSA: | 10,000.00 |
| Recapture of federal investment tax credit: | 500.00 |
| Tax from federal form 4972 – lump sum distributions: | 1,000.00 |
| Recapture of Vermont credits: | 500.00 |
| Investment tax credit: | 1,500.00 |
| Code Improvements for Column A: | 1,000.00 |
| Code Improvements for Column B: | 100.00 |
| Adjustment amount from IN-111, Line 16: | 3,870.00 |

| 70,000.00 |
|-------------|
| -19,000.00 |
| 51,000.00 |
| 2 |
| 2,900.00 |
| 200.00 |
| 1,000.00 |
| 100.00 |
| |
| 12,000.00 |
| 10,000.00 |
| 500.00 |
| 14,000.00 |
| 1,000.00 |
| 8,000.00 |
| 2,500.00 |
| 21,000.00 |
| 1 |
| |
| Mumm |
| Max |
| E |
| 400-00-8044 |
| 2018 |
| 1,000.00 |
| 10,000.00 |
| 500.00 |
| 1,000.00 |
| 500.00 |
| 1,500.00 |
| 1,000.00 |
| 100.00 |

Line 15 from Federal Form 1040 Schedule D Federal Form 1040, Schedule D, Line 18 Depreciable personal property: 100,000.00 2,000.00 10,000.00

Direct Debit Information for Vermont:

| Routing Number: | 211672531 |
|--------------------------|------------------|
| Checking Account Number: | 7 5146123 |

2022 Form IN-111



HILE YAMP SETTIAN ELECTRONICALLY FUR A GUITTER REFIOND CO TO THE OTHER REFIOND CO TO MORE INFORMATION

Vermont Income Tax Return

Please PRINT in BLUE or BLACK INK

| Taxpayer's Last Name | First Name | I MI I | Social Security N | lumber |
|---|--|---|--|--|
| OSS | KAY | | 400 00 80 | 42 Check if Deceased |
| Spouse's/CU Partner's Last Name | First Name | M | Social Security N | Check if |
| MASS Mailing Address (Number 5 | CHRIS and Street/Road or PO Box) | | 400 00 80 | ddress on 12/31/2022 |
| 1 MAIN ST | and Streep (Gad Gr PO Box) | 11 | MAIN ST | |
| City | State ZIP Code or Foreig | | | Country |
| DOVER | VT 05302 | | | - |
| Vermont School District Code 058 2 Enter Healthcare C (See instructions for | | AMENDED Wit | NNABIS h Recomputed Red deral Return Ret | COMPUTED EXTENDED |
| Filing Status and Standard Deduction Single (\$6,500) Marriec (\$13,05) | d/CU Filing Jointly Ma 50) Se | arried/CU Filing eparately (\$6,500) | Head of Household (\$9,800) | Qualifying Widow(er) (\$13,050) |
| 1. Federal Adjusted Gross Income (federal For | rm 1040, Line 11) | | | 70000.00 |
| 2. Net Modifications to Federal AGI (Schedule | e IN-112, Part I, Line 18) | | 2 | -19000.00 |
| 3. Federal AGI with Modifications (ADD Line | es 1 and 2) | | 3 | 51000.00 |
| 2022 Vermont Standard Deduction from fili Please see instructions if you or your s deduction boxes on federal Form 1040 Personal Exemptions: | | | | |
| 5a. Enter "1" for yourself if no one can | claim you as a dependent | | 5a. <u>1</u> | ÷ |
| 5b. Enter "1" for your jointly filed spous claim them as a dependent or if you | | | | |
| 5c. Enter number of other dependents cl This includes any dependents other t | aimed on federal Form 1040 han yourself and/or your spo |). ouse | 5c. <u>1</u> | |
| 5d. ADD Lines 5a through 5c. | | | | 5d. <u>2</u> |
| 5e. MULTIPLY Line 5d by \$4,500 (2022 Pers | sonal Exemption). | | | 9000.00 |
| 6. ADD Lines 4 and 5e | | | | 22050.00 |
| 7. Vermont Taxable Income (SUBTRACT Lin | ne 6 from Line 3. If less th | an zero, enter -0-). | 7 | 28950.00 |
| 8. Vermont Income Tax from tax table or tax r (If Line 1 is greater than \$150,000, see instr | | ****** | | 970.00 |
| 9. Net Adjustment to Vermont Tax (Schedule) | | ****** | | 00 |
| 10. Vermont Income Tax with Adjustment (AD | D Lines 8 and 9. If less that | in zero, enter -0-) | 10 | 3870.00 |
| 11. Tax-Deductible Charitable Contribution (See instructions) .00 | 12. Multiply Line 11 by 5% (0.05) | 13. Charitable Contr Deduction (Enter of Line 12 or \$1,0 | | <u>0</u> .00 |
| 14. Vermont Income Tax (Line 10 MINUS Lin | e 13. If less than zero, enter | | | |
| 15. Income Adjustment (Schedule IN-113, Line | 35, or 100.0000%) | | | 15. <u>100,0000</u> % |
| 16. Adjusted Vermont Income Tax (MULTIPL | Y Line 14 by Line 15) | •••• | | |
| 5454 | Amount Due (from Line 31) | 1670 | .00 | Form IN-111 Page 1 of 2 Rev. 10/22 |

| Г | Taxpayer's Last Name Social Security Number OSS 400 00 8042 | |
|------|--|---|
| ÷. | | |
| | Amount from Line 16 3870.00 * 2 2 1 | 111200* |
| | 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. | .00 + 18. <u>1100</u> .00 = 19 | |
| 20. | Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-) | |
| 21. | Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart) | |
| 22 | Total Vermont Taxes (ADD Lines 20 and 21) | 2770.00 |
| | Green Up Vermont Nongame Wildlife Fund Trust Foundation Vermont Veterans | |
| 23a. | | .00 = 23e. 0.00 |
| 24. | Total of Vermont Taxes and Voluntary Contributions (ADD Lines 22 and 23e) | 2770.00 |
| | 2022 Vermont Tax Withheld from W-2, 1099 25a0.00 | |
| | 2022 Estimated Tax payments, amount carried forward from 2021 | 8 |
| | and/or payment made with 2022 extension |) |
| 25c. | Refundable Credits (Schedule IN-112, Part II, Line 17) |) |
| 25d. | 2022 Vermont Real Estate Withholding from Form RW-171 |) |
| 25e. | 2022 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 |) |
| 25f. | Total Payments and Credits (ADD Lines 25a through 25e) | 1200.00 |
| 26. | Overpayment. If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f | 0 .00 |
| 27a. | Refund to be credited to 2023 Estimated Tax Payment 27a0.00 |) |
| 27Ь. | Refund to be credited to 2023 Property Tax Bill |) |
| 28. | REFUND AMOUNT (SUBTRACT Lines 27a and 27b from Line 26) | 0.00 |
| 29. | If Line 24 is more than Line 25f, subtract Line 25f from Line 24. See instructions on tax due | |
| 30. | Interest and Penalty on Underpayment of Estimated Tax 30.31. AMOUNT DUE (ADD Lines 29 and 30) 31 (ADD Lines 29 and 30) 31 | |

| For Amended | Original refund received | Refund due now | Original payment | Amount due now |
|---------------|--------------------------|----------------|------------------|----------------|
| Returns Only: | .00 | .00 | .00 | .00 |

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.

| Check if the Department of Taxes may discuss this return with th | e preparer shown. | Keep a copy for your records. | Form IN-111 Page 2 of 2 Rev. 10/22 |
|--|-------------------|--|--|
| Firm's Name (or yours if self-employed) and address | | Preparer's SSN or PTIN | FEIN |
| Paid Preparer's Signature | | Date / / | Preparer's Telephone Number |
| Signature (If a joint return, BOTH must sign.) | Date (MM/DD/YYYY) | Date of Birth (MM/DD/YYYY) | Daytime Telephone Number |
| Signature | Date (MM/DD/YYYY) | Date of Birth (MM/DD/YYYY) 10 / 31 / 1970 | Daytime Telephone Number |

2022 Schedule IN-112



1

0

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or BLACK INK

INCLUDE WITH FORM IN-111

1

| _ | Taxpayer's Last Name | First Name MI | | Taxpayer's Social Security Number | | | y Number | |
|--------------|--|------------------------|--|-----------------------------------|----------------|------|----------|----------------------|
| | OSS | KAY | | | 400 | 00 8 | 8042 | ¥ |
| PA | RTI | | | | | | | |
| | DITIONS TO FEDERAL ADJUSTED | GROSS INCOME | | | | | | |
| | Total interest and dividend income from all sobligations exempt from federal tax (reported on federal Form 1040) | state and local | | 12 | 000 .00 |) | | |
| 2. | Interest and dividend income from Vermont obligations included in Line 1 | | | 10 | .000 |) | | |
| 3. | Income from Non-Vermont State and Local | Obligations (SUBTRAC | Γ Line 2 from I | Line 1) | | 3. | | 2000.00 |
| 4. | Bonus Depreciation Allowed under Federal | Law for 2022 4 | | | .00 |) | | |
| 5. | Other (reserved) | | RESER | VE | D0(|) | | |
| 6. | Total Additions (ADD Line 3 and Line 4) , | | · · · · · · · · · · · · · · · · · · · | | | 6 | | 2000.00 |
| รบ | BTRACTIONS FROM FEDERAL AD | JUSTED GROSS IN | COME | | | | | |
| 7. | Interest Income from U.S. Obligations | | | | 500.00 |) | | |
| 8. | Capital Gains Exclusion (Schedule IN-153, I | Line 21)8 | | 14 | .000 |) | | |
| 9. | Adjustment for Prior Years' Bonus Deprecia | | | | 0.00 |) | | |
| 10. | Taxable Refunds of State and Local Income (Reported on federal Form 1040) | Taxes | | 1 | .000.00 |) | | |
| 11. | Medical Expense Deduction (see the worksheet in the instructions) | | | | 0.00 |) | | |
| 1 2 . | Retirement Benefits Exempt from Taxation (see the worksheet in the instructions) \ldots . | | | | 0.00 |) | | |
| 13. | Railroad Retirement income | | | | 00 |) | | |
| 14. | Bond/note interest income from (see below) | 14 | | | 0.00 |) | | |
| | | hority | Vermont Public Pow Supply Authority | er | | | | |
| 15a. | For residents only - Enter the total student l paid in 2022 on qualified student loans | | | 8 | 000 .00 |) | | |
| 15b. | For residents only - Enter any student loan ideducted on federal Form 1040, Schedule 1, | interest already | | 2 | 500 .0(|) | | |
| 15c. | Subtract Line 15b from Line 15a. If filing jo greater than \$200,000, enter -0 All other fi greater than \$120,000, enter -0 | lers, if AGI is | | 5 | 500.00 |) | | |
| 16. | Other (reserved) | | RESER | VE | .00 |) | | |
| 17. | Total Subtractions (ADD Lines 7 through 1 | 4 and Line 15c) | <u></u> | | 1' | 7 | | 21000.00 |
| NE | MODIFICATIONS TO FEDERAL A | DJUSTED GROSS II | NCOME | | | | | |
| 18. | SUBTRACT Line 17 from Line 6. Enter on This can be a negative number. | n Form IN-111, Line 2. | | | 18 | 8 | Schedule | -19000.00 |
| L | 5454 | | | | | | Pag | e 1 of 2 v. 10/22 |

| Taxpayer's Last Name | Social Security Number |
|----------------------|------------------------|
| OSS | 400 00 8042 |



PART II

ſ

| REI | UNDABLE CREDITS | | | | |
|-------|---|---------------------------------------|----------------|-------------------------|-----------------|
| Chil | d and Dependent Care Credit - Residen | t and Part-Year Resident | | | |
| 1. | Child and Dependent Care Credit (feder | ral Form 2441, Line 11) | •••• | l. | <u> </u> |
| 2. | Vermont Child and Dependent Care Cr | edit (MULTIPLY Line 1 by 72% (0 | 72)) | | <u> </u> |
| Chile | d Tax Credit - Resident and Part-Year R | esident | | | |
| 3. | Number of qualifying children | | | | 1 |
| | List only children who qualify for Child Ta | ax Credit (born 2017 through 2022) be | ow | | |
| | Qualifying Child #1 - Last Name | First Name | M | Social Security Number | Year of Birth |
| Γ | MUMM | MAX | E | 400 00 8044 | 2018 |
| | Qualifying Child #2 - Last Name | First Name | MI | Social Security Number | Year of Birth |
| | Qualifying Child #3 - Last Name | First Name | M | Social Security Number | Year of Birth |
| 4. | Child Tax Credit (MULTIPLY Line 3 your Adjusted Gross Income from Form | IN-111, Line 1 is over \$125,000 | | | 1000.00 |
| | Lines 5 through 7 - For part-year resid | - | | 2 | 0.00 |
| 5. | Enter amount from Schedule IN-113, L | ine 14B, Vermont Portion of Total Ind | ome | | 0.00 |
| 6. | Enter amount from Schedule IN-113, L | ine 14A, Total Income | | 6 | 0 .00 |
| 7. | Child tax credit adjustment percentage. | (DIVIDE Line 5 by Line 6, then M | ULTIPLY th | e result by 100)7. | % |
| 8. | Adjusted Child Tax Credit. MULTIPL | Y Line 4 by 100% or Line 7, if less | | 8. | 1000.00 |
| arn | ed Income Tax Credit - Resident and Pa | art-Year Resident | | | |
| 9. | Number of qualifying children from fed | eral Schedule EIC | | | 0 |
| 0. | Federal Earned Income Tax Credit. Ent | er amount from federal Form 1040. | | | 0.00 |
| 1. | Vermont Earned Income Tax Credit: M | ULTIPLY Line 10 by 38% (0.38). | | | 00.00 |
| | Lines 12 through 15 - For part-year res | sidents only: A. Federal | mount \$ | B. Vern | nont Portion \$ |
| 2. | Wages, salaries, tips, etc. (Schedule IN-113, Line 1) | | | 12B | |
| 3. | Other earned income (Schedule IN-113, Lines 8, 10, and 11) | 13A | 0.00 | 13B | 0.00 |
| 4. | Total earned income (Add Lines 12 and | 13) 14A. | 0.00 | 14B | <u>0.00</u> |
| 5. | Earned income tax credit adjustment (D | IVIDE Line 14B by Line 14A, MUI | TIPLY the r | esult by 100) 15 | % |
| 5. | Adjusted Earned Income Tax Credit. M | ULTIPLY Line 11 by 100% or Lin | e 15, if less. | | <u> </u> |
| 7. | TOTAL REFUNDABLE CREDITS (| ADD Lines 2. 9 and 16. Enter this s | mount on For | m INI 111 Line (15c) 17 | 1000.00 |

