

Vermont Substitute Forms  
Test Cases  
For Personal Income Tax



Tax Year 2016

## VERMONT TEST CASES

**Test 1** Vermont Forms Required: IN-111, Sch IN-113

### Taxpayer(s) Information

Primary SSN: 400-00-8056

Name: Tom Taylor

Residency Status: Non-Resident

Address 1: 334 Washington Street

City, State, Zip: San Francisco CA, 94105

DOB: 01/15/1969

Filing Status: Single

School District Code: 999



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**2016**  
VERMONT **Income Tax Return** **FORM**  
**IN-111**

Taxpayer Information	1 Taxpayer's Last Name		First Name	Initial	Taxpayer's Social Security Number						
	Spouse's or CU Partner's Last Name		First Name	Initial	Spouse's or CU Partner's Social Security Number						
	Mailing Address (Number and Street/Road or PO Box)				Taxpayer's Driver's License Number		State				
	City		State	ZIP Code		Spouse's/CU's Driver's License Number		State			
	<input type="checkbox"/>	Check here if this is an AMENDED return		<input type="checkbox"/>	Check if taxpayer died during 2016		<input type="checkbox"/>	Check if Spouse or CU Partner died during 2016		<input type="checkbox"/>	Check here if using RECOMPUTED Federal Return information
1. VT School District Code		2. 911 street address on 12/31/2016 - Number, street/road name (Do not use "PO Box", "same", or Town name)									

Tax Filing Information	<b>FILING STATUS</b>																
	<input type="checkbox"/>	3. Single	<input type="checkbox"/>	4. Head of Household	<input type="checkbox"/>	5. Married Filing Jointly	<input type="checkbox"/>	6. CU Partner Filing Jointly	<input type="checkbox"/>	7. Qualifying Widow(er) with dependent children	<input type="checkbox"/>	8a. Married Filing Separately	<input type="checkbox"/>	8b. CU Filing Separately	Enter Spouse or CU Partner full name _____		Enter Spouse or CU Partner Social Security Number _____
9. Exemptions Claimed (Federal Form 1040-Line 6d; 1040A-Line 6d; 1040EZ/1040NR-EZ-enter 0, 1, or 2) ..... 9. _____																	

Taxable Income	10. Adjusted Gross Income (Federal Form 1040-Line 37; 1040A-Line 21; 1040EZ-Line 4) ..... <input type="checkbox"/> ← Check to indicate loss 10. _____ .00																
	11. Federal Taxable Income (Federal Form 1040-Line 43; 1040A-Line 27; 1040EZ-Line 6) If the Federal amount is zero, see instructions ..... <input type="checkbox"/> ← Check to indicate loss 11. _____ .00																
	<b>ADDITIONS:</b>																
	12a. Income from Non-Vermont State and Local Obligations (Schedule IN-112, Part I, Line 3) ..... 12a. _____ .00																
	12b. Bonus Depreciation Allowed under Federal law for 2016 ..... 12b. _____ .00																
	12c. Addback of State and Local Income Taxes (Schedule IN-155, Line 8) ..... <input type="checkbox"/> ← If negative check here 12c. _____ .00																
	12d. Addback of Itemized Deductions (Schedule IN-155, Line 15) ..... 12d. _____ .00																
	13. Federal Taxable Income with Additions (Add Lines 11, 12a, 12b, 12c, and 12d) ..... <input type="checkbox"/> ← Check to indicate loss 13. _____ .00																
	<b>SUBTRACTIONS:</b>																
	14a. Interest Income from U.S. Obligations ..... 14a. _____ .00																
14b. Capital Gains Exclusion (Schedule IN-153, Line 21) ..... 14b. _____ .00																	
14c. Adjustment for Prior Years' Bonus Depreciation ..... 14c. _____ .00																	
14d. Add Lines 14a, 14b, and 14c ..... 14d. _____ .00																	
15. Vermont Taxable Income (Subtract Line 14d from Line 13. If Line 14d is more than Line 13, enter -0-) ..... 15. _____ .00																	

VT Income Tax	16. Vermont Income Tax from Tax Table or Tax Rate Schedule on Line 15 amount ..... 16. _____ .00 (If Line 10 is greater than \$150,000, see instructions)																
	17. Additions to Vermont Income Tax (Schedule IN-112, Part II, Line 7) ..... 17. _____ .00																
	18. Vermont Income Tax with Additions (Add Lines 16 & 17) ..... 18. _____ .00																
	19. Subtractions from Vermont Income Tax (Schedule IN-112, Part II, Line 15) ..... 19. _____ .00																
	20. Vermont Income Tax (Subtract Line 19 from Line 18. If Line 19 is more than Line 18, enter -0-) ..... 20. _____ .00																
	21. Income Adjustment (Schedule IN-113, Line 39 OR 100.00%) ..... 21. _____ %																
	22. Adjusted Vermont Income Tax (Multiply Line 20 by Line 21) ..... 22. _____ .00																

Enclose Form(s) W-2 and Form(s) 1099-R if tax was withheld





**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	Initial	Taxpayer's Social Security Number
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**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 2016		Name of state(s), Canadian province or country during non-Vermont residency (use standard 2-character abbreviation)
From (MM DD YYYY)	To (MM DD YYYY)	

	A. Federal Amount \$	B. Vermont Portion \$
INCOME	1. Wages, salaries, tips, etc. . . . . 1. <u>          .00</u>	1. <u>          .00</u>
	2. Taxable interest . . . . . 2. <u>          .00</u>	2. <u>          .00</u>
	3. Ordinary dividends . . . . . 3. <u>          .00</u>	3. <u>          .00</u>
	4. Taxable refunds of state and local income taxes . . . . . 4. <u>          .00</u>	4. <u>          .00</u>
	5. Alimony received . . . . . 5. <u>          .00</u>	5. <u>          .00</u>
	6. Business income or loss <input type="checkbox"/> ← Check to indicate loss 6. <u>          .00</u>	<input type="checkbox"/> ← Check to indicate loss 6. <u>          .00</u>
	7. Capital gain or loss <input type="checkbox"/> ← Check to indicate loss 7. <u>          .00</u>	<input type="checkbox"/> ← Check to indicate loss 7. <u>          .00</u>
	8. Taxable IRA distributions . . . . . 8. <u>          .00</u>	8. <u>          .00</u>
	9. Taxable pensions and annuities . . . . . 9. <u>          .00</u>	9. <u>          .00</u>
	10. Partnerships/S Corporations, and LLCs <input type="checkbox"/> ← Check to indicate loss 10. <u>          .00</u>	<input type="checkbox"/> ← Check to indicate loss 10. <u>          .00</u>
	11. Rents, royalties, estates, trusts, etc. <input type="checkbox"/> ← Check to indicate loss 11. <u>          .00</u>	<input type="checkbox"/> ← Check to indicate loss 11. <u>          .00</u>
	12. Farm income or loss <input type="checkbox"/> ← Check to indicate loss 12. <u>          .00</u>	<input type="checkbox"/> ← Check to indicate loss 12. <u>          .00</u>
	13. Unemployment compensation . . . . . 13. <u>          .00</u>	13. <u>          .00</u>
	14. Taxable social security . . . . . 14. <u>          .00</u>	14. <u>          .00</u>
	15. Other: Specify <input type="checkbox"/> ← Check to indicate loss 15. <u>          .00</u> (See instructions)	<input type="checkbox"/> ← Check to indicate loss 15. <u>          .00</u>
	16. TOTAL INCOME (Add Lines 1–15) <input type="checkbox"/> ← Check to indicate loss 16. <u>          .00</u>	<input type="checkbox"/> ← Check to indicate loss 16. <u>          .00</u>

