## Vermont Department of Taxes

## 2022 Schedule IN-112

## Vermont Tax Adjustments and Credits



INCLUDE WITH FORM IN-111

|      | Taxpayer's Last Name   | FIRST Name              | IVII                                   | laxpay       | er's Social Security Number |    |
|------|--|-------------------------|--|--------------|-----------------------------|----|
|      |  |                         |  |              |                             |    |
| ΡΔ   | RT I   |                         |  |              |                             |    |
|      | DITIONS TO FEDERAL ADJUSTED  | GROSS INCOME            |  |              |                             |    |
|      | Total interest and dividend income from all obligations exempt from federal tax (reported on federal Form 1040)            | state and local         |  | .00          |                             |    |
| 2.   | Interest and dividend income from Vermon obligations included in Line 1  | t state and local       |  |              |                             |    |
| 3.   | Income from Non-Vermont State and Local  | l Obligations (SUBTRACT | Line 2 from Line 1                     | ı) <b>3.</b> |                             | 00 |
| 4.   | Bonus Depreciation Allowed under Federal   | Law for 2022 <b>.4.</b> |  | .00          |                             |    |
| 5.   | Other (reserved)   | 5                       | RESERVE                                | .00          |                             |    |
| 6.   | Total Additions (ADD Line 3 and Line 4)  |                         | <u></u>                                | 6            |                             | 00 |
| SU   | BTRACTIONS FROM FEDERAL AD   | DJUSTED GROSS INC       | OME                                    |              |                             |    |
| 7.   | Interest Income from U.S. Obligations  | <b></b>                 |  | .00          |                             |    |
| 8.   | Capital Gains Exclusion (Schedule IN-153,  | Line 21)                |  | .00          |                             |    |
| 9.   | Adjustment for Prior Years' Bonus Depreci  | iation <b>.9.</b>       |  | .00          |                             |    |
| 10.  | Taxable Refunds of State and Local Income (Reported on federal Form 1040)  |                         |  | .00          |                             |    |
| 11.  | Medical Expense Deduction (see the worksheet in the instructions)  | 11                      |  | .00          |                             |    |
| 12.  | Retirement Benefits Exempt from Taxation (see the worksheet in the instructions)   |                         |  | .00          |                             |    |
| 13.  | Railroad Retirement income   | 13                      |  | .00          |                             |    |
| 14.  | Bond/note interest income from (see below)   | )                       |  | .00          |                             |    |
|      |  |                         | ermont Public Power<br>upply Authority |              |                             |    |
| 15a  | For residents only - Enter the total student paid in 2022 on qualified student loans                                       |                         |  | .00          |                             |    |
| 15b  | <b>For residents only -</b> Enter any student loan deducted on federal Form 1040, Schedule 1                               |                         |  | .00          |                             |    |
| 15c. | Subtract Line 15b from Line 15a. If filing j greater than \$200,000, enter -0 All other t greater than \$120,000, enter -0 | filers, if AGI is       |  | .00          |                             |    |
| 16.  | Other (reserved)   | 16                      | RESERVE                                | .00          |                             |    |
| 17.  | Total Subtractions (ADD Lines 7 through  | 14 and Line 15c)        | <u></u>                                | 17           |                             | 00 |
| NE   | T MODIFICATIONS TO FEDERAL A   | ADJUSTED GROSS IN       | COME                                   |              |                             |    |
| 18.  | <b>SUBTRACT Line 17 from Line 6</b> . Enter This can be a negative number.   | on Form IN-111, Line 2  |  | 18           | Schedule IN-112             | 00 |

Please PRINT in BLUE or BLACK INK

| Taxpayer's Last Name | Social Security Number |
|----------------------|------------------------|
|                      |                        |