2022 Schedule IN-119

Vermont Tax Adjustments and Nonrefundable Credits



INCLUDE WITH FORM IN-111

Please PRINT in BLUE or BLACK INK

| First Name | MI | Taxpayer's Social Security Number |
|------------|----|-----------------------------------|
| AY | | 400 00 8042 |
| | v | v |

PART I ADJUSTMENTS TO VERMONT INCOME TAX

ADDITIONS TO VERMONT TAX

| 1. | Tax on Qualified Plans including IRA, HSA, and MSA (reported on federal Form 1040, U.S. Individual Income Tax Return)1.10000.00 | |
|-----|--|-------------------|
| 2. | Recapture of Federal Investment Tax Credit 500 .00 | |
| 3. | Tax from federal Form 4972, Tax on Lump-Sum Distributions3 1000 .00 | |
| 4. | ADD Lines 1 through 3 | 411500 .00 |
| 5. | MULTIPLY Line 4 by 24% (0.24) | |
| 6. | Recapture of Vermont Credits (See instructions)6. 500.00 | |
| 7. | ADD Lines 5 and 6. | 73260 ,00 |
| SU | BTRACTIONS FROM VERMONT TAX | |
| 8. | Credit for the Elderly or the Disabled (federal Schedule R)80.00 | |
| 9. | Investment Tax Credit - Vermont-based only (See instructions) | |
| 10. | Vermont Farm Income Averaging Credit (from worksheet in instructions)100.00 | |
| 11. | ADD Lines 8 through 10 | 1500 .00 |
| 12. | MULTIPLY Line 11 by 24% (0.24)12360 .00 | |
| 13. | Vermont-based Solar Energy Credit carryforward130.00 | |
| 14. | ADD Lines 12 and 13 14 | 4. <u> </u> |
| NE. | ADJUSTMENTS TO VERMONT TAX | |
| 15. | SUBTRACT Line 14 from Line 7. Enter on Form IN-111, Vermont Income Tax Return, Line 9. This can be a negative number | 52900 .00 |

| _ | e n | Taxpayer's Last Name | Social Se | curity N | umber | | | I THE REAL THE AVE | |
|--------------|-----------------------|--|--|----------|-----------------|-------------------|---------------------------------|--------------------|-----------------|
| | | OSS | 400 | | | | | | |
| | 1 | 1 4 | а. С | | 5 g | * 2 | 2 1 1 | 19120 | 0 * |
| PAI | RT II | | | TS | | | INCLUDE | WITH FORM IN- | -111 |
| 1. | Vermont | t Higher Education | 2022 Contribution eligible for credit | | | | | | Credit |
| | Investme See instr | ent (32 V.S.A § 5825a) ructions | - | | | TIMES (X) | .10 = | | .00 |
| Forc | redits ea | rned through an S-Corporation, I | | enter | name and FEI | N of the entit | ly | | |
| - | _ | Na | me of Entity | | | | | FEIN | |
| If cre | dits from | more than one business entity, f | fill out a separate IN | I-119 fc | or each entity. | | | | |
| | | a 11 | Column A Earned in 2022 | | PLUS (+) | Colum Carryfor | | EQUALS (=) | <u>Column C</u> |
| 2. (| Charitab (32 V.S. | le Housing A. § 5830c) | - | .00 | 2B. | | .00 | 0 2C. | .00 |
| 3. (| Qualified (32 V.S. | d Sale of Mobile Home Park A. § 5828) 3A. | | .00 | 3B. | | .00 | 0 3C. | .00 |
| 4. 1 | Research | a & Development A. § 5930ii) | 8 | .00 | 4B. | | .0 | 0 4C. | .00 |
| 5. | Affordab | l required from Vermont Housin ole Housing A § 5930u)5A. | | | ne 5 | | | | .00 |
| 6. 1 | Historic | Rehabilitation A. § 5930cc(a)) | | | | | | | .00 |
| 7. I | Facade II | mprovement A. § 5930cc(b)) | | | | | | | .00 |
| 8. (| Code Im | provements A. § 5930cc(c)) | | | | | | | 1100 .00 |
| | | lumn C, Lines 1 through 8. If | | | | | | | |
| | | Calculation Worksheet | | | | | | , | |
| | | Entrepreneur's Seed Capital Fu | nd (32 V.S.A. § 58 | 30b) | | | | | .00 |
| 11. E | Enter adj | usted Vermont income tax amou | unt from Form IN- | 111, Li | ne 16 | | | 11. | 6520.00 |
| 12. E | Enter cre | dit for income tax paid to anothe | er state or Canadian | n provi | nce from Form | n IN-111, Li | ne 17 | | .00 |
| 13. 8 | SUBTRA | CT Line 12 from Line 11 | | | | | | | 6520.00 |
| 14. E | Enter the | lesser of Line 9 or Line 13 | | | | | | 14. | 1100 .00 |
| 15. S | SUBTRA | CT Line 14 from Line 13. The | e result cannot be l | ess tha | n zero | | | | .00 |
| 16. N | MULTIP | PLY Line 15 by 50% (0.50) | | | | | | | 2710.00 |
| 17. E | Enter the | lesser of Line 10 or Line 16 | | | | | 5. • • • • • • • • • • • • • | | 0.00 |
| 18. T | Total Cre | dits Allowable. ADD Lines 14 | and 17 | | | ******* | | | 1100.00 |
| | | amount on Form IN-111, Line | | | | | | | 1100.00 |

Schedule IN-119 Page 2 of 2 Rev. 10/22

5454

2022 Schedule IN-153

Vermont Capital Gains Exclusion Calculation



INCLUDE WITH FORM IN-111 Please PRINT in BLUE or BLACK INK

| | Taxpayer's Last Name | First Name | M | | Тахра | ayer's Social Sec | urity Number |
|-----|--|-----------------------|---|------|-------|-------------------|--------------|
| | OSS | KAY | | 400 | 00 | 8042 | |
| | | | | | | | |
| PA | RT I. FLAT EXCLUSION | | | | | | |
| 1. | Enter smaller of Line 15 or 16 from federal | Form 1040, Schedule D | | | . 1. | | 100000.00 |
| 2. | Enter amount from: 2a. Federal Form 1040, Schedule D, I | | 2 | .000 | 0 | | |
| | 2b. Federal Form 1040, Schedule D, I | Line 19 2b. | - | 0.0 | 0 | | |
| 3. | Add Lines 2a and 2b | | | | 3 | | 2000.00 |
| 4. | Subtract Line 3 from Line 1 | | | | 4 | | 98000.00 |
| | ou filed federal Form 4952, complete Lines Enter amount from: 5a. Federal Form 4952, Line 4g | 5 through 7 | | 0 | 0 | | |
| | 5b. Federal Form 4952, Line 4e | | | 0.0 | 0 | | |
| 5c. | Multiply Line 5a by Line 5b and enter result | here | | | . 5c | | 00.0 |
| | 5d. Federal Form 4952, Line 4b | | | 0.0 | 0 | | |
| | 5e. Federal Form 4952, Line 4e | | | 0.0 | 0 | | |
| 6. | Add Lines 5d and 5e; enter result here | | | | 6 | | 00.00 |
| 7. | Divide Line 5c by Line 6; enter result here . | | | | 7 | | 0.00 |
| 8. | Subtract Line 7 from Line 4. Entry cannot b | e less than zero. | | | 8. | | 98000.00 |
| 9. | Enter the smaller of Line 8 or \$5,000 | | | | 9 | | 5000.00 |

| Taxpayer's Last Name | Social Security Number |
|----------------------|------------------------|
| OSS | 400 00 8042 |



1

| PA | RT II. | PERCENTAGE EXCLUSION (Use this section only if you have eligible gates for more information or continue on to Part | | nnical Bulletin 60, Taxati | ion of Gai | n on the Sale | of Capital Assets, |
|------|---------------------------------------|---|---------------------------------------|----------------------------|------------|---------------|--------------------|
| 10. | Enter the ame | ount from Part I, Line 4 | 10 | 98000 | .00 | | |
| 11 | Enter amount | t of adjusted net capital gain from the sale of or three years or less | | | .00 | | |
| 12. | Assets held f | or more than three years. Subtract Line 11 from ry cannot be less than zero | | | .00 | | |
| Ente | r the amount | of net adjusted capital gain from the sale of the f | ollowing asset | s held for more than thre | e years | | |
| | 13a. Real est or nonp | tate or portion of real estate used as a primary rimary home | 13a | 0 | .00 | w | |
| | 13b. Depreci (except | able personal property for farm property or standing timber) | . 13b | 10000 | .00 | | |
| | 13c. Stocks of exchange | or bonds publicly traded or traded on an ge or any other financial instruments | 13c | 0 | .00 | 34 | |
| 14. | Add Lines 13 | a through 13c | 14 | 10000 | .00 | | |
| | Entry cannot | e 14 from Line 12; enter result here. be less than zero. This is the amount d capital gain eligible for exclusion | 15 | 88000 | .00 | | |
| | | Form 4952 information. If no investment intere form. Otherwise, you may need to recompute Foon. | | | | | |
| 16. | Enter amount federal Form | from Part I, Line 7 or recomputed 4952. | 16 | 0 | .00 | | |
| 17. | Subtract Line | 16 from Line 15 | · · · · · · · · · · · · · · · · · · · | | 17 | | 88000.00 |
| 18. | Multiply Line | e 17 by 40%; enter result or \$350,000, whicheve | r is less. | | 18 | | 35200.00 |
| PAF | RT III. | CAPITAL GAINS EXCLUSION | | | | | |
| 19. | Enter the gree | ater of Line 9 or Line 18 | | **** | 19 | | 35200.00 |
| 20. | Multiply | 35000.00 x 40% and enter res | ult here | **** | 20 | | 14000.00 |
| 21. | Enter the <i>sma</i> Enter on Sche | uller of Line 19 or Line 20. This is your capital g dule IN-112, Part I, Line 8 | ains exclusior | | | _ | 14000.00 |

Test 6: Required Vermont Forms/Schedules: IN-111, IN-112, HS-122, HI-144

| Taxpayer | (s) |) Inf | formation: |
|----------|-----|-------|------------|
|----------|-----|-------|------------|

Primary SSN: Name: Residency Status: Mailing Address: City: State: Zip Code: Date of Birth: Filing Status: School District Code: 911 Address: 400-00-8045 Ben E Factor Resident 42 Maple Ave Northfield VT 05663 October 10, 1992 Single 139 42 Maple Ave

Return Information:

Federal AGI: Net Modifications to AGI: VT Taxable Income: Dependents: Total VT Taxes: 2022 VT Tax Withheld from W2: **Refundable Credits:** Refund to 2023 Property Tax: **Refund Amount: Prior Year Bonus Depreciation: Total Student Loan Interest Paid:** Federal Student Loan Interest Paid: Child and Dependent Care Credit: **Qualifying Children:** Qualifying Child #1: Qualifying Child #2: Qualifying Children from Federal EIC: Federal EITC: SPAN: **Business Use:** Rental Use: Improvements: Housesite Value: Education Tax: Municipal Tax: **Ownership**: Household Income:

Other Person #1:

40,000.00 -900.00 19,100.00 2 642.00 500.00 3,162.00 500.00 2,520.00 700.00 2,700.00 2,500.00 1,000.00 2 Odette C Sun 400-00-8046 11/06/2020 Mon E Bags 400-00-8047 09/23/2022 2 1,164.00 441-139-11323 0 0 None 280,000.00 4,191.00 1,549.00 100.00 64,000.00 Sam I Am 400-00-8048

Other Person #2: Other People SSI: Claimant Unemployment: Other People Worker's Comp: Claimant Wages: Claimant Child Support Paid: Paid to: Cat N Hat 400-00-8049 15,000.00 36,000.00 15,000.00 4,000.00 6,000.00 Lois Price 400-00-8050

2022 Form IN-111



CLECTION HOUSE FREE A VASTER REFURING AN IN INAL VERMINIT OUN FOR MUSICI INFORMATION

Vermont Income Tax Return

Please PRINT in BLUE or BLACK INK

| Taxpayer's Last Name | First Name | M | Social Security Numb | er Chask if |
|--|---|--|--------------------------------|--|
| FACTOR | BEN | E 4 | 400 00 8045 | Check if Deceased |
| Spouse's/CU Partner's Last Name | First Name | M | Social Security Numb | er Check if |
| | | | | Deceased |
| | nd Street/Road or PO Box) | | 911/Physical Street Addre | ss on 12/31/2022 |
| 42 MAPLE AVE | State ZIP Code or Foreign Posta | | PLE AVE Foreign Cou | ntry |
| NORTHFIELD | VT 05663 | | r oreign ood | |
| Vermont School District Code | | CANNABI | IS | |
| 139 1 Enter Healthcare C (See instructions for | Coverage Code options) Check all Check all that apply Return | DED With Reco | omputed RECOM | PUTED EXTENDED Return |
| Filing Status and Single Married Standard Deduction (\$6,500) (\$13,05) | /CU Filing Jointly Married/0 0) Separate | CU Filing ly (\$6,500) | Head of Household (\$9,800) | Qualifying Widow(er) (\$13,050) |
| | | | | |
| 1. Federal Adjusted Gross Income (federal For | m 1040, Line 11) | | 1 | 40000.00 |
| 2. Net Modifications to Federal AGI (Schedule | e IN-112, Part I, Line 18) | | 2. | -900.00 |
| 3. Federal AGI with Modifications (ADD Line | es 1 and 2) | | | 39100.00 |
| 2022 Vermont Standard Deduction from fili Please see instructions if you or your s deduction boxes on federal Form 1040 | pouse checked any standard | | 4 | 6500.00 |
| 5. Personal Exemptions: 5a. Enter "1" for yourself if no one can compare the second seco | claim you as a dependent | | 5a. <u>1</u> | |
| 5b. Enter "1" for your jointly filed spous claim them as a dependent or if you a | e or CU partner if no one can are a qualifying widow(er) | | | |
| 5c. Enter number of other dependents cla This includes any dependents other t | aimed on federal Form 1040. han yourself and/or your spouse. | | 5c | |
| 5d. ADD Lines 5a through 5c | | | | 5d. <u>3</u> |
| 5e. MULTIPLY Line 5d by \$4,500 (2022 Pers | onal Exemption). | | | 13500.00 |
| 6. ADD Lines 4 and 5e | ****** | | 6 | 20000.00 |
| 7. Vermont Taxable Income (SUBTRACT Lin | ne 6 from Line 3. If less than zer | ro, enter -0-) | 7 | 19100.00 |
| 8. Vermont Income Tax from tax table or tax ra (If Line 1 is greater than \$150,000, see instru | | | | 642.00 |
| 9. Net Adjustment to Vermont Tax (Schedule I | | | | 0.00 |
| 10. Vermont Income Tax with Adjustment (AD) | D Lines 8 and 9. If less than zer | o, enter -0-) | 10 | 642.00 |
| (See instructions) | | Charitable Contribution Deduction (Enter the less | 890F | 0 |
| | 0.00 | of Line 12 or \$1,000) | 13 | 00 . ⁰ |
| 14. Vermont Income Tax (Line 10 MINUS Line | e 13. If less than zero, enter -0-) | | 14 | 642.00 |
| 15. Income Adjustment (Schedule IN-113, Line | 35, or 100.0000%) | | | 100.0000 % |
| 16. Adjusted Vermont Income Tax (MULTIPL | Y Line 14 by Line 15) | | 16 | 642.00 |
| 5454 | Amount Due | .00 | | Form IN-111 Page 1 of 2 Rev. 10/22 |
| | (from Line 31) | | | 1100, 10/22 |