Taxpayer's Last Name	Social Security Number
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Carried forward from

	Line 16A		Line 16B	
	A. Federal Amount \$		B. Vermont Portion \$	
<b>ADJUSTMENTS TO INCOME</b>				
17. IRA (1040-Line 32; 1040A-Line 17); Keogh/SEP/SIMPLE (1040-Line 28): Self _____ Spouse _____	17.	.00	17.	.00
18. Student Loan Interest (1040-Line 33; 1040A-Line 18)	18.	.00	18.	.00
19. <b>Employee Deductions:</b> Reservists, Performing Artists, Fee-basis Gov't Officials (1040-Line 24)	19.	.00	19.	.00
20. <b>Self-Employment Deductions:</b> Tax (1040-Line 27), and Health Insurance (1040-Line 29)	20.	.00	20.	.00
21. Health Savings Account (1040-Line 25)	21.	.00	21.	.00
22. Moving Expenses (1040-Line 26)	22.	.00	22.	.00
23. Penalty on Early Withdrawal of Savings (1040-Line 30)	23.	.00	23.	.00
24. Alimony Paid (1040-Line 31a)	24.	.00	24.	.00
25. Domestic Production Activities (1040-Line 35)	25.	.00	25.	.00
26. Educator Expenses (1040-Line 23; 1040A-Line 16), and Tuition & Fees (1040-Line 34; 1040A-Line 19)	26.	.00	26.	.00
27. Deductions not listed above but included on 1040-Line 36	27.	.00	27.	.00
28. <b>TOTAL ADJUSTMENTS</b> (Add Lines 17 - 27)	28.	.00	28.	.00
29. <b>Adjusted Gross Income</b> (Subtract Line 28A from Line 16A)			29.	.00
30. <b>Vermont Portion of AGI</b> (Subtract Line 28B from Line 16B)			30.	.00
31. <b>Non-Vermont Income</b> (Subtract Line 30 from Line 29). Also enter on Part II, Line 33 below			31.	.00

**PART II. Adjustment for Vermont Exempt Income**

<b>VERMONT EXEMPT INCOME</b>				
32. Adjusted Gross Income If Part I completed, enter Line 29 amount. Otherwise, enter amount from Form IN-111, Line 10			32.	.00
33. Non-Vermont Income (Line 31 above)		.00	33.	.00
<b>Part-Year Residents: For Lines 34-36, enter only income included in Part I, Line 30</b>				
34. Military pay. Number of months on active duty _____ (See instructions)		.00	34.	.00
35. Railroad Retirement income		.00	35.	.00
36. Bond/note interest income from		.00	36.	.00
<input type="checkbox"/> VSAC <input type="checkbox"/> Build America <input type="checkbox"/> Vermont Telecom Authority <input type="checkbox"/> Vermont Public Power Supply Authority				
37. Total (Add Lines 33-36)			37.	.00
38. Vermont income (Subtract Line 37 from Line 32)			38.	.00
39. <b>INCOME ADJUSTMENT %</b> (Divide Line 38 by Line 32). Also enter on Form IN-111, Line 21. (See instructions)			39.	%

**Test 2** HS-122, IN-155

Vermont Forms Required: IN-111, IN-155, HS-122, HI-144

**Taxpayer(s) Information**

Primary SSN: 400-00-8057

Name: Bradley Edgewood

Residency Status: Resident

Address 1: PO Box 306

City, State, Zip: Hyde Park, VT 05655

Occupation: Minister

Date of Birth: 06/18/1960

Filing Status: Married Filing Jointly

Spouse SSN: 400-00-8058

Spouse Name: Marjorie Edgewood

Occupation: Secretary

School District Code: 097

City/Town of Legal Residence: Hyde Park

Date of Birth: 07/25/1960



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**2016**  
VERMONT **Income Tax Return** **FORM**  
**IN-111**

<b>1</b> Taxpayer Information	Taxpayer's Last Name		First Name	Initial	Taxpayer's Social Security Number		
	Spouse's or CU Partner's Last Name		First Name	Initial	Spouse's or CU Partner's Social Security Number		
	Mailing Address (Number and Street/Road or PO Box)				Taxpayer's Driver's License Number	State	
	City		State	ZIP Code	Spouse's/CU's Driver's License Number	State	
	<input type="checkbox"/>	Check here if this is an <b>AMENDED</b> return	<input type="checkbox"/>	Check if taxpayer died during 2016	<input type="checkbox"/>	Check if Spouse or CU Partner died during 2016	<input type="checkbox"/>
1. VT School District Code		2. 911 street address on 12/31/2016 - Number, street/road name (Do not use "PO Box", "same", or Town name)					

<b>2</b> Tax Filing Information	<b>FILING STATUS</b>														
	<input type="checkbox"/>	3. Single	<input type="checkbox"/>	4. Head of Household	<input type="checkbox"/>	5. Married Filing Jointly	<input type="checkbox"/>	6. CU Partner Filing Jointly	<input type="checkbox"/>	7. Qualifying Widow(er) with dependent children	<input type="checkbox"/>	8a. Married Filing Separately	<input type="checkbox"/>	8b. CU Filing Separately	Enter Spouse or CU Partner full name _____
9. Exemptions Claimed (Federal Form 1040-Line 6d; 1040A-Line 6d; 1040EZ/1040NR-EZ-enter 0, 1, or 2) ..... 9. _____															

