Vermont Department of Taxes

2022 Form IN-111

Vermont Income Tax Return



Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name	MI	Social Secu	rity Number	Chock if
					Check if Deceased
Spouse's/CU Partner's Last Name	First Name	MI	Social Secu	rity Number	Check if
Mailing Address (Number a	and Street/Road or PO Box)		911/Physical Str	eet Address on 12/31/	Deceased /2022
maning/taaloos (tallion e	ind out out today of the Boxy		711111 11 Joine 1	5007 (44 , 1500 511 12, 101)	
City	State ZIP Code or Foreign	Postal Code	Fo	reign Country	
Various Calcad District Code					
Vermont School District Code Enter Healthcare C (See instructions for	Coverage Code or code options) Check all that apply A	MENDED Wit	NNABIS th Recomputed deral Return	RECOMPUTED Return	EXTENDED Return
Filing Status and Single Standard Deduction (\$6,500) Married (\$13,05	I/CU Filing Jointly Mar Sep	ried/CU Filing arately (\$6,500)	Head of Househ (\$9,800)	oold Qualifyii (\$13,05)	ng Widow(er) 0)
1. Federal Adjusted Gross Income (federal For	rm 1040, Line 11)		1		.00
2. Net Modifications to Federal AGI (Schedule	e IN-112, Part I, Line 18)		2		.00
3. Federal AGI with Modifications (ADD Line	es 1 and 2)		3		.00
4. 2022 Vermont Standard Deduction from filing Please see instructions if you or your standard beduction boxes on federal Form 1040.	pouse checked any standard		4 .		.00
5. Personal Exemptions:5a. Enter "1" for yourself if no one can one	•		5a		
5b. Enter "1" for your jointly filed spous claim them as a dependent or if you			5b		
5c. Enter number of other dependents cl This includes any dependents other t			5c		
5d. ADD Lines 5a through 5c				5d.	
5e. MULTIPLY Line 5d by \$4,500 (2022 Pers	sonal Exemption)		5e		.00
6. ADD Lines 4 and 5e			6		.00
7. Vermont Taxable Income (SUBTRACT Li	ne 6 from Line 3. If less than	n zero, enter -0-)	7.		.00
8. Vermont Income Tax from tax table or tax r (If Line 1 is greater than \$150,000, see instr			8		.00
9. Net Adjustment to Vermont Tax (Schedule			9		.00
10. Vermont Income Tax with Adjustment (AD	D Lines 8 and 9. If less than	zero, enter -0-)	10.		.00
11. Tax-Deductible Charitable Contribution (See instructions)00	12. Multiply Line 11 by 5% (0.05)	13. Charitable Continuous Deduction (Ente of Line 12 or \$1,0			.00
14. Vermont Income Tax (Line 10 MINUS Lin	ne 13. If less than zero, enter	-0-)	14		.00
15. Income Adjustment (Schedule IN-113, Line	35, or 100.0000%)			15	%
16. Adjusted Vermont Income Tax (MULTIPL	Y Line 14 by Line 15)		16		00
5454	Amount Due		.00	— Form IN Page 1 Rev. 1	of 2

(from Line 31)

	' [Taxpayer's Last Name				Social Security Number							
					$\frac{1}{2}$								
	Amount Line 16	from		.00					* 2	2 1 1	1 1	L 2 0 0	*
		•	chedule IN-11				ax Credits (S					ont Credits (Add	,
			0						=	19			00
20.	Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-)						. 6 .		20			.00	
21.				n which no sa (See instructi									.00
22.	Total V	ermont Ta	ixes (ADD	Lines 20 an	nd 21)					22			.00
	Green Up '			Nongame Wildli		1	Vermont Child Trust Founda	lren's		Veterans Fund			Contributions
23a.		00	+ 23	b	00	+ 23c.		00	+ 23d	.00) =	23e	.00
24.	Total of	Vermont 7	Γaxes and	Voluntary Co	ontribution	ns (ADD I	Lines 22 aı	nd 23e)		24			.00
25a.	2022 V	ermont Ta	x Withhele	d from W-2,	1099		2	25a		00			
25b.	2022 Es and/or p	stimated T payment n	ax paymer ade with 2	nts, amount ca 2022 extension	arried for	ward from	2021,	25b		00			
25c.	Refund	able Credi	ts (Schedu	le IN-112, Pa	art II, Lin	e 17)		25c		00.			
25d.	2022 V	ermont Re	al Estate V	Vithholding f	from Forn	n RW-171	2	25d		00			
25e.	2022 N (nonres	onresident ident with	Estimated holding) al	Tax paymer llocated on S	nts chedule K	K-1VT, Lir	ne 5	25e		00			
25f.	Total P	ayments a	nd Credits	(ADD Lines	25a thro	ough 25e).				25f			.00
26.	Overpa	yment. If	Line 24 is	less than Liı	ne 25f, SU	JBTRAC'	Γ Line 24	from Line	e 25f	26			.00
27a.	Refund	to be cred	lited to 202	23 Estimated	Tax Payn	nent	2	27a		00			
27b.	Refund	to be cred	lited to 202	23 Property T	ax Bill .		2	27b		00			
28.	REFUN	ID AMOU	JNT (SUB	TRACT Lin	es 27a an	d 27b fro	m Line 26)		28			.00
29.				ne 25f, subtr						29.			.00
30.	Interes	t and Pen	alty on					31. AM	OUNT DUE				
	Underpayment of Estimated Tax 30(Worksheet IN-152 or IN-152A)				00 (ADD Lines 29 and 30)			130) 31	31				
	or Amende	, u	inal refund re			nd due now			iginal payment	0.	- 1	ount due now	0.0
	eturns Onl		rv. I declare		examined	this return	and accom	.00	schedules and s	.0		he best of my	.00 knowledge and
									rposes other th				oougo ao
Sign	nature						Date (MN	M/DD/YYYY)	Date of Birth	(MM/DD/YYY)	Y)	Daytime Telepho	one Number
Signature (If a joint return, BOTH must sign.)					Date (MM/DD/YYYY)		Date of Birth	Date of Birth (MM/DD/YYYY)		Daytime Telephone Number			
Paic	d Preparer'	s Signature					I		Date /			Preparer's Telep	phone Number
Firm	n's Name (d	or yours if se	lf-employed)	and address					Preparer's S	SSN or PTIN		FEIN	
		Check if th		t of Taxes may o	discuss this	return with th	e preparer sh	own.	Keep a c			Form IN-7 Page 2 c Rev. 10	of 2