| | Taxpayer's Last Name | Social Security Number | | |
|------|---|------------------------------------|---|---|
| | FACTOR | 400 00 8045 | | |
| | Amount from Line 16 642.00 | | * 2 2 1 | |
| | Other State Credit (Schedule IN-117, Line 21) | Vermont Tax Credits (S | chedule IN-119, Part II) | Total Vermont Credits (Add Lines 17 and 18) |
| 17. | <u> </u> | 18 | <u> 0.00 </u> | 90.00 |
| 20. | Vermont Income Tax after credits (SUBTRAC If Line 19 is greater than Line 16, enter -0-) | | | |
| 21. | Use Tax for taxable items on which no sales tax including online purchases. (See instructions, we | was charged, orksheet, and chart). | Check to certify no Use Tax is due. OR 2 | ı. <u> </u> |
| 22. | Total Vermont Taxes (ADD Lines 20 and 21) | | | 2. <u>642</u> .00 |
| | Green Up Vermont Nongame Wildlife Fund | Vermont Child Trust Founda | ren's Vermont Veteran | s Fund Total Contributions |
| 23a. | 00 + 23b00 | + 23c. 0 | 00 + 23d. 0 | .00 = 23e. 0.00 |
| 24. | Total of Vermont Taxes and Voluntary Contribut | ions (ADD Lines 22 an | d 23e)2 | 4. <u> 642</u> .00 |
| 25a. | 2022 Vermont Tax Withheld from W-2, 1099 | | 5a. 500.0 | 0 |
| | 2022 Estimated Tax payments, amount carried for and/or payment made with 2022 extension | orward from 2021, | | |
| 25c. | Refundable Credits (Schedule IN-112, Part II, L | ine 17)2 | 5c3162.0 | 0 |
| 25d. | 2022 Vermont Real Estate Withholding from Fo | rm RW-171 | 5d0.0 | 0 |
| 25e. | 2022 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule | e K-1VT, Line 52 | 5e0.0 | 0 |
| 25f. | Total Payments and Credits (ADD Lines 25a th | rough 25e) | | .00 3662 |
| 26. | Overpayment. If Line 24 is less than Line 25f, | SUBTRACT Line 24 fi | rom Line 25f | 6 <u>3020</u> .00 |
| 27a. | Refund to be credited to 2023 Estimated Tax Pa | yment 2' | 7a0.0 | 0 |
| 27b. | Refund to be credited to 2023 Property Tax Bill | | 7b500.0 | 0 |
| 28. | REFUND AMOUNT (SUBTRACT Lines 27a | and 27b from Line 26) | | 82520 .00 |
| 29. | If Line 24 is more than Line 25f, subtract Lin See instructions on tax due | e 25f from Line 24. | | 90.00 |
| 30. | Interest and Penalty on Underpayment of Estimated Tax 30. (Worksheet IN-152 or IN-152A) | | 31. AMOUNT DUE | ı. <u> 0</u> .00 |

| For Amended | Original refund received | Refund due now | Original payment | Amount due now |
|---------------|--------------------------|----------------|------------------|----------------|
| Returns Only: | .00 | .00 | .00 | .00 |

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.

| Check if the Department of Taxes may discuss this return with th 5454 | e preparer shown. | Keep a copy for your records. | Form IN-111 Page 2 of 2 Rev. 10/22 |
|---|-------------------|--|--|
| Firm's Name (or yours if self-employed) and address | | Preparer's SSN or PTIN | FEIN |
| Paid Preparer's Signature | Date / / | Preparer's Telephone Number | |
| Signature (If a joint return, BOTH must sign.) | Date (MM/DD/YYYY) | Date of Birth (MM/DD/YYYY) | Daytime Telephone Number |
| Signature | Date (MM/DD/YYYY) | Date of Birth (MM/DD/YYYY) 10 / 26 / 1992 | Daytime Telephone Number |

2022 Schedule IN-112

Vermont Tax Adjustments and Credits



2 2

Please PRINT in BLUE or BLACK INK

INCLUDE WITH FORM IN-111

| | Taxpayer's Last Name | First Name | | MI | Та | xpayer's Social Securit | y Number |
|------|--|-------------------------|-----------------------------------|--------------|-----------------------|-------------------------|----------------------|
| | FACTOR | BEN | | E | 400 0 | 0 8045 | |
| PA | RTI | | | | | | |
| - | DITIONS TO FEDERAL ADJUSTED | GROSS INCOME | | | | | |
| | Total interest and dividend income from all sobligations exempt from federal tax (reported on federal Form 1040) | state and local | | | <u>0</u> .00 | | |
| 2. | Interest and dividend income from Vermont obligations included in Line 1 | | | | 0.00 | | |
| 3. | Income from Non-Vermont State and Local | Obligations (SUBTRACT I | Line 2 from I | Line 1) | | | 0.00 |
| 4. | Bonus Depreciation Allowed under Federal | Law for 2022 4. | | | 0.00 | | |
| 5. | Other (reserved) | | RESER | VE | D00 | | |
| 6. | Total Additions (ADD Line 3 and Line 4) . | | <u></u> | •••• | 6. | | 0.00 |
| SU | BTRACTIONS FROM FEDERAL AD | JUSTED GROSS INCO | OME | | | | |
| 7. | Interest Income from U.S. Obligations | | | | 0.00 | | |
| 8. | Capital Gains Exclusion (Schedule IN-153, I | Line 21) | × | | 0.00 | | 4%) |
| 9. | Adjustment for Prior Years' Bonus Deprecia | ation | | | 700.00 | | |
| 10. | Taxable Refunds of State and Local Income (Reported on federal Form 1040) | | | | 0.00 | | |
| 11. | Medical Expense Deduction (see the worksheet in the instructions) | | | | 0.00 | | |
| 12. | Retirement Benefits Exempt from Taxation (see the worksheet in the instructions) | | | | 0.00 | | |
| 13. | Railroad Retirement income | | | | 0.00 | | |
| 14. | Bond/note interest income from (see below) | | | | 0.00 | | 43 |
| | | | mont Public Pow oply Authority | /er | | | |
| 15a. | For residents only - Enter the total student l paid in 2022 on qualified student loans | loan interest you | | 2 | .00 .00 | | |
| 15b | For residents only - Enter any student loan deducted on federal Form 1040, Schedule 1, | | | 2 | 500 .00 | | |
| 15c. | Subtract Line 15b from Line 15a. If filing jc greater than \$200,000, enter -0 All other fi greater than \$120,000, enter -0 | ilers, if AGI is | | | 200.00 | | |
| 16. | Other (reserved) | | RESER | VEI | D00 | | |
| 17. | Total Subtractions (ADD Lines 7 through 1 | 4 and Line 15c) | <u></u> | tatatat (t). | 17. | | 900.000 |
| NE | T MODIFICATIONS TO FEDERAL A | DJUSTED GROSS INC | COME | | | | |
| 18. | SUBTRACT Line 17 from Line 6 . Enter o This can be a negative number. | n Form IN-111, Line 2 | | | · · · · · · · · · 18. | Schedule | -900.00 IN-112 |
| | 5454 | | | | | | e 1 of 2 v. 10/22 |

| - | _ | _ | ۰. |
|----|---|---|----|
| | | | |
| | | | |
| ε. | | | |

| Taxpayer's Last Name | Social S | Security | / Number |
|----------------------|----------|----------|----------|
| FACTOR | 400 | 00 | 8045 |



PART II

| REFUNDABLE CREDIT | S | | | |
|--|---|----------------------------------|------------------------|--------------------|
| Child and Dependent Care C | redit - Resident and Part-Year Resident | | | |
| 1. Child and Dependent Ca | are Credit (federal Form 2441, Line 10 or | 11) | | 1000.00 |
| 2. Vermont Child and Dep | endent Care Credit (MULTIPLY Line 1 | by 72% (0.72)) | | 720.00 |
| Child Tax Credit - Resident a | nd Part-Year Resident | | | |
| 3. Number of qualifying cl | nildren | | .3. | 2 |
| | alify for Child Tax Credit (born 2017 through | | | |
| Qualifying Child #1 - La | | | Social Security Number | Year of Birth |
| SUN | ODETTE | | 400 00 8046 | 2020 |
| Qualifying Child #2 - La | | | Social Security Number | Year of Birth |
| BAGS | MON | E | 400 00 8047 | 2022 |
| Qualifying Child #3 - La | | | Social Security Number | Year of Birth |
| Qualifying Onio Ho - La | a marine i narre | | | Total of Diffit |
| 4. Child Tax Credit (MUL your Adjusted Gross Inc | TIPLY Line 3 by \$1,000). See instruction from Form IN-111, Line 1 is over \$ | ons for credit amount if 125,000 | | 2000.00 |
| Lines 5 through 7 - For | part-year residents only: | | | |
| 5. Enter amount from Sche | dule IN-113, Line 14B, Vermont Portion | of Total Income | 5. | 0.00 |
| 6 Enter amount from Sobe | dule IN-113, Line 14A, Total Income | | 6 | 0.00 |
| 6. Enter amount from Sche | aute IN-115, Line 14A, 16tal meone | | | |
| 7. Child tax credit adjustm | ent percentage. (DIVIDE Line 5 by Lin | e 6, then MULTIPLY th | e result by 100)7. | 0.00 % |
| 8. Adjusted Child Tax Cre | dit. MULTIPLY Line 4 by 100% or Li | ne 7, if less | | 2000.00 |
| Earned Income Tax Credit - R | Resident and Part-Year Resident | | | |
| 9. Number of qualifying ch | ildren from federal Schedule EIC | | 9. . | 2 |
| 10. Federal Earned Income | Tax Credit. Enter amount from federal Fo | orm 1040 | | 1164.00 |
| 11. Vermont Earned Income | Tax Credit: MULTIPLY Line 10 by 38 | 3% (0.38) | | 442.00 |
| Lines 12 through 15 - F | or part-year residents only: | | | |
| 12. Wages, salaries, tips, etc | A. | Federal Amount \$ | В. \ | Vermont Portion \$ |
| | 1) | 00.00 | 12B. | 00.0 |
| Other earned income (Schedule IN-113, Lines) | 8, 10, and 11)13A. | .00 | 13B. | 0.00 |
| 14. Total earned income (Ac | Id Lines 12 and 13)14A. | 0.00 | 14B. | 00.00 |
| 15. Earned income tax credi | t adjustment (DIVIDE Line 14B by Line | e 14A, MULTIPLY the r | result by 100)15. | 0.00 % |
| 16. Adjusted Earned Income | Tax Credit. MULTIPLY Line 11 by 1 | 00% or Line 15, if less. | | <u>442</u> .00 |
| 17. TOTAL REFUNDABL | E CREDITS (ADD Lines 2, 8, and 16. | Enter this amount on For | m IN-111, Line 25c)17. | 3162.00 |

2023 Form HS-122

Vermont Homestead Declaration AND Property Tax Credit Claim



DUE DATE: April 18, 2023. You may file up to Oct. 16, 2023, but the town may assess a penalty. For details on late filing, see the instructions.

How to file a Homestead Declaration: Please complete Section A of this form, sign in the signature section at the bottom of page 2, and send the form to the Vermont Department of Taxes

How to file a Property Tax Credit Claim: To be considered for a Property Tax Credit, you must file a 1) Homestead Declaration (Section A of this form), 2) Property Tax Credit Claim (Section B of this form), and 3) Schedule HI-144, Household Income. Sign this form in the signature section at the bottom of page 2 and send the forms to the Department.

Tired of paper forms? It's fast and convenient to file your claim online at myVTax.vermont.gov.

Annual Vermont Homestead Declaration

SECTION A.
 This form must be filed each year by every Vermont resident whose property meets the definition of a homestead.
 A Vermont homestead is the principal dwelling and parcel of land surrounding the dwelling, owned and occupied by a resident individual as the individual's domicile on April 1, 2023. If your homestead is leased to a tenant on April 1, 2023, you may still

claim it as a homestead if it is not leased for more than 182 days in the 2022 calendar year.

Please PRINT in BLUE or BLACK INK

| Claimant's Last Name | First Name | MI | Claimant's Social Security Numb | ber | |
|--|--|----|--|----------------------|--|
| FACTOR | BEN | E | 400 00 8045 | | |
| Spouse's/CU Partner's Last Name | First Name | MI | Spouse's or CU Partner's Social Securi | y Number | |
| | | | | | |
| Mailing Address (Number and | I Street/Road or PO Box) | | Claimant's Date of Birth (MM/DD/Y | YYY) | |
| 42 MAPLE AVE | | | 10/26/1992 | | |
| City | State ZIP Code | | | | |
| NORTHFIELD | VT 05663 | | | | |
| Location of Homestead (Use a number, street/ro | ad name. Do not use a PO Box or "same.") | | City/Town of Legal Residence on April 1, 202 | 3 and State | |
| 42 MAPLE AVE | | | NORTHFIELD | VT | |
| Federal Single | Married/CU Filing Jointly | | | Head of Household | |
| A1. SPAN - REQUIRED (from the 2022/2023 property tax bill). A1 | | | | | |

Please continue to Page 2, Part B, for property tax credit. Sign on Page 2.

Mail to: Vermont Department of Taxes PO Box 1881 Montpelier, VT 05601-1881

Form HS-122 Page 1 of 2 Rev. 10/22

| Claimant's Last Name | Claimant's Last Name Social Security Nur | | |
|----------------------|--|----|------|
| FACTOR | 400 | 00 | 8045 |



DUE DATE: April 18, 2023. Claims accepted up to Oct. 16, 2023.