<b>3</b> Taxable Income	10. Adjusted Gross Income (Federal Form 1040-Line 37; 1040A-Line 21; 1040EZ-Line 4) ..... <input type="checkbox"/> ← Check to indicate loss	10. _____	.00
	11. Federal Taxable Income (Federal Form 1040-Line 43; 1040A-Line 27; 1040EZ-Line 6) If the Federal amount is zero, see instructions ..... <input type="checkbox"/> ← Check to indicate loss	11. _____	.00
	<b>ADDITIONS:</b>		
	12a. Income from Non-Vermont State and Local Obligations (Schedule IN-112, Part I, Line 3) .....	12a. _____	.00
	12b. Bonus Depreciation Allowed under Federal law for 2016 .....	12b. _____	.00
	12c. Addback of State and Local Income Taxes (Schedule IN-155, Line 8) ..... <input type="checkbox"/> ← If negative check here	12c. _____	.00
	12d. Addback of Itemized Deductions (Schedule IN-155, Line 15) .....	12d. _____	.00
	13. Federal Taxable Income with Additions (Add Lines 11, 12a, 12b, 12c, and 12d) ..... <input type="checkbox"/> ← Check to indicate loss	13. _____	.00
	<b>SUBTRACTIONS:</b>		
	14a. Interest Income from U.S. Obligations .....	14a. _____	.00
14b. Capital Gains Exclusion (Schedule IN-153, Line 21) .....	14b. _____	.00	
14c. Adjustment for Prior Years' Bonus Depreciation .....	14c. _____	.00	
14d. Add Lines 14a, 14b, and 14c .....	14d. _____	.00	
15. Vermont Taxable Income (Subtract Line 14d from Line 13. If Line 14d is more than Line 13, enter -0-) .....	15. _____	.00	

<b>4</b> VT Income Tax	16. Vermont Income Tax from Tax Table or Tax Rate Schedule on Line 15 amount ..... (If Line 10 is greater than \$150,000, see instructions)	16. _____	.00
	17. Additions to Vermont Income Tax (Schedule IN-112, Part II, Line 7) .....	17. _____	.00
	18. Vermont Income Tax with Additions (Add Lines 16 & 17) .....	18. _____	.00
	19. Subtractions from Vermont Income Tax (Schedule IN-112, Part II, Line 15) .....	19. _____	.00
	20. Vermont Income Tax (Subtract Line 19 from Line 18. If Line 19 is more than Line 18, enter -0-) .....	20. _____	.00
	21. Income Adjustment (Schedule IN-113, Line 39 OR 100.00%) .....	21. _____	%
	22. Adjusted Vermont Income Tax (Multiply Line 20 by Line 21) .....	22. _____	.00

Enclose Form(s) W-2 and Form(s) 1099-R if tax was withheld





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You must complete this schedule if you filed Federal Form 1040, Schedule A .

**INCLUDE WITH FORM IN-111**

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name	Initial	Taxpayer's Social Security Number
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**PART A 2016 State and Local Income Tax Addback**

1. Enter amount of itemized deductions from Federal Form 1040, Schedule A, Line 29. . . . . 1. \_\_\_\_\_ **.00**
2. Enter allowable federal standard deduction for your filing status. . . . . 2. \_\_\_\_\_ **.00**

	<b>Standard</b>
Single	6,300
Married Filing Jointly or Qualifying Widow(er)	12,600
Married Filing Separately	6,300
Head of Household	9,300

**OR**

<b>For those born before Jan. 2, 1952 or blind and entry on Federal Form 1040, Line 39a is</b>			
1	2	3	4
7,850	9,400	n/a	n/a
13,850	15,100	16,350	17,600
7,550	8,800	10,050	11,300
10,850	12,400	n/a	n/a

3. Subtract Line 2 from Line 1. . . . . 3. \_\_\_\_\_ **.00**
4. Enter amount of state and local income taxes from Federal Form 1040, Schedule A, Line 5a . . . . . 4. \_\_\_\_\_ **.00**  
 If your itemized deductions are limited, see the IN-155 Worksheet for Limited Itemized Deductions (Lines 4 and 10) at [www.tax.vermont.gov](http://www.tax.vermont.gov) for further instructions.

**Adjustment for Recapture of Excess 2015 Addback**

5. Enter amount from your 2016 Federal Form 1040, Line 10. If entry is -0-, enter the *lesser* amount of Line 3 or Line 4 on Form IN-111, Line 12c and continue to page 2 of this schedule. . . . . 5. \_\_\_\_\_ **.00**
6. Enter the *lesser* amount from 2015 Vermont Schedule IN-155, Line 3 or Line 4. . . . . 6. \_\_\_\_\_ **.00**
7. Enter the *lesser* of Line 5 or Line 6. . . . . 7. \_\_\_\_\_ **.00**

**Adjusted 2016 Addback**

8. Subtract Line 7 from the lesser of Line 3 or Line 4. This is the 2016 addback amount.  ← Check to indicate negative number. 8. \_\_\_\_\_ **.00**  
 If the difference is less than zero, check the box to indicate a negative number.

**Enter this amount on Form IN-111, Line 12c.**  
**If the difference is less than zero, check the box on Form IN-111, Line 12c to indicate a negative number.**

(continued on next page)

Taxpayer's Last Name	Social Security Number
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\* 1 6 1 5 5 1 2 0 0 \*

Enter amount from Line 1 \_\_\_\_\_

Enter amount from Line 2 \_\_\_\_\_

**PART B Deductions above two and a half (2.5) times the Federal Standard Deduction**

9. Enter amount of medical and dental expenses from Federal Form 1040, Schedule A, Line 4. . . . .	9.	_____	<b>.00</b>
10. Enter amount of gifts to charity from Federal Form 1040, Schedule A, Line 19. . . . . If your itemized deductions are limited, see the IN-155 Worksheet for Limited Itemized Deductions (Lines 4 and 10) at <a href="http://www.tax.vermont.gov">www.tax.vermont.gov</a> for further instructions.	10.	_____	<b>.00</b>
11. Enter the amount of state and local income taxes from Line 4 of this schedule. . . . .	11.	_____	<b>.00</b>
12. Add Lines 9 through 11 . . . . .	12.	_____	<b>.00</b>
13. Subtract Line 12 from Line 1 of this schedule . . . . .	13.	_____	<b>.00</b>
14. Multiply Line 2 of this schedule by 2.5 . . . . .	14.	_____	<b>.00</b>
15. Subtract Line 14 from Line 13. If negative, enter -0- . . . . . <b>Enter this amount on Form IN-111, Line 12d.</b>	15.	_____	<b>.00</b>

Draft 3, 2016

NOV. 3, 2016



\* 1 7 1 2 2 1 1 0 0 \*

**DUE DATE:** April 18, 2017. You may file up to Oct. 16, 2017, 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 Department.

**How to file a Property Tax Adjustment Claim:** To be considered for a Property Tax Adjustment, you must file a **1) Homestead Declaration** (Section A of this form), **2) Property Tax Adjustment 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.

**Why file on paper? It's fast and convenient to file your claim online at [www.tax.vermont.gov](http://www.tax.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. If your homestead is leased to a tenant on April 1, you may still claim it as a homestead if it is not leased for more than 182 days in the 2017 calendar year.

