

Schedule FIT-K-1VTF

Vermont Beneficiary Information for Fiduciaries



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Attach to Form FIT-161

Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)
		/ /

HEADER INFORMATION - REQUIRED ITEMS

Entity Name			FEIN		
OR	Individual Last Name (Beneficiary)	First Name	Initial	OR	Social Security Number
	Address				Recipient Type (I, C, S, L, P, X, or T)
Address, Line 2 (if needed)			Residency Status <input type="checkbox"/> Vermont Resident <input type="checkbox"/> Nonresident		
City	State	ZIP Code		<input type="checkbox"/> Check here if this your FINAL return	
Foreign Country (if not United States)			Percentage of Estate's or Trust's income or loss to this recipient. Calculate percentage to two places to the right of the decimal point. %		

Place an "X" in the box left of the line number to indicate a loss amount.

VERMONT RESIDENT BENEFICIARY

- 1. Beneficiary's share of distributed net income allocated to Vermont ← Check to indicate loss 1. _____ .00
- 2. Interest / dividends from obligations of other states 2. _____ .00
- 3. Interest / dividends from U.S. obligations 3. _____ .00

VERMONT NONRESIDENT BENEFICIARY

- 4a. Business Income ← Check to indicate loss 4a. _____ .00
- 4b. Capital gain or loss ← Check to indicate loss 4b. _____ .00
- 4c. Partnership, S Corporation, LLC ← Check to indicate loss 4c. _____ .00
- 4d. Rent, royalties, estates, trusts. ← Check to indicate loss 4d. _____ .00
- 4e. Farm income ← Check to indicate loss 4e. _____ .00
- 4f. Other income ← Check to indicate loss 4f. _____ .00
- 4g. Total nonresident income ← Check to indicate loss 4g. _____ .00

PAYMENT INFORMATION

- 5. Total annual nonresident estimated payments allocated to this beneficiary 5. _____ .00
- 6. Total annual real estate withholding payments allocated to this beneficiary 6. _____ .00
- 7. Other payments allocated to this beneficiary. 7. _____ .00