PROPERTY TAX CREDIT CLAIM

| S | ECTION B. | For Household Income up to \$134,80 | 00. Complete and attach | Schedule HI-144. | |
|--------------|---------------------------------------|--|----------------------------------|------------------------------|---|
| - | | et the requirements for filing a homestead d must be answered. | eclaration in addition to the fo | llowing requirements | 3. |
| B1. | Were you domicile | d in Vermont all of calendar year 2022? | Yes, Go to Line B2. | No, STOP | • |
| В2. В3. | - | as a dependent in 2022 by another taxpayer? elling this Vermont housesite on or | Yes, STOP. | No, Go to | Line B3. |
| A | before April 1, 202. | 3? | | No, Contir | |
| Amo | unts for Lines B4 th | arough B6 are found on the 2022/2023 prop | erty tax bill. Kound amounts | to the nearest dollar. | |
| B4. | Housesite Value | | ***** | B4 | 280000.00 |
| B5 . | Housesite Education | n Tax | **** | B5 | 4191.00 |
| B6 . | Housesite Municipa | ıl Tax | | B6 | 1549.00 |
| B7. | | | | | 100.00 % |
| B8 . | Household Income You MUST attach S | (Schedule HI-144, Line z). Schedule HI-144 | B86400 | 0.00 Check her HI-144, He | re if amended Schedule busehold Income, is included. |
| Com | | ONLY if applicable from Form LRC-147, Part | | | |
| B9 . | For Profit Mobile H | ome Lot Rent (Allocable Rent from Form LR | C-147) | | .00 |
| Not- | For-Profit Mobile H | ome Park, Cooperative and Land Trust | | | |
| B10 . | Allocated Education | n Tax | | B10 | .00 |
| B11. | Allocated Municipa | l Tax | | | .00 |
| <u>OR</u> P | Property Tax from co | ontiguous property if housesite has less than | | | |
| B12. | Contiguous property | / Education Tax | | B12 | 00 |
| B13. | Contiguous property | / Municipal Tax | | B13 | 00 |

MAXIMUM CREDIT AMOUNT IS \$8,000.

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 (MMDDYYYY) | Daytime Telephone Number |
|---|------------------------|-----------------------------|
| Signature (If a joint return, BOTH must sign.) | Date (MMDDYYYY) | Daytime Telephone Number |
| Paid Preparer's Signature | Date (MMDDYYYY) | 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.

2022 Schedule HI-144

Household Income

For the year Jan. 1 - Dec. 31, 2022



Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2023 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 |
|---------------------------------|------------|----|-------------------------------------|
| FACTOR | BEN | Е | 400 00 8045 |
| Spouse's/CU Partner's Last Name | First Name | MI | Claimant's Date of Birth (MMDDYYYY) |
| | | | 10 26 1992 |

List the names and Social Security Numbers of all other people (in addition to a Spouse or CU Partner) who had income and lived with you during 2022. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other People" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Check this box if you temporarily hosted a refugee, asylee, or asylum seeker in your home during 2022. Do not include their income on this form.

| Other Person #1 Last Name | First Name | MI | Other Person #1 Soc | ial Security Number |
|--|------------------------------|-------------------------------------|---|---------------------|
| AM | SAM | I | 400 00 8048 | |
| Other Person #2 Last Name | First Name | MI | Other Person #2 Soc | ial Security Number |
| HAT | CAT | N | 400 00 8049 | |
| Yearly totals of ALL members of the household | | mant /Claimant itly filed Spouse | 2. Filing separately Spouse or CU Partner | 3. Other People |
| a. Cash public assistance and relief (See instructi | ons for exclusions) a | 0.00 | 0.00 | 0.00 |
| b. Social Security, SSI, disability, railroad retirenveteran's benefits, taxable and nontaxable | | 0.00 | 0.00 | 15000.00 |
| c. Unemployment compensation/worker's compe | ensation c | 36000.00 | 0.00 | 00 |
| d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.) | d | 4000.00 | 0.00 | 0.00 |
| e. Interest and dividends | | 0.00 | 0.00 | 00.00 |
| f. Interest on U.S., state, and municipal obligatio taxable and nontaxable | | 0.00 | 0.00 | 0.00 |
| g. Alimony and support money | g | 000 | 0.00 | 0.00 |
| h. Child support and cash gifts | | | | |
| Please specify | | 0.00 | 0.00 | 0.00 |
| i. Business income. If the amount is a loss, enter See instructions for offsetting a loss | | 0.00 | .00 | 0.00 |
| j. Capital gains, taxable and nontaxable. If the an enter -0 See instructions for offsetting a loss | nount is a loss, j | 0.00 | 0.00 | 0.00 |
| k. Taxable pensions, annuities, IRA and other retributions. See instructions | irement fund and k | 0.00 | 0.00 | 0.00 |
| I. Rental and royalty income. If the amount is a lose instructions for offsetting a loss | oss, enter -0 | 0.00 | 0.00 | 0.00 |
| m. Farm/partnerships/S corporations/LLC/Estate of If the amount is a loss, enter -0 See Line m in exception to offset a loss | structions for onlym. | <u>o</u> .00 | 0.00 | .00 |
| n. Other income (See instructions for examples of | t other income) | | | |
| Please specify | n | 0.00 | 00. | 0.00 |
| o. Total Income: ADD Lines a through n | | 40000.00 | 00.0 | 30000.00 |
| _ | | | Sche | edule HI-144 |

Page 1 of 2 Rev. 10/22

| | Claimant's Last Name | Social Security Num | ber | | |
|----------------|---|--------------------------|----------------------|-------------------|----------------|
| | FACTOR | 400 00 804 | 15 | | |
| | | | * 2 | | |
| | | | Σ. | 2 1 7 7 1 2 0 | 0 |
| | Carried forward from Line o | 40000.00 | .00 | 30000.00 | |
| | | | | | |
| . See instruct | tions. Enter Social Security and | 1. Claimant /Claimant | 2. Filing separately | 3. Other People | |
| Medicare ta | ax withheld on wages claimed on | and jointly filed Spouse | Spouse or CU Partner | | |
| tax from Fe | f-Employed: Enter self-employme deral Schedule SE. This entry may | , | | | |
| | W-2/1099 or Federal Schedule SE nese taxes are paid on income not | | | | |
| required to | be reported on Schedule HI-144. | | | | |
| | 2 and/or Federal Schedule SE led with income tax filing p | 0.00 | 0.00 | 0.00 | |
| | ort paid. You must include | | | | |
| proof of pay | ment. See instructions q | . 6000 .00 | 0.00 | 00. 0 | |
| Sup | port paid to: Last Name | First Na | me Mi | Social Securi | ty Number |
| PRICE | | LOIS | | 400 00 8050 | |
| Allowable | adjustments from Federal Form | 1040 | | | |
| | ss expenses for Reservistsr1 | | 0.00 | 0.00 | |
| | - | | | | |
| | ny paidr2 | 0.00 | 0.00 | 0.00 | |
| r3. Self-en | nployed health ice deduction | 0.00 | 0.00 | 0 .00 | |
| | | | | | |
| r4. Health | Savings Account deduction r4 | 0.00 | 0.00 | 0.00 | |
| ADD Lines | p, q, and total of rough r4 for each columns. | 6000 .00 | 0 .00 | 0.00 | |
| | T Line s from Line o of each | | | | |
| column. If | a negative amount, enter -0 t | 34000.00 | .00 | 30000_ .00 | |
| ADD all the | ree amounts from Line t. If a neg | ative amount enter -0- | | | . 64000. |
| | born Jan. 1, 1958 and after. | | | | |
| Enter interes | st and dividend income from | - 00 | | | |
| Lines e and | f | 0.00 | 0.00 | 0.00 | |
| ADD all thr | ee amounts from Line v | | | | v0.0 |
| | | | | | 10.000 |
| Asset Adjus | tment of Interest and Dividend Inc | ome (Lines e and f). Pe | r 32 V.S.A. § 6061E | | к10,000.0 |
| SUBTRAC | T Line x from Line w. If Line x is | s more than Line w, ente | r -0 | | y. 0. (|
| | | ·- ··, | | | |
| | LD INCOME. ADD Line u and | | | | |

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

Homeowners with Household Income up to \$134,800 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 18, 2023. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 19 and Oct. 16, 2023, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

Test 7: Required Vermont Forms/Schedules: HS-122, HI-144

Taxpayer(s) Information:

| Primary SSN: | 400-00-8051 |
|------------------|------------------------------|
| Name: | Frank N Stein |
| Mailing Address: | 33 Spooky Lane |
| City: | Woodstock |
| State: | VT |
| Zip Code: | 05035 |
| Date of Birth: | October 31, 1960 |
| Filing Status: | Single |
| 911 Address: | 33 Spooky Lane Woodstock, VT |
| | |

Return Information:

| SPAN: | 786-250-12596 |
|-----------------------------|---------------|
| Business Use: | 75.00% |
| Improvements: | No |
| Housesite Value: | 400,000.00 |
| Education Tax: | 7,468.00 |
| Municipal Tax: | 1,052.00 |
| Ownership: | 100.00 |
| Household Income: | 290,000.00 |
| Social Security: | 25,000.00 |
| Interest and Dividends: | 50,000.00 |
| Interest on US Obligations: | 50,000.00 |
| Royalties: | 100,000.00 |
| Alimony Paid: | 25,000.00 |
| | |

Vermont Department of Taxes 2023 Form HS-122 Vermont Homestead Declaration AND Property Tax Credit Claim



DUE DATE: April 18, 2023. You may file up to Oct. 16, 2023, but the town may assess a penalty. For details on late filing, see the instructions.

How to file a Homestead Declaration: Please complete Section A of this form, sign in the signature section at the bottom of page 2, and send the form to the Vermont Department of Taxes

How to file a Property Tax Credit Claim: To be considered for a Property Tax Credit, you must file a 1) Homestead Declaration (Section A of this form), 2) Property Tax Credit Claim (Section B of this form), and 3) Schedule HI-144, Household Income. Sign this form in the signature section at the bottom of page 2 and send the forms to the Department.

Tired of paper forms? It's fast and convenient to file your claim online at myVTax.vermont.gov.

Annual Vermont Homestead Declaration

SECTION A.

This form must be filed each year by every Vermont resident whose property meets the definition of a homestead. A Vermont homestead is the principal dwelling and parcel of land surrounding the dwelling, owned and occupied by a resident individual as the individual's domicile on April 1, 2023. If your homestead is leased to a tenant on April 1, 2023, you may still claim it as a homestead if it is not leased for more than 182 days in the 2022 calendar year.

Please PRINT in BLUE or BLACK INK

| Claimant's Last Name | | First Name | M | Claimant's Social Security | Number | |
|---|--------------------------|--|---|---|--------------------|----------------|
| STEIN F | | | N | 400 00 8051 | | |
| Spouse's/CU Partner's Last Name | | First Name | MI | Spouse's or CU Partner's Social | Security Nu | mber |
| | | | | | | |
| Mailing Address (Number a | nd Street/Ro | ad or PO Box) | | Claimant's Date of Birth (MN | /DD/YYYY) | |
| 33 SPOOKY LANE | | | | 10/31/1960 |) | |
| City | State | ZIP Code | | | | |
| WOODSTOCK | VT | 05035 | | | | |
| Location of Homestead (Use a number, street/ | road name. | Do not use a PO Box or "same.") | | City/Town of Legal Residence on April | 1, 2023 an | d State |
| 33 SPOOKY LANE | | | | WOODSTOCK | | VT |
| Federal Filing Status Single | | /arried/CU iling Jointly | | Married/CU Filing Separately | Head | l of sehold |
| A1. SPAN - REQUIRED (from the 2022/2023 p A2. Business Use of Dwelling. A3. Rental Use of Dwelling. A4. Business or Rental Use of Improvements on Not including the dwelling, are improvement A5-A8 Special Situations (See instructions for m A5. Grantor and sole beneficiary of a revocable trust owning the property A6. Life estate holder of the property | r Other E Its or othe | Buildings r buildings located on your p nation). Check the following A7. Home (File a Resid | earcel use i fi ti app estead pro a declarat ing in a d | A2 A3 ad for business or rented? A4 | <u>75.(</u> 0.(| 00% |
| Please continue to Page 2, Part B, for property tax | credit. Si | gn on Page 2. | | | | |

Mail to: Vermont Department of Taxes PO Box 1881 Montpelier, VT 05601-1881

| Claimant's Last Name | Social Security Number |
|----------------------|------------------------|
| STEIN | 400 00 8051 |



DUE DATE: April 18, 2023. Claims accepted up to Oct. 16, 2023.

| S | ECTION B. | PROPERTY TAX For Household Income up to \$134,800. | | edule HI-144. | |
|--------------|---|---|----------------------------------|----------------------------------|--|
| | | et the requirements for filing a homestead decla must be answered. | ration in addition to the follow | ing requirements. | |
| B 1. | Were you domicile | d in Vermont all of calendar year 2022? | Yes, Go to Line B2. | No, STOP. | |
| B3. | Do you anticipate s before April 1, 202 | as a dependent in 2022 by another taxpayer? elling this Vermont housesite on or 3? hrough B6 are found on the 2022/2023 property | Yes, STOP. | No, Go to Lin No, Continue | |
| B4. | Housesite Value | | | | 400000.00 |
| B5. | Housesite Educatio | n Tax | | B5 | 7468.00 |
| B6. | Housesite Municipa | al Tax | •••••• | B6 | 1052.00 |
| B7. | Ownership Interest | | | B7 | 100.00 % |
| B8. | Household Income You MUST attach S | (Schedule HI-144, Line z). Schedule HI-144 | . B8290000.(| 00 Check here if HI-144, Hous | amended Schedule ehold Income, is included. |
| Com | plete the following C | ONLY if applicable from Form LRC-147, Part B. | | | |
| B9 . | For Profit Mobile H | Iome Lot Rent (Allocable Rent from Form LRC-14 | 47) | B9 | .00 |
| Not- | For-Profit Mobile H | lome Park, Cooperative and Land Trust | | | |
| B10. | Allocated Education | n Tax | | B10 | .00 |
| B 11. | Allocated Municipa | ıl Tax | | | .00 |
| <u>or</u> i | roperty Tax from co | ontiguous property if housesite has less than 2 ac | res (See instructions.) | | |
| B12. | Contiguous property | y Education Tax | | B12. | .00 |
| B13. | Contiguous property | y Municipal Tax | | B13 | .00 |
| | | MAXIMUM CREDIT A | MOUNT IS \$8,000. | | |
| | | I declare that I have examined this return and acco | | | t of my knowledge and |

| belief, they are true, correct, and complete. Preparers cannot use return information for purposes other than preparing returns. | | | | | |
|--|------------------------|-----------------------------|--|--|--|
| Signature | Date (MMDDYYYY) | Daytime Telephone Number | | | |
| | 8 | | | | |
| Signature (If a joint return, BOTH must sign.) | Date (MMDDYYYY) | Daytime Telephone Number | | | |
| Paid Preparer's Signature | Date (MMDDYYYY) | 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.