**PRINT in BLUE or BLACK INK**

Claimant's Last Name	First Name	Initial	Claimant's Social Security Number
Spouse's or CU Partner's Last Name	First Name	Initial	Spouse's or CU Partner's Social Security Number
Mailing Address (Number and Street/Road or PO Box)			Claimant's Date of Birth (MM DD YYYY) / /
City		State	ZIP Code
Location of Homestead (number, street/road name (Do not use "PO Box," "same," or town name))			<b>Federal Filing Status</b> (Single=S; Head of Household=H; Joint=J; Separate=P) <input type="checkbox"/>
A2. City/Town of Legal Residence on April 1, 2017		State	A3. SPAN Number - <b>REQUIRED</b> (From the 2016/2017 property tax bill)

**A4. Business Use of Dwelling** ..... **A4.**           .00 %

**A5. Rental Use of Dwelling** ..... **A5.**           .00 %

**A6. Business or Rental Use of Improvements or Other Buildings**  
Not including the dwelling, are improvements or other buildings located on your parcel used for business or rented? .....  Yes  No

**A7 - A10 Special Situations** (see instructions for more information). Check the following if it applies:

**A7.** Grantor and sole beneficiary of a revocable trust owning the property.       **A9.** Homestead property crosses town boundaries. (File a declaration for each town.)

**A8.** Life estate holder of the property.       **A10.** Residing in a dwelling owned by a related farmer.

**IMPORTANT FILING INFORMATION**

Form HS-122, Section B and Schedule HI-144 are required to file a Property Tax Adjustment Claim. Continue on to complete Section B.

If you will not be filing a Property Tax Adjustment Claim, please sign in the signature section at the bottom of page 2.

Will you be filing a Property Tax Adjustment claim at a later date? .....  Yes  No

Claimant's Last Name	Social Security Number
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\* 1 7 1 2 2 1 2 0 0 \*

**DUE DATE: April 18, 2017. Claims accepted up to Oct. 16, 2017.**

<b>SECTION B.</b>	<b>PROPERTY TAX ADJUSTMENT CLAIM</b> For Household Income up to \$141,000. Include Schedule HI-144
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To qualify, you must meet the requirements for filing a homestead declaration in addition to the following requirements. ALL eligibility questions must be answered.

- B1.** Were you domiciled in Vermont all of calendar year 2016?  Yes, **Go to Line B2.**  No, **STOP**
- B2.** Were you claimed as a dependent in 2016 by another taxpayer?  Yes, **STOP**  No, **Go to Line B3.**
- B3.** Do you anticipate selling your Vermont housesite on or before April 1, 2017?.  Yes, **STOP**  No, **CONTINUE**

Amounts for Lines B4 - B6 are found on the 2016/2017 property tax bill. Round amounts to the nearest dollar.

INCLUDE REQUIRED SCHEDULE HI-144

- B4.** Housesite Value ..... **B4.**                      **.00**
- B5.** Housesite Education Tax ..... **B5.**                      **.00**
- B6.** Housesite Municipal Tax ..... **B6.**                      **.00**
- B7.** Ownership Interest ..... **B7.**                      **.00 %**
- B8.** Household Income (Schedule HI-144, Line y). **SCHEDULE HI-144 MUST BE INCLUDED.** ..... **B8.**                      **.00**
- B8a.** If Amended Schedule HI-144, Household Income, is included, check here.

Complete the following ONLY if applicable. See instructions for details.

**Lot Rent**

- B9.** Efile Certificate Number (From Form LC-142) .... **B9.**
- B10.** Mobile Home Lot Rent (Form LC-142, Line 16 - include Form LC-142 with this claim) ..... **B10.**                      **.00**
- OR Allocated Property Tax from Land Trust, Cooperative, or Nonprofit Mobile Home Park**
- B11.** Allocated Education Tax ..... **B11.**                      **.00**
- B12.** Allocated Municipal Tax ..... **B12.**                      **.00**
- OR Property Tax from contiguous property if housesite has less than 2 acres** (see instructions).
- B13.** Contiguous property Education Tax ..... **B13.**                      **.00**
- B14.** Contiguous property Municipal Tax ..... **B14.**                      **.00**

**MAXIMUM ADJUSTMENT 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	Telephone Number
Signature. If a joint return, BOTH must sign.	Date	
<input type="checkbox"/> Check here if authorizing the Vermont Department of Taxes to discuss this return and attachments with your preparer.		
<b>Preparer's Use Only</b>	Preparer's signature	Date
	Firm's name (or yours if self-employed) and address	Preparer's SSN or PTIN
		EIN
5432		Preparer's Telephone Number

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



\* 1 6 1 4 4 1 1 0 0 \*

For the year Jan. 1–Dec. 31, 2016

CHECK IF AMENDING

Please PRINT in BLUE or BLACK INK

FORM HS-122 OR  FORM PR-141

This schedule must be included with the 2016 Renter Rebate Claim (Form PR-141) OR the 2017 Property Tax Adjustment Claim (Form HS-122) UNLESS you are filing an AMENDED HI-144. Please read instructions before completing schedule.

Claimant's Last Name	First Name	Initial	Claimant's Social Security Number
Spouse's or CU Partner's Last Name	First Name	Initial	Claimant's Date of Birth / /

List the names and Social Security Numbers of all other persons (other than a Spouse or CU Partner) who had income and lived with you during 2016. Include their income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Other Person #1 Last Name	First Name	Initial	Other Person #1 Social Security Number
Other Person #2 Last Name	First Name	Initial	Other Person #2 Social Security Number

INCOME	Yearly totals of ALL members of the household	1. Claimant	2. Spouse/CU Partner	3. Other Persons
		a. Cash public assistance and relief . . . . . a.	.00	.00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable . . . . . b.	.00	.00	.00	
c. Unemployment compensation/worker's compensation . . . . . c.	.00	.00	.00	
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.) . . . . . d.	.00	.00	.00	
e. Interest and dividends . . . . . e.	.00	.00	.00	
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable . . . . . f.	.00	.00	.00	
g. Alimony, support money, child support, cash gifts . . . . . g.	.00	.00	.00	
h. Business income. If the amount is a loss, enter -0-. See instructions for offsetting a loss. . . . . h.	.00	.00	.00	
i. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-. See instructions for offsetting a loss. . . . . i.	.00	.00	.00	
j. Taxable pensions, annuities, IRA and other retirement fund distributions. See instructions. . . . . j.	.00	.00	.00	
k. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss. . . . . k.	.00	.00	.00	
l. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0-. See Line i instructions for only exception to offset a loss. . . . . l.	.00	.00	.00	
m. Other income (See instructions for examples of other income). Please specify. . . . . m.	.00	.00	.00	
n. Total Income: Add Lines a through m. . . . . n.	.00	.00	.00	

Claimant's Last Name	Social Security Number
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\* 1 6 1 4 4 1 2 0 0 \*