## **PART II**

| REI   | UNDABLE CREDITS   |  |                 |                             |               |  |  |  |  |  |
|-------|---|--|-----------------|-----------------------------|---------------|--|--|--|--|--|
| Chile | and Dependent Care Credit - Resident and  | l Part-Year Resident   |                 |                             |               |  |  |  |  |  |
| 1.    | 1. Child and Dependent Care Credit (federal Form 2441, Line 11)                                       |  |                 |                             |               |  |  |  |  |  |
| 2.    | Vermont Child and Dependent Care Credit (MULTIPLY Line 1 by 72% (0.72))                               |  |                 |                             |               |  |  |  |  |  |
| Chile | I Tax Credit - Resident and Part-Year Reside  | ent  |                 |                             |               |  |  |  |  |  |
| 3.    | Number of qualifying children   |  |                 |                             |               |  |  |  |  |  |
|       | List only children who qualify for Child Tax Cr  Qualifying Child #1 - Last Name                      | redit (born 2017 through 2022) beli<br>First Name                  | ow<br>  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   | MI              | Social Security Number      | Year of Birth |  |  |  |  |  |
| 4.    | Child Tax Credit (MULTIPLY Line 3 by \$ your Adjusted Gross Income from Form IN-                      | (1,000). See instructions for credit 111, Line 1 is over \$125,000 | t amount if     | <b>4.</b>                   | .00           |  |  |  |  |  |
|       | Lines 5 through 7 - For part-year residents   | s only:  |                 |                             |               |  |  |  |  |  |
| 5.    | Enter amount from Schedule IN-113, Line 1   | 4B, Vermont Portion of Total Inc                                   | come            | 5                           | .00           |  |  |  |  |  |
| 6.    | <b>6.</b> Enter amount from Schedule IN-113, Line 14A, Total Income                                   |  |                 |                             |               |  |  |  |  |  |
| 7.    | 7. Child tax credit adjustment percentage. (DIVIDE Line 5 by Line 6, then MULTIPLY the result by 100) |  |                 |                             |               |  |  |  |  |  |
| 8.    | 3. Adjusted Child Tax Credit. MULTIPLY Line 4 by 100% or Line 7, if less                              |  |                 |                             |               |  |  |  |  |  |
| Earn  | ed Income Tax Credit - Resident and Part-Y  | ear Resident   |                 |                             |               |  |  |  |  |  |
| 9.    | Number of qualifying children from federal  | Schedule EIC   |                 | 9                           |               |  |  |  |  |  |
| 10.   | Federal Earned Income Tax Credit. Enter amount from federal Form 1040                                 |  |                 |                             | .00           |  |  |  |  |  |
| 11.   | Vermont Earned Income Tax Credit: MULT  | TIPLY Line 10 by 38% (0.38)  |                 | 11                          | .00           |  |  |  |  |  |
|       | Lines 12 through 15 - For part-year residents only:  A. Federal Amount \$ B. Ve                       |  |                 |                             |               |  |  |  |  |  |
| 12.   | Wages, salaries, tips, etc.<br>(Schedule IN-113, Line 1)  |  |                 |                             | .00           |  |  |  |  |  |
| 13.   | Other earned income (Schedule IN-113, Lines 8, 10, and 11)  | 13A  | .00             | 13B                         | .00           |  |  |  |  |  |
| 14.   | Total earned income (Add Lines 12 and 13).  | 14A  | .00             | 14B                         | .00           |  |  |  |  |  |
| 15.   | Earned income tax credit adjustment (DIVII  | DE Line 14B by Line 14A, MUL                                       | TIPLY the resu  | ult by 100)15.              | %             |  |  |  |  |  |
| 16.   | Adjusted Earned Income Tax Credit. MUL  | TIPLY Line 11 by 100% or Lin                                       | e 15, if less   | 16                          | .00           |  |  |  |  |  |
| 17.   | TOTAL REFUNDABLE CREDITS (ADI   | D Lines 2. 8. and 16. Enter this a                                 | mount on Form 1 | N-111. Line 25c) <b>17.</b> | .00           |  |  |  |  |  |