Form HS-122 Page 2 of 2 Rev. 10/22

2022 Schedule HI-144



÷

Household Income For the year Jan. 1 - Dec. 31, 2022

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2023 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

| Claimant's Last Name | First Name | First Name MI Claimant's Soci | |
|---------------------------------|------------|-------------------------------|-------------------------------------|
| STEIN | FRANK | N | 400 00 8051 |
| Spouse's/CU Partner's Last Name | First Name | MI | Claimant's Date of Birth (MMDDYYYY) |
| | | | 10 31 1960 |

List the names and Social Security Numbers of all other people (in addition to a Spouse or CU Partner) who had income and lived with you during 2022. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other People" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Check this box if you temporarily hosted a refugee, asylee, or asylum seeker in your home during 2022. Do not include their income on this form.

| son #2 Social Security Number |
|-------------------------------|
| ЭГ |

.

| Yearly totals of ALL members of the household | 1. Claimant /Claimant and jointly filed Spouse | 2. Filing separately Spouse of CU Partner | 3. Other People |
|---|--|---|----------------------------|
| a. Cash public assistance and relief (See instructions for exclusion b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable | | .00 00 | .00 |
| c. Unemployment compensation/worker's compensation d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.) | | .00 | .00 |
| e. Interest and dividends f. Interest on U.S., state, and municipal obligations, taxable and nontaxable | e. <u>50000</u> .00 | .00 | .00 |
| g. Alimony and support moneyh. Child support and cash gifts | | .00 | .00 |
| Please specify | | .00 00 | .00 |
| j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0 See instructions for offsetting a loss k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions | | .00 00 | .00 |
| I. Rental and royalty income. If the amount is a loss, enter -0 See instructions for offsetting a loss m. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0 See Line m instructions for onl | | .00 | .00 |
| exception to offset a loss | m00 | .00 | .00 |
| Please specify o. Total Income: ADD Lines a through n | | 00 | .00 .00 edule HI-144 |
| 5454 | | | Page 1 of 2 Rev. 10/22 |

| | - | | | | |
|---------------|---|------------------------|----------------------|-----------------|---------------------|
| | Claimant's Last Name | Social Security Numb | ber | | |
| | STEIN | 400 00 805 | 51 | | |
| | - | | | | |
| | | | * 2 | 2 1 4 4 1 2 0 | 0 * |
| | | | | | |
| | Carried forward from Line o | 225000 .00 | .00 | .00 | |
| | | | | | |
| | | | | | |
| p. See instru | | Claimant /Claimant | 2. Filing separately | 3. Other People | |
| | tax withincit on wages claimed on | d jointly filed Spouse | Spouse or CU Partner | | |
| Line d. S | Self-Employed: Enter self-employment Federal Schedule SE. This entry may | | | | |
| | m W-2/1099 or Federal Schedule SE | | | | |
| | f these taxes are paid on income not | | | | |
| | to be reported on Schedule HI-144. | | | | |
| | <i>N</i> -2 and/or Federal Schedule SE luded with income tax filing p. | .00 | .00 | .00 | |
| | | .00 | | | |
| | port paid. You must include payment. See instructions | .00 | .00 | .00 | |
| p.001 01 1 | | | | l | I |
| S | upport paid to: Last Name | First Na | me MI | Social Secur | ity Number |
| | | | | | |
| r. Allowabl | e adjustments from Federal Form 104 | 10 | | is. | |
| | - | 0.0 | 00 | 1 00 | |
| r1. Busi | iness expenses for Reservistsr1. | .00 | .00 | .00 | |
| | | 25000 00 | .00 | .00 | |
| | nony paid | 23000.00 | .00 | .00 | |
| | -employed health rance deduction r3. | .00 | .00 | .00 | |
| mou | | .00 | | | |
| r4. Heal | th Savings Account deduction r4. | .00 | .00 | .00 | |
| | ues p, q, and total of | | | | |
| Lines r1 | through r4 for each column | 25000 .00 | .00 | .00 | |
| t. SUBTRA | CT Lines from Line o of each | | | | |
| column. | If a negative amount, enter -0t. | 200000.00 | .00 | .00 | |
| | | | | | |
| u. ADD all | three amounts from Line t. If a negative | /e amount, enter -0- | ****** | ***** | u. 20000 .00 |
| | if born Jan. 1, 1958 and after. | | | | |
| Enter inte | erest and dividend income from | 100000 00 | 00 | .00 | |
| Lines e ai | nd f | .00.000 | 00 | .00 | I |
| w. ADD all 1 | three amounts from Line v | | -1 | | w. 100000.00 |
| | | | | | |
| x. Asset Adj | justment of Interest and Dividend Incom | e (Lines e and f). Pe | r 32 V.S.A. § 6061E | | x. <u>10,000.00</u> |
| | | | | | |
| y. SUBTRA | CT Line x from Line w. If Line x is m | ore than Line w, ente | r -0 | | y. <u>90000</u> .00 |
| | | | | | 000000 00 |
| z. HOUSEH | HOLD INCOME. ADD Line u and Lin | ne y | | | z. 290000 .00 |
| | | | | | |

HOMEOWNERS Form

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

Homeowners with Household Income up to \$134,800 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 18, 2023. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 19 and Oct. 16, 2023, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

Schedule HI-144 Page 2 of 2 Rev. 10/22

5454

Test 8: Cannabis with Recomputed Federal Return Required Vermont Forms/Schedules: IN-111, IN-113

| Taxpayer(s) Information: | |
|--------------------------|------------------------|
| Primary SSN: | 400-00-8052 |
| Name: | Amy Stake |
| Residency Status: | Resident |
| Mailing Address: | PO Box 34 |
| City: | Montpelier |
| State: | VT |
| Zip Code: | 05602 |
| Filing Status: | Single |
| School District Code: | 126 |
| 911 Address: | 102 Pleasant Valley Rd |
| Date of Birth: | January 01, 2001 |

Return Information:

| Federal AGI: | 250,000.00 |
|--|------------|
| 2022 VT Standard Deductions: | 1 |
| VT Taxable Income: | 239,000.00 |
| VT Income Tax: | 7,637.00 |
| Tax-Deductible Charitable Contributions: | 1000.00 |
| Income Adjustment: | 22.4000% |
| Total VT Taxes: | 1,699.00 |
| 2022 Estimated Payments: | 1,500.00 |
| Amount Due: | 199.00 |
| Federal Wages: | 200,000.00 |
| VT Wages: | 75,000.00 |
| Federal Taxable interest: | 40,000.00 |
| VT Taxable interest: | 30,000.00 |
| Federal Alimony received: | 10,000.00 |
| VT Alimony received: | 2,000.00 |
| Federal Moving Expenses: | 10,000.00 |
| VT Moving Expenses: | 1,000.00 |
| Military Pay: | 50,000.00 |

Direct Debit Information for Vermont:

| Routing Number: | 211672531 |
|--------------------------|-----------|
| Checking Account Number: | 75123128 |

Vermont Department of Taxes 2022 Form IN-111

 $\widetilde{\mathcal{R}}^{X} >$





HE YOUR RELEASE HERTSCHICKLEFTCH RETURNERLESSEN MORE HERTSCHITCH

Vermont Income Tax Return

Please PRINT in BLUE or BLACK INK

| Taxpayer's Last Name | First Name | I MI I | Social Security Num | ber I_ |
|--|---|--|------------------------------------|------------------------------------|
| STAKE | AMY | | 400 00 805 | 2 Check if Deceased |
| Spouse's/CU Partner's Last Name | First Name | M | Soci al Security Num | ber Check if |
| Mailing Address (Number a | nd Street/Road or PO Box) | | 911/Physical Street Add | Deceased |
| PO BOX 74 | | 102 | PLEASANT VA | |
| City | State ZIP Code or Forei on F | Postal Code | Foreign Co | սոնջ |
| MONTPELIER | VT 05602 | | | |
| Vermont School District Code I Enter Heal thcareC 126 1 See instructions for | overage Code prode options) Check all that apply Re | WENDED With F | Recomputed RECO Relation Return | MPUTED EXTENDED Return |
| Filling Status and Single Married/ (\$6,500) Standard Deduction \$\$(\$6,500) \$\$(\$13,050) | | ed/CU Fil ing Iratel y (\$6,500) | Head of Household (\$9,800) | Qualifying Widow(er) (\$13,050) |
| 1. Federal Adjusted Gross Income (federal For | m 1040, Line 11) | | | 250000.00 |
| 2. Net Modifications to Federal AGI (Schedule | IN-112, Part I, Line 18) | | 2. | 00.00 |
| 3. Federal AGI with Modifications (ADD Line | s 1 and 2) | | 3 | 250000.00 |
| 2022 Vermont Standard Deduction from filin Please see instructions if you or your sp deduction boxes on federal Form 1040, Personal Exemptions: | page I. | | | 6500 .00 |
| 5a. Enter "1" for yourself if no one can c5b. Enter "1" for your jointly filed spouse | | | | |
| claim them as a dependent or if you a | re a qualifying widow(er) | | 5b. 0 | |
| 5c. Enter number of other dependents cla This includes any dependents other the | imed on federal Form 1040. aan yourself and/or your spou | se | 5 c0 | |
| 5d. ADD Lines 5a through 5c | | | ***** | 5d. <u>1</u> |
| 5e. MULTIPLY Line 5d by \$4,500 (2022 Perso | onal Exemption). | | 5e | 4500.00 |
| 6. ADD Lines 4 and 5e | | | 6 | 11000.00 |
| 7. Vermont Taxable Income (SUBTRACT Lin | e 6 from Line 3. If less than | zero, enter -0-) | 7 | |
| 8. Vermont Income Tax from tax table or tax ra (If Line 1 is greater than \$150,000, see instru | | | 8 | |
| 9. Net Adjustment to Vermont Tax (Schedule II | N-119, Part I, Line 15). | | | .00 |
| 10. Vermont Income Tax with Adjustment (ADD | Lines 8 and 9. If less than a | zero, enter -0-) | 10 | 7637.00 |
| 11. Tax-Deductible Charitable Contribution (See instructions) 12000.00 | 2. Multiply Line 11 by 5% (0.05) 50.00 | 13. Charitable Contribution (Enter the officer 12 of 14 000) | | ⁵⁰ .00 |
| 14. Vermont Income Tax (Line 10 MINUS Line | | | | 00 |
| 15. Income Adjustment (Schedule IN-113, Line 2 | | | | |
| 16. Adjusted Vermont Income Tax (MULTIPLY | | | | 1699.00 |
| | , | | 19- | Form IN-111 |
| | r | | | Page 1 of 2 |

| W | Taxpayer's Last Name Social Security Number STAKE 400 00 8052 | |
|------|---|---|
| | Amount from Line 16 1699.00 * 2 2 1 | 1 1 1 2 0 0 * |
| 17. | Other State Credit (Schedule IN-117, Line 21) Vermont Tax Credits (Schedule IN-119, Part II) To 000 + 18000 = 19 | otal Vermont Credits (Add Lines 17 and 18) 0.00 |
| 20. | | |
| 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. | |
| | Total Vermont Taxes (ADD Lines 20 and 21) 22 Green Up Vermont Nongame Wildlife Fund Vermont Children's Trust Foundation Vermont Veterans Fundation | |
| 23a. | | 0 = 23e. 0.00 |
| 24. | Total of Vermont Taxes and Voluntary Contributions (ADD Lines 22 and 23e) | 1699.00 |
| 25a. | 2022 Vermont Tax Withheld from W-2, 1099 | |
| | 2022 Estimated Tax payments, amount carried forward from 2021, and/or payment made with 2022 extension | |
| 25c. | Refundable Credits (Schedule IN-112, Part II, Line 17) | |
| 25d. | 2022 Vermont Real Estate Withholding from Form RW-171 | |
| 25e. | 2022 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 | |
| 25f. | Total Payments and Credits (ADD Lines 25a through 25e) | 1500.00 |
| 26. | Overpayment. If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f | 00.0 |
| 27a. | Refund to be credited to 2023 Estimated Tax Payment | 9 |
| 27ь. | Refund to be credited to 2023 Property Tax Bill 27b0.00 | |
| 28. | REFUND AMOUNT (SUBTRACT Lines 27a and 27b from Line 26) | 0.00 |
| 29. | If Line 24 is more than Line 25f, subtract Line 25f from Line 24. See instructions on tax due | 199 .00 |
| 30. | Interest and Penalty on Underpayment of Estimated Tax 30. 0.00 (Worksheet IN-152 or IN-152A) 31. AMOUNT DUE (ADD Lines 29 and 30) 31. (ADD Lines 29 and 30) 31. | |

| For Amended | Original refund received | Refund due now | Original payment | Amount due now |
|---------------|--------------------------|----------------|------------------|----------------|
| Returns Only: | .00 | .00 | .00 | .00 |

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 (If a joint return, BOTH must sign.) Date (MM/DD/YYYY) Date of Birth (MM/DD/YYYY) Paid Preparer's Signature Date Firm's Name (or yours if self-employed) and address Preparer's SSN or PTIN | Form IN-111 Page 2 of 2 Rev. 10/22 |
|---|--|
| Paid Preparer's Signature Date | FEIN |
| Signature (If a joint return, BOTH must sign.) Date (MM/DD/YYYY) Date of Birth (MM/DD/YY / / | Preparer's Telephone Number |
| | YY) Daytime Telephone Number |
| Signature Date (MM/DD/YYYY) Date of Birth (MM/DD/YY 01 / 01 / 20 | |

2022 Schedule IN-113

Vermont Income Adjustment Calculations

Nonresidents and Part-Year Residents Must Complete Parts I and II Full-Year Residents with Adjustments Complete only Part II



Please PRINT in BLUE or BLACK INK

INCLUDE WITH FORM IN-111

| Taxpayer's Last Name | First Name | | Taxpayer's Social Security Number | |
|----------------------|------------|--|-----------------------------------|--|
| STAKE | AMY | | 400 00 8052 | |

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 2022 | | Name of State(s), Canadian province, or | | | |
|------------------------------------|-------------|---|------------|---|----|
| From (MMDDYYYY): 05 | / 25 / 2022 | To (MMDDYYYY): | 12/31/2022 | country during non-Vermont residency (use standard 2-character abbreviation) | ОН |

| | | A. Federal Amount \$ | Ň | B. /ermont Portion \$ |
|-----|---|-------------------------|-------------|--------------------------|
| 1. | Wages, salaries, tips, etc | 200000.00 | 1B | 75000.00 |
| 2. | Taxable interest | 40000.00 | 2B | 30000.00 |
| 3. | Ordinary dividends | 0.00 | 3B | <u>0.00</u> |
| 4. | Taxable IRAs, pensions, and annuities4A. | 0.00 | 4B | 0 .00 |
| | Taxable Social Security 5A. | | 5B | 0.00 |
| | Taxable refunds of state and local income taxes 6A. | 0 | 6В. | 0.00 |
| | Alimony received | 10000 | | 2000.00 |
| | Business income or loss | . | | 0.00 |
| | Capital gain or loss | | | 0.00 |
| | Rents, royalties, partnerships, | | | 0.00 |
| | S corporations, trusts, etc 10A. | 00 | | |
| 11. | Farm income or loss 11A. | 0.00 | 11B | 0.00 |
| 12. | Unemployment compensation | 0.00 | 12B. | 0.00 |
| 13. | Other: Specify 13A. | 00. 0 | 13B | 0.00 |
| 14. | TOTAL INCOME (ADD Lines 1 through 13) 14A. | 250000.00 | 14 B | 107000.00 |
| | | | | |