	1. Claimant	2. Spouse/CU Partner	3. Other Persons
	\$	\$	\$
	1. Amount from Line n, Column 1	2. Amount from Line n, Column 2	3. Amount from Line n, Column 3
<b>o. See instructions</b> Enter Social Security and Medicare tax withheld on wages claimed on Line d. <b>Self-Employed:</b> Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE if not included with income tax filing. . . . . <b>o.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>p.</b> Child support paid. You must include proof of payment. See instructions. . . . . <b>p.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>Support paid to:</b> Last Name	First Name	Initial	Social Security Number
<b>q.</b> Allowable Adjustments from Federal Form 1040 or 1040A			
<b>q1.</b> Business Expenses for Reservists (1040, Line 24) . . . . . <b>q1.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>q2.</b> Alimony paid (1040, Line 31a) . . . . . <b>q2.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>q3.</b> Tuition and fees (1040, Line 34 or 1040A, Line 19) . . . . . <b>q3.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>q4.</b> Self-employed health insurance deduction (1040, Line 29) . . . . . <b>q4.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>q5.</b> Health Savings Account deduction (1040, Line 25) . . . . . <b>q5.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>r.</b> Add Lines o, p and total of Lines q1 to q5 for each column . . . . . <b>r.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>s.</b> Subtract Line r from Line n of each column. If a negative amount, enter -0- . . . . . <b>s.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>t.</b> Add all three amounts from Line s. If a negative amount, enter -0- . . . . . <b>t.</b>			<u>.00</u>
<b>u.</b> Complete if born Jan. 1, 1952, and after. Enter interest and dividend income from Lines e and f . . . . . <b>u.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>v.</b> Add all three amounts from Line u. . . . . <b>v.</b>			<u>.00</u>
<b>w.</b> . . . . . <b>w.</b>			<u>10000.00</u>
<b>x.</b> Subtract Line w from Line v. If Line w is more than Line v, enter -0- . . . . . <b>x.</b>			<u>.00</u>
<b>y. HOUSEHOLD INCOME.</b> Add Line t and Line x. . . . . <b>y.</b>			<u>.00</u>

**RENTERS:**

If Line y Household Income is \$47,000 or less, you may be eligible for a renter rebate. Complete Form PR-141. This schedule must be filed with the Renter Rebate Claim. Claims are due April 18, 2017, but can be filed up to Oct. 16, 2017.

If Household Income is more than \$47,000, you do not qualify for a renter rebate.

**HOMEOWNERS:**

**Form HS-122, Property Tax Adjustment Claim,** must be filed each year.

**Homeowners with Household Income up to \$141,000 on Line y should complete Form HS-122, Section B.** You may be eligible for a property tax adjustment. This schedule must be filed with the HS-122.

**Form HS-122 Due Date - April 18, 2017.** Homeowners filing a property tax adjustment, Forms HS-122 and HI-144, between April 19 and Oct. 16, 2017 may still qualify for a property tax adjustment. A \$15 late filing fee will be deducted from the adjustment.

**Test 3** Vermont Forms Required: IN-111, 2 Sch IN-119

Taxpayer(s) Information

Primary SSN: 400-00-8059

Name: John Macdonald

Residency Status: Resident

Address 1: 10 Southern Blvd

City, State, Zip: Rutland City, VT 05701

Occupation: Advisor

Date of Birth: 07/20/1948

Filing Status: Single

School District Code: 170

City/Town of Legal Residence: Rutland City



\* 1 6 1 1 1 1 1 0 0 \*

**2016**  
VERMONT **Income Tax Return** **FORM**  
**IN-111**

<b>1</b> Taxpayer Information	Taxpayer's Last Name		First Name	Initial	Taxpayer's Social Security Number		
	Spouse's or CU Partner's Last Name		First Name	Initial	Spouse's or CU Partner's Social Security Number		
	Mailing Address (Number and Street/Road or PO Box)				Taxpayer's Driver's License Number	State	
	City		State	ZIP Code	Spouse's/CU's Driver's License Number	State	
	<input type="checkbox"/>	Check here if this is an <b>AMENDED</b> return	<input type="checkbox"/>	Check if taxpayer died during 2016	<input type="checkbox"/>	Check if Spouse or CU Partner died during 2016	<input type="checkbox"/>
1. VT School District Code		2. 911 street address on 12/31/2016 - Number, street/road name (Do not use "PO Box", "same", or Town name)					

<b>2</b> Tax Filing Information	<b>FILING STATUS</b>														
	<input type="checkbox"/>	3. Single	<input type="checkbox"/>	4. Head of Household	<input type="checkbox"/>	5. Married Filing Jointly	<input type="checkbox"/>	6. CU Partner Filing Jointly	<input type="checkbox"/>	7. Qualifying Widow(er) with dependent children	<input type="checkbox"/>	8a. Married Filing Separately	<input type="checkbox"/>	8b. CU Filing Separately	Enter Spouse or CU Partner full name _____
9. Exemptions Claimed (Federal Form 1040-Line 6d; 1040A-Line 6d; 1040EZ/1040NR-EZ-enter 0, 1, or 2) ..... 9. _____															

<b>3</b> Taxable Income	10. Adjusted Gross Income (Federal Form 1040-Line 37; 1040A-Line 21; 1040EZ-Line 4) ..... <input type="checkbox"/> ← Check to indicate loss	10. _____	.00
	11. Federal Taxable Income (Federal Form 1040-Line 43; 1040A-Line 27; 1040EZ-Line 6) If the Federal amount is zero, see instructions ..... <input type="checkbox"/> ← Check to indicate loss	11. _____	.00
	<b>ADDITIONS:</b>		
	12a. Income from Non-Vermont State and Local Obligations (Schedule IN-112, Part I, Line 3) .....	12a. _____	.00
	12b. Bonus Depreciation Allowed under Federal law for 2016 .....	12b. _____	.00
	12c. Addback of State and Local Income Taxes (Schedule IN-155, Line 8) ..... <input type="checkbox"/> ← If negative check here	12c. _____	.00
	12d. Addback of Itemized Deductions (Schedule IN-155, Line 15) .....	12d. _____	.00
	13. Federal Taxable Income with Additions (Add Lines 11, 12a, 12b, 12c, and 12d) ..... <input type="checkbox"/> ← Check to indicate loss	13. _____	.00
	<b>SUBTRACTIONS:</b>		
	14a. Interest Income from U.S. Obligations .....	14a. _____	.00
14b. Capital Gains Exclusion (Schedule IN-153, Line 21) .....	14b. _____	.00	
14c. Adjustment for Prior Years' Bonus Depreciation .....	14c. _____	.00	
14d. Add Lines 14a, 14b, and 14c .....	14d. _____	.00	
15. Vermont Taxable Income (Subtract Line 14d from Line 13. If Line 14d is more than Line 13, enter -0-) .....	15. _____	.00	

<b>4</b> VT Income Tax	16. Vermont Income Tax from Tax Table or Tax Rate Schedule on Line 15 amount (If Line 10 is greater than \$150,000, see instructions) .....	16. _____	.00
	17. Additions to Vermont Income Tax (Schedule IN-112, Part II, Line 7) .....	17. _____	.00
	18. Vermont Income Tax with Additions (Add Lines 16 & 17) .....	18. _____	.00
	19. Subtractions from Vermont Income Tax (Schedule IN-112, Part II, Line 15) .....	19. _____	.00
	20. Vermont Income Tax (Subtract Line 19 from Line 18. If Line 19 is more than Line 18, enter -0-) .....	20. _____	.00
	21. Income Adjustment (Schedule IN-113, Line 39 OR 100.00%) .....	21. _____	%
	22. Adjusted Vermont Income Tax (Multiply Line 20 by Line 21) .....	22. _____	.00

Enclose Form(s) W-2 and Form(s) 1099-R if tax was withheld





\* 1 6 1 1 9 1 1 0 0 \*

**PRINT in BLUE or BLACK INK**

**INCLUDE WITH FORM IN-111**

Taxpayer's Last Name	First Name	Initial	Taxpayer's Social Security Number
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For credits earned through an S-Corporation, LLC, LLP, or Partnership, enter name and FEIN of the entity.

Name of entity \_\_\_\_\_ FEIN: \_\_\_\_\_

If credits from more than one business entity, fill out a separate IN-119 for each entity.

**ALL CREDITS REQUIRE PRIOR APPROVAL**

	<u>Column A</u> Earned in 2016	PLUS (+)	<u>Column B</u> Carryforward	EQUALS (=)	<u>Column C</u> 2016 Credit
<b>Prior approval required from Vermont Housing Finance Agency for Line 1</b>					
1. Affordable Housing, 32 V.S.A. § 5930u . . . . . 1.	.00		.00		.00
<b>Prior approval required from Vermont Division for Historic Preservation for Lines 2-7</b>					
2. Rehabilitation of Certified Historic Buildings, 32 V.S.A. § 5930n . . . . . 2.	NOT AVAILABLE		.00		.00
3. Platform Lifts, Elevators, or Sprinkler Systems, 32 V.S.A. § 5930q . . . . . 3.	NOT AVAILABLE		.00		.00
4. Historic Rehabilitation, 32 V.S.A. § 5930cc(a) . . 4.	.00		.00		.00
5. Facade Improvement, 32 V.S.A. § 5930cc(b) . . . 5.	.00		.00		.00
6. Code Improvements, 32 V.S.A. § 5930cc(c) . . . 6.	.00		.00		.00
7. Add Column C, Lines 1-6. . . . . 7.					.00
8. Enter amount from Schedule IN-112, Part IV, Line 5. . . . . 8.					.00
9. Add Lines 7 & 8. If no credits from Lines 10-18, enter amount on Form IN-111, Line 24. . . . . 9.					.00
10. Vermont Entrepreneur's Seed Capital Fund, 32 V.S.A. § 5830b. Go to worksheet <b>on page 2</b> to calculate the credit. 10.					.00

**ECONOMIC ADVANCEMENT TAX INCENTIVE CARRY FORWARD CREDITS**      Lines 11-18 require prior approval from Vermont Economic Progress Council

11. Payroll, 32 V.S.A. § 5930c . . . . . 11.	.00
12. Research & Development, 32 V.S.A. § 5930d . . . . . 12.	.00
13. Capital Investment, 32 V.S.A. § 5930g . . . . . 13.	.00
14. Workforce Development, 32 V.S.A. § 5930e . . . . . 14.	.00
15. Export, 32 V.S.A. § 5930f . . . . . 15.	.00
16. High-Tech Growth, 32 V.S.A. § 5930k . . . . . 16.	.00
17. Sustainable Technology R & D, 32 V.S.A. § 5930w . . . . . 17.	.00
18. Sustainable Technology Export, 32 V.S.A. § 5930x . . . . . 18.	.00
19. Add Lines 11-18. Go to worksheet <b>on page 2</b> to calculate the credit. . . . . 19.	.00

Taxpayer's Last Name	Social Security Number
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\* 1 6 1 1 9 1 2 0 0 \*

**Tax Credit Calculation Worksheet**

20. Enter adjusted Vermont income tax amount from Form IN-111, Line 22. ....	20.	_____	<b>.00</b>
21. Enter credit for income tax paid to another state or Canadian province from Form IN-111, Line 23. ....	21.	_____	<b>.00</b>
22. Subtract Line 21 from Line 20 .....	22.	_____	<b>.00</b>
23. Enter amount from Line 8. ....	23.	_____	<b>.00</b>
24. Enter amount from Line 7. ....	24.	_____	<b>.00</b>
25. Add Lines 23 and 24. ....	25.	_____	<b>.00</b>
26. Enter the smaller of Line 22 OR Line 25 .....	26.	_____	<b>.00</b>
27. Subtract Line 26 from Line 22, <i>but not less than zero</i> . ....	27.	_____	<b>.00</b>
28. Multiply Line 27 by 50%. ....	28.	_____	<b>.00</b>
29. Enter amount from Line 10. ....	29.	_____	<b>.00</b>
30. Enter the smaller of Line 28 or Line 29 .....	30.	_____	<b>.00</b>

**Complete Lines 31-38 if claiming Economic Advancement Tax Incentive (EATI) carry forward credits. Otherwise go to Line 39.**

31. VT tax from Form IN-111, Line 22 .....	31.	_____	<b>.00</b>
<b>Ratio Schedule K-1 to Adjusted Gross Income</b>			
32. Schedule K-1 income from entity with EATI credit(s). If EATI credits from more than one entity, see instructions. If negative, enter -0- here and on Line 34. ....	32.	_____	<b>.00</b>
33. Adjusted Gross Income <u>Resident</u> : Form IN-111, Line 10; <u>Nonresident</u> : Schedule IN-113, Line 38. If negative, enter -0- here and on Line 34. ....	33.	_____	<b>.00</b>
34. Divide Line 32 by Line 33 <i>but not greater than 100%</i> .....	34.	_____	<b>%</b>
35. Vermont Tax attributable to Schedule K-1 Income (Multiply Line 31 by Line 34). ....	35.	_____	<b>.00</b>
36. Statutory Credit Limitation (Multiply Line 35 by 80%). ....	36.	_____	<b>.00</b>
37. Credit Claimed. Enter amount from Line 19. ....	37.	_____	<b>.00</b>
38. Maximum allowable EATI Credit (Enter the smaller of Line 36 or Line 37). If EATI credits from more than one entity, see instructions. ....	38.	_____	<b>.00</b>

39. Total Credits Allowable. Enter the total of Lines 26, 30 and 38. ....	39.	_____	<b>.00</b>
40. <b>TOTAL INCOME TAX CREDITS AVAILABLE.</b> Enter the smaller of Line 22 or Line 39. Enter this amount on Form IN-111, Line 24. ....	40.	_____	<b>.00</b>



\* 1 6 1 1 9 1 1 0 0 \*

**PRINT in BLUE or BLACK INK**

**INCLUDE WITH FORM IN-111**

Taxpayer's Last Name	First Name	Initial	Taxpayer's Social Security Number
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For credits earned through an S-Corporation, LLC, LLP, or Partnership, enter name and FEIN of the entity.