Schedule IN-113 Page 1 of 2 Rev. 10/22

| Taxpayer's Last Name | Social Security Number |
|----------------------|------------------------|
| STAKE | 400 00 8052 |



| | | Column A. ederal Amount \$ | | Column B. Vermont Portion \$ |
|-----|---|-------------------------------|----------------|---------------------------------|
| 15. | IRA, Keogh/SEP/SIMPLE (Reported on federal Form 1040) 15A. | | 15 B. _ | 0.0 |
| | Self Spouse | | | |
| 16. | Student Loan Interest (Reported on Form 1040) 16A. | 0.00 | 16 B . | 0.0 |
| 17. | Employee Deductions: Reservists, Performing Artists, Fee-basis Gov't Officials (Reported on Form 1040) 17A. | 0 .00 | 17 B | 0. |
| 18. | Self-Employment Deductions: Tax and Health Insurance (Reported on Form 1040) 18A. | 0.00 | 18B | <u> </u> |
| 19. | Health Savings Account (Reported on Form 1040) 19A. | | | 0. <u>0</u> |
| 20. | Moving Expenses (Reported on Form 1040) . 20A. | 10000.00 | 20B. | 1000.0 |
| 21. | Penalty on Early Withdrawal of Savings (Reported on Form 1040) 21A. | 0.00 | 21B | 0.0 |
| 22. | Alimony Paid (Reported on Form 1040) 22A. | 0.00 | 22B | .0 |
| 23. | Domestic Production Activities (Reported on Form 1040) 23A. | 0 .00 | 23B. | 0.0 |
| 24. | Educator Expenses and Tuition & Fees (Reported on Form 1040) 24A. | | 13 | 0.0 |
| 25. | Deductions not listed above but reported on Form 1040 25A | 0.00 | 25B | 0.0 |
| 26. | TOTAL ADJUSTMENTS (ADD Lines 15 through 25) 26A. | | 26B | 1000.0 |
| 27. | Adjusted Gross Income (SUBTRACT Line 26A from Lin | e 14A) | | 250000.0 |
| | Vermont Portion of AGI (SUBTRACT Line 26B from Lin | | | |
| 29. | Non-Vermont Income (SUBTRACT Line 28 from Line 2' Also enter on Part II, Line 31 below. | 7) | | 144000.0 |
| AR | T II. Adjustment for Vermont Exempt Income | and Military Exempt Incom | e | |
| 30. | Adjusted Gross Income. If Part I completed, enter Line 27 a Otherwise, enter amount from Form IN-111, Line 1 | amount. | | 250000.0 |
| 31. | Non-Vermont Income (Line 29 above) | 144000.00 | | |
| 32. | Military pay. Number of months on active duty <u>8</u> (See instructions) 32. | 50000.00 | | ((4)) |
| 33. | Total (ADD Lines 31 and 32) | | | 194000.0 |
| 34 | Vermont Income (SUBTRACT Line 33 from Line 30) | | | 56000.0 |

Schedule IN-113 Page 2 of 2 Rev. 10/22

Test 9: Required Vermont Forms/Schedules: IN-111, IN-112, RCC-146

Taxpayer(s) Information:

Primary SSN: Name: Residency Status: Mailing Address: City: State: Zip Code: Date of Birth: Filing Status: School District Code: 911 Address: 400-00-8053 Dyna Mite Resident 4732 Country Way Unit 1 Barre VT 05641 January 1, 1979 Head of Household 012 4732 Country Way

Return Information: Federal AGI: Net Modifications to AGI: **Personal Exemptions:** 2 Taxable Deductible Charitable Contribution: **Refundable Credits:** Can VT Tax Dept discuss return with preparer? **Retirement Benefits Exempt:** Child and Dependent Care Credit: Number of Qualifying Children: 1 Qualifying Child: Child Tax Credit: Number of Qualifying Children from federal EIC: 1 Federal EITC: RCC-146 SPAN Domiciled in VT all of calendar year? Claimed as a dependent? No Rent in VT 6 months or more? Share your rental with another adult? No Rent Subsidized? No Number of Months Rented in 2022 12 Total Income from 1040 Line 9: 75% of Nontaxable SS Benefits: 3,750.00

30,000.00 -5,000.00 2 100.00 3,561.00 Yes 5,000.00 2,000.00 1 Joe King 400-00-8054 05/19/2021 1,000.00 1 2,951.00 039-012-20411 Yes No Yes No No No 12 30,000.00

2022 Form IN-111



HIS YOULLETAUP ELECTRONICALLY FOR A COSTOR REPORTS OF TO TAX SECONDATIONS FOR MORE INFORMATION.

Vermont Income Tax Return

Please PRINT in BLUE or BLACK INK

| Taxpayer's Last Name | First Name | MI | Social Secu | rity Number | |
|---|--|---|---|------------------------------|----------------------|
| MITE | DYNA | | 400 00 | 8053 | Check if Deceased |
| Spouse's/CU Partner's Last Name | First Name | MI | Social Secu | nty Number | Check if |
| | | | | | Deceased |
| Mailing Address (Number a | | | Contraction of the second s | eet Address on 12/31/2 | 022 |
| 4732 COUNTRY WAY UNIT 1 | | 473 | | | |
| BARRE | State ZIP Code or Foreig VT 05641 | Il Postal Code | FO | reign Country | |
| Vermont School District Code | | CA | NNABIS | | |
| 012 1 Enter Healthcare C (See instructions for | Coverage Code or code options) Check all that apply | AMENDED Wit | h Recomputed deral Return | Return | Return |
| Filing Status and Standard Deduction Single (\$6,500) Married (\$13,05) | /CU Filing Jointly Ma 0) Se | arried/CU Filing eparately (\$6,500) | Head of Househ (\$9,800) | old Qualifying (\$13,050) | Widow(er) |
| 1. Federal Adjusted Gross Income (federal For | m 1040, Line 11) | | | : | .00.00 .00 |
| 2. Net Modifications to Federal AGI (Schedule | e IN-112, Part I, Line 18) | | | | -5000 .00 |
| 3. Federal AGI with Modifications (ADD Line | es 1 and 2). | | | | 25000.00 |
| 2022 Vermont Standard Deduction from fili Please see instructions if you or your s deduction boxes on federal Form 1040 Personal Exemptions: | pouse checked any standard | | 4 | | 9800.00 |
| 5a. Enter "1" for yourself if no one can c | | | 5a | 1 | |
| 5b. Enter "1" for your jointly filed spous claim them as a dependent or if you a | are a qualifying widow(er). | | | 0 | |
| 5c. Enter number of other dependents cla This includes any dependents other th | aimed on federal Form 1040 han yourself and/or your spo |). Duse | 5c | 1 | |
| 5d. ADD Lines 5a through 5c | | | | 5d | 2 |
| 5e. MULTIPLY Line 5d by \$4,500 (2022 Pers | onal Exemption). | | | | 9000.00 |
| 6. ADD Lines 4 and 5e | | | 6 | | 18800.00 |
| 7. Vermont Taxable Income (SUBTRACT Lin | ne 6 from Line 3. If less that | an zero, enter -0-) | | | 6200.00 |
| 8. Vermont Income Tax from tax table or tax ra (If Line 1 is greater than \$150,000, see instru | | | | * | 209.00 |
| 9. Net Adjustment to Vermont Tax (Schedule I | · | | | | 0.00 |
| 10. Vermont Income Tax with Adjustment (ADI | D Lines 8 and 9. If less that | n zero, enter -0-) | 10 | | 209.00 |
| 11. Tax-Deductible Charitable Contribution 1 (See instructions) 100.00 | 2. Multiply Line 11 by 5% (0.05) 5 .00 | 13. Charitable Contri Deduction (Enter of Line 12 or \$1.00 | | | ⁵ .00 |
| 14. Vermont Income Tax (Line 10 MINUS Line | | | | | 204.00 |
| 15. Income Adjustment (Schedule IN-113, Line | | | | | 0000 % |
| 16. Adjusted Vermont Income Tax (MULTIPL) | | | | | 204.00 |
| · | Amount Due | | | | |
| 5454 | (from Line 31) | | .00 | Rev. 10 | /22 |

| | Taxpayer's Last Name | Social Security Number | | |
|------|---|--------------------------------------|--------------------------------------|---------------------------------------|
| | MITE | 400 00 8053 | | |
| | Amount from Line 16 204 .00 | | * 2 2 1 1 | 1 1 2 0 0 * |
| | Other State Credit (Schedule IN-117, Line 21) | Vermont Tax Credits (Scheo | | fermont Credits (Add Lines 17 and 18) |
| 17. | 00 + | 180 | 00 = 19 | 00.0 |
| 20. | Vermont Income Tax after credits (SUBTRAC If Line 19 is greater than Line 16, enter -0-) | | | |
| 21. | Use Tax for taxable items on which no sales tax including online purchases. (See instructions, we | was charged, orksheet, and chart) | Check to certify OR 21 | 0.00 |
| 22. | Total Vermont Taxes (ADD Lines 20 and 21) . | | | 204 .00 |
| | Green Up Vermont Nongame Wildlife Fund | Vormont Childron's | Vermont Veterans Fund | |
| 23a. | 00 + 23b00 | | | = 23e00 |
| 24. | Total of Vermont Taxes and Voluntary Contribut | tions (ADD Lines 22 and 2. | 3e)24 | 204.00 |
| 25a. | 2022 Vermont Tax Withheld from W-2, 1099 | | 0.00 | |
| 25b. | 2022 Estimated Tax payments, amount carried fr and/or payment made with 2022 extension | orward from 2021, 25b. | 0.00 | |
| 25c. | Refundable Credits (Schedule IN-112, Part II, L | ine 17) 25c. | 3561.00 | |
| 25d. | 2022 Vermont Real Estate Withholding from Fo | orm RW-171 25d. | 0.00 | - 54 - 14 |
| 25e. | 2022 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule | e K-1VT, Line 5 25e. | 0.00 | |
| 25f. | Total Payments and Credits (ADD Lines 25a th | rough 25e) | 25f | 3561.00 |
| 26. | Overpayment. If Line 24 is less than Line 25f, | SUBTRACT Line 24 from | Line 25f 26 | 3357.00 |
| 27a. | Refund to be credited to 2023 Estimated Tax Pa | yment 27a. | 0.00 | |
| 27b. | Refund to be credited to 2023 Property Tax Bill | | 0.00 | |
| 28. | REFUND AMOUNT (SUBTRACT Lines 27a a | and 27b from Line 26) | | 3357 .00 |
| 29. | If Line 24 is more than Line 25f, subtract Lin See instructions on tax due | e 25f from Line 24. | | |
| 30. | Interest and Penalty on Underpayment of Estimated Tax 30 (Worksheet IN-152 or IN-152A) | 31. | AMOUNT DUE (ADD Lines 29 and 30) 31. | |

| For Amended | Original refund received | Refund due now | Original payment | Amount due now |
|---------------|--------------------------|----------------|------------------|----------------|
| Returns Only: | .00 | .00 | .00 | .00 |

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) 01 / 01 / 1979 | 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 5454 | Keep a copy for your records. | Form IN-111 Page 2 of 2 Rev. 10/22 | |

2022 Schedule IN-112

Vermont Tax Adjustments and Credits



Please PRINT in BLUE or BLACK INK

INCLUDE WITH FORM IN-111

| | Taxpayer's Last Name | First Name | 1 | MI | | Taxpay | ver's Social Security Number | |
|------|--|---------------------------|----------------------------|--------|--------|--------|--------------------------------|--------------|
| | MITE | DYNA | | | 400 | 00 | 8053 | |
| | | | | | | | | |
| PA | RT I | | | | | | | |
| | DITIONS TO FEDERAL ADJUSTED | | | | | | | |
| 1. | Total interest and dividend income from all | state and local | | | | | | |
| | obligations exempt from federal tax (reported on federal Form 1040) | | | | 0.0 | 0 | | |
| 2. | Interest and dividend income from Vermont | | | | | | | |
| | obligations included in Line 1 | | | | 0.0 | 0 | | |
| • | | | | | | - | | 0.00 |
| 3. | Income from Non-Vermont State and Local | Obligations (SUBTRACT Lin | e 2 from L | ine 1) | | 3. | | 0.00 |
| 4. | Bonus Depreciation Allowed under Federal | Law for 2022 | | | 0.0 | 0 | | |
| | | | | | | • | | |
| 5. | Other (reserved) | | RESER | VE | D0 | 0 | | |
| | | | | | | | | 0.00 |
| | Total Additions (ADD Line 3 and Line 4) | | | **** | ****** | 6. | | 0.00 |
| SU | BTRACTIONS FROM FEDERAL AD | JUSTED GROSS INCOM | IE | | | | | |
| 7. | Interest Income from U.S. Obligations | | | | 0.0 | 0 | | |
| _ | | | | | 0.0 | 0 | | |
| 8. | Capital Gains Exclusion (Schedule IN-153, I | Line 21)8. | | | 0.0 | U | | |
| 9. | Adjustment for Prior Years' Bonus Deprecia | tion 9 | | | 0.0 | 0 | | |
| | Taxable Refunds of State and Local Income | | | | | 0 | | |
| 100 | (Reported on federal Form 1040) | | | | 0.0 | 0 | | |
| 11. | Medical Expense Deduction | | | | 0.0 | • | | |
| | (see the worksheet in the instructions) | | | | 0.0 | J | | |
| 12. | Retirement Benefits Exempt from Taxation (see the worksheet in the instructions) | 12 | | 5 | 0.000 | D | | |
| | | ····· | | | | 0 | | |
| 13. | Railroad Retirement income | | | | 0.0 |) | | |
| | | | | | 0 0 | n | | |
| 14. | Bond/note interest income from (see below) | 07.0 | | | 0.0 | J | | |
| | | | t Public Powe Authority | F | | | | |
| 15a. | For residents only - Enter the total student h | 00000000 | autony | | | | | |
| | paid in 2022 on qualified student loans | | | | 0.0 | 0 | | |
| 15b. | For residents only - Enter any student loan i | | | | 0.00 | • | | |
| | deducted on federal Form 1040, Schedule 1, | | | | 0.0 | J | | |
| 15c. | Subtract Line 15b from Line 15a. If filing jo greater than \$200,000, enter -0 All other fil | | | | | | | |
| | greater than \$120,000, enter -0 | | | | 0.0 |) | | |
| | | T | DODD | | | | 8 | |
| 16. | Other (reserved) | 16. <u> </u> | RESER | VEI | 0.0 |) | | |
| 17 | Total Subtractions (ADD Lines 7 through 1 | 4 and I ine 15c) | | | | 7 | 50 | 00.00 |
| | MODIFICATIONS TO FEDERAL AI | | - | •••• | | | | |
| | | | | | | | | |
| 18. | SUBTRACT Line 17 from Line 6. Enter on This can be a negative number. | n Form IN-111, Line 2 | • • • • • • • • • • | •••• | 1 | 8 | | <u>00.00</u> |
| | ring car be a negative number. | | | | | | Scheduie IN-112 Page 1 of 2 | |
| | 5454 | | | | | | Rev. 10/22 | |
| | | | | | | | | |

| Taxpayer's Last Name | Social Security Number |
|----------------------|------------------------|
| MITE | 400 00 8053 |