Name of entity \_\_\_\_\_ FEIN: \_\_\_\_\_

If credits from more than one business entity, fill out a separate IN-119 for each entity.

**ALL CREDITS REQUIRE PRIOR APPROVAL**

	<u>Column A</u> Earned in 2016	PLUS (+)	<u>Column B</u> Carryforward	EQUALS (=)	<u>Column C</u> 2016 Credit
<b>Prior approval required from Vermont Housing Finance Agency for Line 1</b>					
1. Affordable Housing, 32 V.S.A. § 5930u . . . . . 1.	.00		.00		.00
<b>Prior approval required from Vermont Division for Historic Preservation for Lines 2-7</b>					
2. Rehabilitation of Certified Historic Buildings, 32 V.S.A. § 5930n . . . . . 2.	NOT AVAILABLE		.00		.00
3. Platform Lifts, Elevators, or Sprinkler Systems, 32 V.S.A. § 5930q . . . . . 3.	NOT AVAILABLE		.00		.00
4. Historic Rehabilitation, 32 V.S.A. § 5930cc(a) . . 4.	.00		.00		.00
5. Facade Improvement, 32 V.S.A. § 5930cc(b) . . . 5.	.00		.00		.00
6. Code Improvements, 32 V.S.A. § 5930cc(c) . . . 6.	.00		.00		.00
7. Add Column C, Lines 1-6. . . . . 7.					.00
8. Enter amount from Schedule IN-112, Part IV, Line 5. . . . . 8.					.00
9. Add Lines 7 & 8. If no credits from Lines 10-18, enter amount on Form IN-111, Line 24. . . . . 9.					.00
10. Vermont Entrepreneur's Seed Capital Fund, 32 V.S.A. § 5830b. Go to worksheet on page 2 to calculate the credit. 10.					.00

**ECONOMIC ADVANCEMENT TAX INCENTIVE CARRY FORWARD CREDITS**      Lines 11-18 require prior approval from Vermont Economic Progress Council

11. Payroll, 32 V.S.A. § 5930c . . . . . 11.	.00
12. Research & Development, 32 V.S.A. § 5930d . . . . . 12.	.00
13. Capital Investment, 32 V.S.A. § 5930g . . . . . 13.	.00
14. Workforce Development, 32 V.S.A. § 5930e . . . . . 14.	.00
15. Export, 32 V.S.A. § 5930f . . . . . 15.	.00
16. High-Tech Growth, 32 V.S.A. § 5930k . . . . . 16.	.00
17. Sustainable Technology R & D, 32 V.S.A. § 5930w . . . . . 17.	.00
18. Sustainable Technology Export, 32 V.S.A. § 5930x . . . . . 18.	.00
19. Add Lines 11-18. Go to worksheet on page 2 to calculate the credit. . . . . 19.	.00

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



\* 1 6 1 1 9 1 2 0 0 \*

**Tax Credit Calculation Worksheet**

20. Enter adjusted Vermont income tax amount from Form IN-111, Line 22. ....	20.	_____	.00
21. Enter credit for income tax paid to another state or Canadian province from Form IN-111, Line 23. ....	21.	_____	.00
22. Subtract Line 21 from Line 20 .....	22.	_____	.00
23. Enter amount from Line 8. ....	23.	_____	.00
24. Enter amount from Line 7. ....	24.	_____	.00
25. Add Lines 23 and 24. ....	25.	_____	.00
26. Enter the smaller of Line 22 OR Line 25 .....	26.	_____	.00
27. Subtract Line 26 from Line 22, <i>but not less than zero</i> . ....	27.	_____	.00
28. Multiply Line 27 by 50%. ....	28.	_____	.00
29. Enter amount from Line 10. ....	29.	_____	.00
30. Enter the smaller of Line 28 or Line 29 .....	30.	_____	.00

Complete Lines 31-38 if claiming Economic Advancement Tax Incentive (EATI) carry forward credits. Otherwise go to Line 39.

31. VT tax from Form IN-111, Line 22 .....	31.	_____	.00
<b>Ratio Schedule K-1 to Adjusted Gross Income</b>			
32. Schedule K-1 income from entity with EATI credit(s). If EATI credits from more than one entity, see instructions. If negative, enter -0- here and on Line 34. ....	32.	_____	.00
33. Adjusted Gross Income <u>Resident</u> : Form IN-111, Line 10; <u>Nonresident</u> : Schedule IN-113, Line 38. If negative, enter -0- here and on Line 34. ....	33.	_____	.00
34. Divide Line 32 by Line 33 <i>but not greater than 100%</i> .....	34.	_____	%
35. Vermont Tax attributable to Schedule K-1 Income (Multiply Line 31 by Line 34). ....	35.	_____	.00
36. Statutory Credit Limitation (Multiply Line 35 by 80%). ....	36.	_____	.00
37. Credit Claimed. Enter amount from Line 19. ....	37.	_____	.00
38. Maximum allowable EATI Credit (Enter the smaller of Line 36 or Line 37). If EATI credits from more than one entity, see instructions. ....	38.	_____	.00

39. Total Credits Allowable. Enter the total of Lines 26, 30 and 38. ....	39.	_____	.00
40. <b>TOTAL INCOME TAX CREDITS AVAILABLE.</b> Enter the smaller of Line 22 or Line 39. Enter this amount on Form IN-111, Line 24. ....	40.	_____	.00

**Test 4** Vermont Forms Required: IN-111, 2 sch IN-112, HS-122, HI-144

Taxpayer(s) Information

Primary SSN: 400-00-8060

Name: Christopher Renaud

Residency Status: Resident

Address 1: PO Box 322

City, State, Zip: Saint Johnsbury Center, VT 05863

Occupation: Manager

Date of Birth: 06/18/1977

Filing Status: Head of Household

School District Code: 182

City/Town of Legal Residence: Sheffield

Dependents: 2

John Renaud 400-00-8061

Valerie Renaud 400-00-8062



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**2016**  
VERMONT **Income Tax Return** **FORM**  
**IN-111**