PART II

| RE | FUNDABLE CREDITS | | | | |
|------|---|---|---------------|------------------------|-----------------|
| Chil | d and Dependent Care Credit - Residen | t and Part-Year Resident | | | |
| 1. | Child and Dependent Care Credit (fede | | | | 2000.00 |
| 2. | Vermont Child and Dependent Care Credit (MULTIPLY Line 1 by 72% (0.72)) | | | | |
| Chil | d Tax Credit - Resident and Part-Year R | esident | | | |
| 3. | Number of qualifying children List only children who qualify for Child T | | | | 1 |
| | Qualifying Child #1 - Last Name | First Name | MI | Social Security Number | Year of Birth |
| | KING | JOE | | 400 00 8054 | 2021 |
| | Qualifying Child #2 - Last Name | First Name | M | Social Security Number | Year of Birth |
| | Qualifying Child #3 - Last Name | First Name | MI | Social Security Number | Year of Birth |
| 4. | Child Tax Credit (MULTIPLY Line 3 your Adjusted Gross Income from Form | by \$1,000). See instructions for credi 1 IN-111, Line 1 is over \$125,000 | t amount if | | 1000.00 |
| 5. | Lines 5 through 7 - For part-year resident Enter amount from Schedule IN-113, L | • | ome | | 0.00 |
| 6. | Enter amount from Schedule IN-113, L | | | | |
| 7. | Child tax credit adjustment percentage. | (DIVIDE Line 5 by Line 6, then M | ULTIPLY the | result by 100)7. | 0.00 % |
| 8. | Adjusted Child Tax Credit. MULTIPI | Y Line 4 by 100% or Line 7, if less. | | | 1000.00 |
| Earr | ed Income Tax Credit - Resident and Pa | art-Year Resident | | | |
| 9. | Number of qualifying children from fee | eral Schedule EIC | | | 1 |
| 10. | Federal Earned Income Tax Credit. En | ter amount from federal Form 1040 | | | 2951.00 |
| 11. | Vermont Earned Income Tax Credit: M | ULTIPLY Line 10 by 38% (0.38) | | | 1121.00 |
| | Lines 12 through 15 - For part-year rea | sidents only: A. Federal A | Amount \$ | B. Ver | mont Portion \$ |
| 12. | Wages, salaries, tips, etc. (Schedule IN-113, Line 1) | 12A | 0.00 | 12B. | 00.0 |
| 13. | Other earned income (Schedule IN-113, Lines 8, 10, and 11) | 13A | 0.00 | 13B | 0.00 |
| 14. | Total earned income (Add Lines 12 and | 13)14A. | 00. 0 | 14B. | 0.00 |
| 15. | Earned income tax credit adjustment (D | IVIDE Line 14B by Line 14A, MUL | TIPLY the re | esult by 100)15. | 0.00 % |
| 16. | Adjusted Earned Income Tax Credit. M | IULTIPLY Line 11 by 100% or Lin | e 15, if less | | 1121.00 |
| 17. | TOTAL REFUNDABLE CREDITS (| ADD Lines 2, 8, and 16. Enter this a | mount on Form | n IN-111, Line 25c)17. | 3561.00 |

Schedule IN-112 Page 2 of 2 Rev. 10/22

| | RETIREMENT INCOME EXEMPTION WORKSHEET PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS WORKS | | | | | |
|------------|--|-------------------------------------|--|--|--|--|
| | Instructions: It is important that you answer the questions in Section I to determine if you qualify for a full or partial exemption. If you qualify for a partial exemption, you may move on to Section II to calculate the amount of the exemption. | | | | | |
| SECTIC | DN I: Do you qualify for the Vermont Retirement Income full or partial exemption? | | | | | |
| 1. | Did you report an amount on federal Form 1040, U.S. Individual Income Tax Return, Line 6b, for benefits that were taxable in the current tax year or did you receive retirement income from the C Military, or State or Federal Government? No, STOP. You do not qualify for this exemption. X Yes. Proceed to question 2. | r Social Security Sivil Service, | | | | |
| 2. | If you are: | | | | | |
| 1 | • Married filing jointly, is your Adjusted Gross Income (AGI) on Form IN-111, Vermont Income less than \$75,000? | e Tax Return, Line 1, | | | | |
| | • Single, head of household, surviving spouse, or married filing separately, is your AGI on Form than \$60,000? | NIN-111, Line 1, less | | | | |
| 1.1.1.1 | No, STOP. You do not qualify for this exemption. | - S. M. J. B. M. | | | | |
| A starting | Yes. You qualify for Vermont's Social Security exemption. Proceed to question 3. | | | | | |
| 3. | If you are: | ALL ALL ALL A | | | | |
| | • Married filing jointly, is your AGI less than \$65,000? | | | | | |
| | • Single, head of household, surviving spouse, or married filing separately, is your AGI less that | in \$50,000? | | | | |
| | No. Please proceed to Section II of this worksheet. | rity places ontor the | | | | |
| | Yes. You qualify for a full exemption . If you elected the exemption for social securiary full amount from federal Form 1040, Line 6b, on Schedule IN-112, Part I, Line 12. the other retirement exemptions, enter your retirement Civil Service Retirement system whichever is less | If you elected one of | | | | |
| SECTIC | ON II: Calculating your Partial Retirement Income Exemption | | | | | |
| 1100 | This section is for married joint filers with an Adjusted Gross Income (AGI) between \$65,000-\$75 single, head of household, surviving spouse, or married separate filers with an AGI between \$50,0 | | | | | |
| 4. | If you are: | | | | | |
| | • Married filing jointly, enter \$75,000. | | | | | |
| 31 2 | • All other filing statuses, enter \$60,0004. | 60,000 | | | | |
| 5. | Enter your AGI from Form IN-111, Line 1 | 30,000 | | | | |
| 6. | Subtract Line 5 from Line 4. If Line 5 is greater than Line 4, enter -0 | 30,000 | | | | |
| 7. | Divide Line 6 by \$10,000. This value will be a decimal. Please round to the second decimal place (<i>Example:</i> .481 would round to .48) | 2 | | | | |
| 8. | Enter the lesser of Line 7 or the value 1 (This line should not be greater than 1) | 1 | | | | |
| | Please complete lines 9 & 10 OR 11 & 12. You may only elect one exclusion per taxable yea | r. | | | | |
| | elected to exempt your social security income: | | | | | |
| 9. | Enter the amount from federal Form 1040, Line 6b9. | 5,000 | | | | |
| | Amount of partial exemption . Multiply Line 9 by Line 8. Enter this amount on Schedule IN-112, Part I, Line 12 10 . | | | | | |
| If you | elected one of the other allowable retirement income exemptions: | | | | | |
| 11. | Enter the lesser of the retirement income you earned from that source or 10,000 | | | | | |
| 12. | Amount of partial exemption. Multiply Line 11 by Line 8. Enter this amount on Schedule IN-112, Part I, Line 12 | | | | | |
| | Note about civil unions: If you are in a civil union and filing jointly, you should file for this e married filing jointly. If you are a civil union and filing separately, you should file as married filing | | | | | |

Vermont Department of Taxes 2022 Form RCC-146

For the year Jan. 1 - Dec. 31, 2022



Vermont Renter Credit Claim

| Claimant's Last Name | First Name | I Claimant's Social Security Number | | |
|--|---|--|--|--|
| MITE | DYNA | 400 00 8053 | | |
| Spouse's/CU Partner's Last Name | First Name | MI Spouse's or CU Partner's Social Security Number | | |
| | | | | |
| Mailing Address (Number a | ind Street/Road or PO Box) | Claimant's Date of Birth (MM/DD/YYYY) | | |
| 4732 COUNTRY WAY | | 01/01/1979 | | |
| City | State ZIP Code | County of Rental Unit | | |
| BARRE | VT 05641 | WASHINGTON | | |
| | ss of Rental Unit on 12/31/2022 Uni | | | |
| 012 4732 COUNT | TRY WAY 9A | BARRE VT | | |
| Federal Single Married Filing Status Single Filing June | | Will you be using Renter Credit to pay Income Tax liability? | | |
| 1. SPAN. To find your SPAN, please see instru | | 1. 039 - 012 - 20411 | | |
| To determine eligibility, answer questions 2 thro | | uestion 3. No, STOP. You are not eligible. | | |
| 2. Were you domiciled in Vermont all of calend | lar year 2022? | | | |
| 3. Were you claimed as a dependent by another | taxpayer in 2022?3. Yes, STOP. Y | /ou are not eligible. No, Go to Question 4. | | |
| A Did you pant in Vermont for six months are | ore in 2022? 4. Yes, Go to Qu | Jestion 5. No, STOP. You are not eligible. | | |
| 4. Did you rent in Vermont for six months or mo If you are eligible for a Renter Credit, complete I | | | | |
| 5. Did you share your rental unit with another ad | 6 | 5. Yes 🖌 No | | |
| 6. Was your rent subsidized? | | | | |
| 6a. If "Yes", how many months w | vas your rent subsidized in 2022? | 6a0 | | |
| 7. Number of months rented in 2022 | | | | |
| 8. Number of Personal Exemptions claimed (fro (See the instructions if you did not file Form) | om Form IN-111, Line 5d) IN-111) | | | |
| | | | | |
| 9. Did you file a federal income tax return? (See | the instructions if you answered "No.") . | | | |
| 10. Total Income (from federal Form 1040, Line | 9) | | | |
| 11. 75% of nontaxable Social Security benefits (from federal Form 1040, Line 6a minus Line | e 6b. Multiply result by 0.75) | .00 | | |
| 12. Tax-exempt interest (from federal Form 1040 |), Line 2a) | | | |
| 13. Add back any negative amounts from federal (See instructions) | | | | |
| | | | | |
| 14. Total (ADD Lines 10 through 13). | | | | |

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) | Daytime Telephone Number |
|--|--------------------|-----------------------------|
| Signature (If a joint return, BOTH must sign.) | Date (MM/DD/YYYY) | Daytime Telephone Number |
| Delid Durande Olivert | Data (MAMDDA()()() | Descende Telephone Number |
| Paid Preparer's Signature | Date (MM/DD/YYYY) | Preparer's Telephone Number |

Test 10: Required Vermont Forms/Schedules: RCC-146

Taxpayer(s) Information:

| Primary SSN: | 400-00-8056 |
|--------------------------|------------------------|
| Primary Name: | Jay Walker |
| Spouse SSN: | 400-00-8076 |
| Spouse Name | Sarah Walker |
| Residency Status: | Resident |
| Mailing Address: | PO Box 96 |
| City: | Elmore |
| State: | VT |
| Zip Code: | 05657 |
| Date of Birth: | March 24, 1976 |
| Filing Status: | Married Filing Jointly |
| School District Code: | 064 |
| 911 Address: | 80 Currier St |
| Town of Legal Residence: | Elmore |

| Return Information: | |
|--------------------------------|---------------|
| SPAN of Rental Property: | 201-604-10569 |
| Rent Subsidized? | Yes |
| Months Rent was Subsidized: | 5 |
| Number of months rented: | 12 |
| Exemptions Claimed: | 2 |
| File a Federal Return? | No |
| 75% of Nontaxable SS Benefits: | 11,250.00 |

Vermont Department of Taxes 2022 Form RCC-146

For the year Jan. 1 - Dec. 31, 2022



Vermont Renter Credit Claim

| Claimant's Last Name | First Name | M | Claimant's Social Securi | ity Number |
|--|---|---------------|--|----------------------|
| WALKER | JAY | | 400 00 8056 | |
| Spouse's/CU Partner's Last Name | First Name | MI | Spouse's or CU Partner's Social | Security Number |
| WALKER | SARAH | | 400 00 8076 | |
| Mailing Address (Number an | nd Street/Road or PO Box) | | Claimant's Date of Birth (M | M/DD/YYYY) |
| PO BOX 96 | | | 03/24/1976 | |
| City | State ZIP Code | | County of Rental | Unit |
| ELMORE | VT 05657 | | LAMOILLE | |
| | | Unit | City/Town of Rental Unit on 12/31 | |
| 064 80 CURRIEF | R ST 1 | | ELMORE | VT |
| Federal Single Married Filing Status Single Filing Jo | /CU Married/CU Head of Filing Separately Househ | | Will you be using Renter Credit to pay Income Tax liability? | Yes 🖌 No |
| 1. SPAN. To find your SPAN, please see instru | | | . <u> 201 - 604 -</u> | 10596 |
| To determine eligibility, answer questions 2 thro | | Question | | ou are not eligible. |
| 2. Were you domiciled in Vermont all of calend | ar year 2022? 2. Yes, Go to | QUESTION | 3. | u are not eligible. |
| 3. Were you claimed as a dependent by another | taxpayer in 2022? | ?. You are | not eligible. No, Go to Que | estion 4. |
| 4. Did you rent in Vermont for six months or mo | ore in 20222 4 Yes, Go to | Question | 5. No, STOP. Yo | ou are not eligible. |
| If you are eligible for a Renter Credit, complete L | | | | |
| 5. Did you share your rental unit with another ad | - | e? | 5. | Yes 🖌 No |
| 6. Was your rent subsidized? | | A(\$27)(\$17) | 6. | Yes No |
| 6a. If "Yes", how many months w | as your rent subsidized in 2022? | | 6a | 5 |
| 7. Number of months rented in 2022 | | | | 12 |
| 8. Number of Personal Exemptions claimed (from (See the instructions if you did not file Form I | m Form IN-111, Line 5d) | | | |
| | | | | |
| 9. Did you file a federal income tax return? (See | e the instructions if you answered "No.") | ••••• | 9. | Yes 🖌 No |
| 10. Total Income (from federal Form 1040, Line 9 | 9) | | | 0.00 |
| 11. 75% of nontaxable Social Security benefits (from federal Form 1040, Line 6a minus Line 6b. Multiply result by 0.75). 11. 11250.00 | | | | |
| | | 19494 | erese state de la de la de la de | £1 |
| 12. Tax-exempt interest (from federal Form 1040, | | | TOP IN A REAL PROPERTY OF THE REAL PROPERTY OF | .00 |
| 13. Add back any negative amounts from federal (See instructions) | | | | .00 |
| 14. Total (ADD Lines 10 through 13) | | | 14 | 11250.00 |

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) | Daytime Telephone Number |
|---|------------------------|-----------------------------|
| Signature (If a joint return, BOTH must sign.) | Date (MM/DD/YYYY) | Daytime Telephone Number |
| Paid Preparer's Signature | Date (MM/DD/YYYY) | Preparer's Telephone Number |
| Firm's Name (or yours if self-employed) and address | Preparer's SSN or PTIN | FEIN |

Form RCC-146 (Replaces Form PR-141) Check if the Department of Taxes may discuss this return with the preparer shown.

Test 11:

Required Vermont Forms/Schedules: IN-151

Taxpayer(s) Information:

| 400-00-8057 |
|--------------------|
| Christopher Robin |
| 100 Acre Woods Way |
| Montpelier |
| VT |
| 05602 |
| Single |
| |

Return Information:

| Estimated Tax Liability: | 2,000.00 |
|-----------------------------|----------|
| Previous Payments Made: | 1,500.00 |
| Amount Paid with Extension: | 500.00 |

Direct Debit Information for Vermont:

| Routing Number: | 2 11 67253 1 |
|--------------------------|----------------------------|
| Checking Account Number: | 75123123 |
| Payment Date: | Same as return |

Vermont Department of Taxes 2022 Form IN-151 Vermont Application for Extension of Time to File Form IN-111



- This form must be filed if you are unable to file your Vermont Income Tax Return by the due date of April 18, 2023 and you are not filing a federal extension or if you are required to make an extension payment.
- An extension only allows additional time to file the Vermont Income Tax Return and avoids a late filing penalty. If tax is due, you must pay it by the April due date. Interest and late payment penalty accrue from April 15 to the date of payment.
- NOTE: This extension does *not* apply to Form HS-122, Vermont Homestead Declaration OR Property Tax Credit Claim. Form HS-122 is due April 18 of the current year. Late-filed Homestead Declarations will be charged a late filing penalty up to 8% of the corrected education tax by the town.
- Did you know? You can file an extension online. Visit us on the web at myvtax.vermont.gov.

| Taxpayer's Last Name | First Name MI | | Taxpayer's Last Name | | MI | Taxoaver's Social Security Number |
|--|-----------------|------------------|----------------------|---|----|-----------------------------------|
| ROBIN CHR | | CHRISTOPHER A | | 400 00 8057 | | |
| Spouse's/CU Partner's Last Name | | First Name | MI | Spouse's or CU Partner's Social Security Number | | |
| Mailing Address (Numbe | r and Street/Ro | pad or PO Box) | 1 | For Department Use Only | | |
| 100 ACRE WOODS WAY | | | | | | |
| City | State | ZIP Code | | | | |
| MONTPELIER | VT | 05602 | | | | |
| Foreign Country (if not United States) | | Email Address | | Email Address | | |
| | | crobin@gmail.com | | | | |

TAX CALCULATION WORKSHEET

Use this worksheet to determine if you may owe Vermont tax.

3. Amount of tax paid with extension**3.** <u>500</u>**.00**

VERMONT PAYMENT OPTION

Vermont Department of Taxes PO Box 1779 Montpelier, VT 05601-1779 Phone: (866) 828-2865 toll-free in Vermont or (802) 828-2865

Filing by Paper: Make check payable to Vermont Department of Taxes and mail with this form to the address above.

Form IN-151 Page 1 of 1 Rev. 10/22

Test 12: Required Vermont Forms/Schedules: IN-151

Taxpayer(s) Information:

| Primary SSN: | 400-00-8058 |
|------------------|------------------------|
| Name: | Chris P Bacon |
| Mailing Address: | 92 Elm St Montpelier |
| City: | VT |
| State: | 05602 |
| Zip Code: | Married Filing Jointly |
| Filing Status: | 578-24-1383 |
| Spouse SSN: | 400-00-8059 |
| Spouse Name: | baconlover@live.com |
| Email: | |

G.

Return Information:

| Estimated Tax Liability: | 100.00 |
|-----------------------------|--------|
| Previous Payments Made: | 100.00 |
| Amount Paid with Extension: | 0 |

Vermont Department of Taxes 2022 Form IN-151 Vermont Application for Extension of Time to File Form IN-111



- This form must be filed if you are unable to file your Vermont Income Tax Return by the due date of April 18, 2023 and you are not filing a federal extension or if you are required to make an extension payment.
- An extension only allows additional time to file the Vermont Income Tax Return and avoids a late filing penalty. If tax is due, you must pay it by the April due date. Interest and late payment penalty accrue from April 15 to the date of payment.
- NOTE: This extension does *not* apply to Form HS-122, Vermont Homestead Declaration OR Property Tax Credit Claim. Form HS-122 is due April 18 of the current year. Late-filed Homestead Declarations will be charged a late filing penalty up to 8% of the corrected education tax by the town.
- Did you know? You can file an extension online. Visit us on the web at myvtax.vermont.gov.

| Taxpayer's Last Name | Taxpayer's Last Name | | First Name MI | |
|--|----------------------|---------------------|---------------|---|
| BACON | CHRI | CHRIS P | | 400 00 8058 |
| Spouse's/CU Partner's Last Name | | First Name | MI | Spouse's or CU Partner's Social Security Number |
| BACON | WANE | WANDA | | 400 00 8059 |
| Mailing Address (Num | ber and Street/Ro | ad of PO Box) | | For Department Use Only |
| 92 ELM ST | | | | |
| City | State | ZIP Code | | |
| MONTPELIER | VT | 05602 | | |
| Foreign Country (if not United States) | | Email Address | | Email Address |
| | | baconlover@live.com | | |

TAX CALCULATION WORKSHEET

Use this worksheet to determine if you may owe Vermont tax.

1. Estimated individual income tax liability.....1. 100.00

VERMONT PAYMENT OPTION

Vermont Department of Taxes PO Box 1779 Montpelier, VT 05601-1779

Phone: (866) 828-2865 toll-free in Vermont or (802) 828-2865

Filing by Paper: Make check payable to Vermont Department of Taxes and mail with this form to the address above.

Test 13: Required Vermont Forms/Schedules: IN-114

Taxpayer(s) Information:

| Primary SSN: | 400-00-8060 |
|--------------------------|----------------------|
| Name: | Earl E Bird |
| Residency Status: | Resident |
| Mailing Address: | 51 Terrace Dr |
| City: | Northfield |
| State: | VT |
| Zip Code: | 05663 |
| Filing Status: | Married Filing Joint |
| Spouse SSN: | 400-00-8061 |
| Spouse Name: | Ella Fant |

Return Information:

| Estimated Payment Requirement: | 485.00 |
|--------------------------------|--------|
| April 17, 2023 Payment | 100.00 |
| June 15, 2023 Payment | 80.00 |
| September 15, 2023 Payment: | 300.00 |
| January 16, 2024 Payment | 5.00 |

Direct Debit Information for Vermont:

| Routing Number: | 2116725 3 1 |
|--------------------------|--------------------|
| Checking Account Number: | 75123123 |

Form IN-114



Vermont Individual Income Estimated Tax Payment Voucher

Please PRINT in BLUE or BLACK INK

| Taxpayer's Last Name | | First Name | MI | Taxpayer's Social SecurityNumber | |
|--|-------|-------------------------|----------|---|--|
| BIRD | EARL | | E | 400-00-8060 | |
| Spouse's/CU Partner's Last Name | | First Name | MI | Spouse's or CU Partner's Social Security Number | |
| | | | Tax Year | | |
| Mailing Address (Number and Street/Road or PO Box) | | Idx fedi | | | |
| 51 TERRACE DR | | | | 2023 | |
| City | State | ZIP Code or Postal Code | | | |
| NORTHFIELD | VT | 05663 | | Amount of | |
| Foreign Country (if not United States) | | this payment 100.00 | | | |
| | | | | | |

5454 ESTODO189212782023000000001000000000BIRD008

Form IN-114

Rev.10/22

Pay your income taxes online

Did you know? You can make your estimated income tax payment online using ACH debit or your credit card. Visit us on the web at **myVTax.vermont.gov** and select "Make a Payment" to get started.

Underpayment Interest and Penalties

Vermont law states that you must pay during the calendar year through withholding, timely made estimated payments, or a combination of both, an amount equal to 100% of your prior year tax liability or 90% of your current year tax liability, whichever is less.

If you do not meet this requirement and owe more than \$500 when you file your personal income tax return, you will be assessed penalties and interest. The underpayment in each quarter is assessed from the estimated payment due date to the date the tax is paid.

Calculate your payment using the "Taxpayer's Worksheet." Record your payments.

Taxpayer's Worksheet - Keep for your records

| | 100% of 2022 Tax Liability divided by 4 \$ OR 90% of 2023 Tax Liability (calculated below) | |
|---------|--|----|
| Line 1 | Estimated 2023 Vermont Taxable Income1. | \$ |
| Line 2 | Estimated 2023 Vermont Tax: Use 2023 preliminary tax schedules (See instructions) | \$ |
| Line 3 | Estimated 2023 Vermont Tax with Adjustments. See instructions for Form IN-111, Line 103. | \$ |
| Line 4 | Estimated Income Adjustment. See instructions for Form IN-111, Line 154. | % |
| Line 5 | Adjusted Vermont Tax (Multiply Line 3 by Line 4)5. | \$ |
| Line 5a | Expected 2023 Vermont Tax Withholding5a. | \$ |
| Line 6 | 2023 Estimated Tax Liability (Line 5 minus Line 5a)6. | \$ |
| Line 7 | Quarterly payments due (Divide Line 6 by 4)7. | \$ |

Form IN-114



Vermont Individual Income Estimated Tax Payment Voucher

Please PRINT in BLUE or BLACK INK

| Taxpayer's Last Name First Name MI | | Taxpayer's Social Security Number | | |
|--|---------------------|-----------------------------------|---|---------------|
| BIRD | EARL E | | 400008060 | |
| Spouse's/CU Partner's Last Name | | First Name | MI Spouse's or CU Partner's Social Security | |
| Mailing Address (Num 51 TERRACE DR | hber and Street/Roa | id or PO Box) | | Tax Year 2023 |
| City | State | ZIP Code or Postal Code | _ | |
| NORTHFIELD | VT | 05663 | | Amount of |
| Foreign Country (if not United States) | | this payment 80 .0 | | |
| | | | | |

5454 ESTOOOJ8921278202300000000080000000BIRD002

Form IN-114 Rev.10/22

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Calculate your payment using the "Taxpayer's Worksheet." Record your payments.

Taxpayer's Worksheet - Keep for your records

| | 100% of 2022 Tax Liability divided by 4 \$ OR | |
|---------|---|----|
| | 90% of 2023 Tax Liability (calculated below) | |
| Line 1 | Estimated 2023 Vermont Taxable Income1. | \$ |
| Line 2 | Estimated 2023 Vermont Tax: Use 2023 preliminary tax schedules (See instructions) | \$ |
| Line 3 | Estimated 2023 Vermont Tax with Adjustments. See instructions for Form IN-111, Line 10 3. | \$ |
| Line 4 | Estimated Income Adjustment. See instructions for Form IN-111, Line 154. | % |
| Line 5 | Adjusted Vermont Tax (Multiply Line 3 by Line 4) | \$ |
| Line 5a | Expected 2023 Vermont Tax Withholding | \$ |
| Line 6 | 2023 Estimated Tax Liability (Line 5 minus Line 5a)6. | \$ |
| Line 7 | Quarterly payments due (Divide Line 6 by 4)7. | \$ |

Form IN-114



Vermont Individual Income Estimated Tax Payment Voucher

Please PRINT in BLUE or BLACK INK

| Taxpayer's Last Name First Name MI | | Taxpayer's Social Security Number | | | |
|--|--------|-----------------------------------|-----------------|---|--|
| BIRD | EARL E | | 400008060 | | |
| Spouse's/CU Partner's Last Name | | First Name | M | Spouse's or CU Partner's Social Security Numb | |
| Mailing Address (Number and Street/Road or PO Box) | | | Tax Y | /ear | |
| 51 TERRACE DR | | | | 2023 | |
| City | State | ZIP Code or Postal Code | | | |
| NORTHFIELD | VT | 05663 | | Amount of | |
| Foreign Country (if not United States) | | this payment | 300 .0 0 | | |
| | | | | | |

Form IN-114 Rev.10/22

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| | 100% of 2022 Tax Liability divided by 4 \$ OR 90% of 2023 Tax Liability (calculated below) | | |
|---------|--|----|---|
| Line 1 | Estimated 2023 Vermont Taxable Income | 2 | |
| | | Φ | - |
| Line 2 | Estimated 2023 Vermont Tax: Use 2023 preliminary tax schedules (See instructions) | \$ | |
| Line 3 | Estimated 2023 Vermont Tax with Adjustments. See instructions for Form IN-111, Line 103. | \$ | _ |
| Line 4 | Estimated Income Adjustment. See instructions for Form IN-111, Line 154. | | % |
| Line 5 | Adjusted Vermont Tax (Multiply Line 3 by Line 4) | \$ | |
| Line 5a | Expected 2023 Vermont Tax Withholding5a. | \$ | |
| Line 6 | 2023 Estimated Tax Liability (Line 5 minus Line 5a)6. | \$ | |
| Line 7 | Quarterly payments due (Divide Line 6 by 4) | \$ | _ |

Form IN-114



Vermont Individual Income Estimated Tax Payment Voucher

Please PRINT in BLUE or BLACK INK

| Taxpayer's Last Name | First Name MI | | MI | Taxpayer's Social Security Number |
|--|---------------|-------------------------|---|-----------------------------------|
| BIRD | EARL E | | E | 400008060 |
| Spouse's/CU Partner's Last Name | | First Name | MI Spouse's or CU Partner's Social Security Num | |
| | | | | |
| Mailing Address (Number and Street/Road or PO Box) | | | Tax Year | |
| 51 TERRACE DR | | 2023 | | |
| City | State | ZIP Code or Postal Code | | |
| NORTHFIELD VT 05663 Foreign Country (if not United States) | | Amount of | | |
| | | | this payment | |
| | | | | |

5454 ESTOOO189212782023000000000000000000BIRD009

Form IN-114 Rev.10/22

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|---------|---|-----------|
| Line 1 | Estimated 2023 Vermont Taxable Income | \$ _ |
| Line 2 | Estimated 2023 Vermont Tax: Use 2023 preliminary tax schedules (See instructions) | \$ _ |
| Line 3 | Estimated 2023 Vermont Tax with Adjustments. See instructions for Form IN-111, Line 10 3. | \$ |
| Line 4 | Estimated Income Adjustment. See instructions for Form IN-111, Line 154. | % |
| Line 5 | Adjusted Vermont Tax (Multiply Line 3 by Line 4) | \$ |
| Line 5a | Expected 2023 Vermont Tax Withholding5a. | \$ _ |
| Line 6 | 2023 Estimated Tax Liability (Line 5 minus Line 5a) | \$ _ |
| Line 7 | Quarterly payments due (Divide Line 6 by 4)7. | \$ 1.1 |