<b>1</b> Taxpayer Information	Taxpayer's Last Name		First Name	Initial	Taxpayer's Social Security Number		
	Spouse's or CU Partner's Last Name		First Name	Initial	Spouse's or CU Partner's Social Security Number		
	Mailing Address (Number and Street/Road or PO Box)				Taxpayer's Driver's License Number	State	
	City		State	ZIP Code	Spouse's/CU's Driver's License Number	State	
	<input type="checkbox"/>	Check here if this is an <b>AMENDED</b> return	<input type="checkbox"/>	Check if taxpayer died during 2016	<input type="checkbox"/>	Check if Spouse or CU Partner died during 2016	<input type="checkbox"/>
1. VT School District Code		2. 911 street address on 12/31/2016 - Number, street/road name (Do not use "PO Box", "same", or Town name)					

<b>2</b> Tax Filing Information	<b>FILING STATUS</b>														
	<input type="checkbox"/>	3. Single	<input type="checkbox"/>	4. Head of Household	<input type="checkbox"/>	5. Married Filing Jointly	<input type="checkbox"/>	6. CU Partner Filing Jointly	<input type="checkbox"/>	7. Qualifying Widow(er) with dependent children	<input type="checkbox"/>	8a. Married Filing Separately	<input type="checkbox"/>	8b. CU Filing Separately	Enter Spouse or CU Partner full name _____
9. Exemptions Claimed (Federal Form 1040-Line 6d; 1040A-Line 6d; 1040EZ/1040NR-EZ-enter 0, 1, or 2) ..... 9. _____															

<b>3</b> Taxable Income	10. Adjusted Gross Income (Federal Form 1040-Line 37; 1040A-Line 21; 1040EZ-Line 4) ..... <input type="checkbox"/> ← Check to indicate loss	10.	_____	.00
	11. Federal Taxable Income (Federal Form 1040-Line 43; 1040A-Line 27; 1040EZ-Line 6) If the Federal amount is zero, see instructions ..... <input type="checkbox"/> ← Check to indicate loss	11.	_____	.00
	<b>ADDITIONS:</b>			
	12a. Income from Non-Vermont State and Local Obligations (Schedule IN-112, Part I, Line 3) .....	12a.	_____	.00
	12b. Bonus Depreciation Allowed under Federal law for 2016 .....	12b.	_____	.00
	12c. Addback of State and Local Income Taxes (Schedule IN-155, Line 8) ..... <input type="checkbox"/> ← If negative check here	12c.	_____	.00
	12d. Addback of Itemized Deductions (Schedule IN-155, Line 15) .....	12d.	_____	.00
	13. Federal Taxable Income with Additions (Add Lines 11, 12a, 12b, 12c, and 12d) ..... <input type="checkbox"/> ← Check to indicate loss	13.	_____	.00
	<b>SUBTRACTIONS:</b>			
	14a. Interest Income from U.S. Obligations .....	14a.	_____	.00
14b. Capital Gains Exclusion (Schedule IN-153, Line 21) .....	14b.	_____	.00	
14c. Adjustment for Prior Years' Bonus Depreciation .....	14c.	_____	.00	
14d. Add Lines 14a, 14b, and 14c .....	14d.	_____	.00	
15. Vermont Taxable Income (Subtract Line 14d from Line 13. If Line 14d is more than Line 13, enter -0-) .....	15.	_____	.00	

<b>4</b> VT Income Tax	16. Vermont Income Tax from Tax Table or Tax Rate Schedule on Line 15 amount ..... (If Line 10 is greater than \$150,000, see instructions)	16.	_____	.00
	17. Additions to Vermont Income Tax (Schedule IN-112, Part II, Line 7) .....	17.	_____	.00
	18. Vermont Income Tax with Additions (Add Lines 16 & 17) .....	18.	_____	.00
	19. Subtractions from Vermont Income Tax (Schedule IN-112, Part II, Line 15) .....	19.	_____	.00
	20. Vermont Income Tax (Subtract Line 19 from Line 18. If Line 19 is more than Line 18, enter -0-) .....	20.	_____	.00
	21. Income Adjustment (Schedule IN-113, Line 39 OR 100.00%) .....	21.	_____	%
	22. Adjusted Vermont Income Tax (Multiply Line 20 by Line 21) .....	22.	_____	.00

Enclose Form(s) W-2 and Form(s) 1099-R if tax was withheld





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Please PRINT in BLUE or BLACK INK

INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	Initial	Taxpayer's Social Security Number
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**PART I ADJUSTMENT TO TAXABLE INCOME**

- |  |    |     |
|--|----|-----|
| 1. Total interest and dividend income from all state and local obligations exempt from federal tax (1040-Line 8b or 1040A-Line 8b) .....   | 1. | .00 |
| 2. Interest and dividend income from Vermont state and local obligations included in Line 1 .....  | 2. | .00 |
| <b>3. Income from Non-Vermont State and Local Obligations to be Added to Vermont Taxable Income.</b><br>Subtract Line 2 from Line 1, but not less than zero. Enter on Form IN-111, Line 12a..... | 3. | .00 |

**PART II ADJUSTMENTS TO VERMONT INCOME TAX**

**ADDITIONS TO VERMONT TAX:**

- |  |    |     |
|--|----|-----|
| 1. Tax on Qualified Plans including IRA (1040-Line 59 or Form 5329), HSA (Form 8889) and MSA (Form 8853) ..... | 1. | .00 |
| 2. Recapture of Federal Investment Tax Credit (From Federal Form 4255) .....                                   | 2. | .00 |
| 3. Tax from Federal Form 4972-Line 7 or 30 .....   | 3. | .00 |
| 4. Add Lines 1 through 3 .....   | 4. | .00 |
| 5. Multiply Line 4 by 24% .....  | 5. | .00 |
| 6. Recapture of Vermont Credits (See instructions) .....   | 6. | .00 |
| 7. Add Lines 5 and 6. Enter on Form IN-111, Line 17.....   | 7. | .00 |

**SUBTRACTIONS FROM VERMONT TAX:**

- |   |     |     |
|---|-----|-----|
| 8. Credit for Child & Dependent Care Expenses (1040-Line 49; 1040A-Line 31) ..... | 8.  | .00 |
| 9. Credit for the Elderly or the Disabled (Federal Schedule R) .....              | 9.  | .00 |
| 10. Investment Tax Credit - Vermont-based only (From Federal Form 3468) .....     | 10. | .00 |
| 11. Vermont Farm Income Averaging Credit (From worksheet in instructions) .....   | 11. | .00 |
| 12. Add Lines 8 through 11 .....  | 12. | .00 |
| 13. Multiply Line 12 by 24% .....   | 13. | .00 |
| 14. Vermont-based Business Solar Energy Credit carryforward .....                 | 14. | .00 |
| 15. Add Lines 13 and 14. Enter on Form IN-111, Line 19.....                       | 15. | .00 |

Taxpayer's Last Name	Social Security Number
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\* 1 6 1 1 2 1 2 0 0 \*

**PART III VERMONT EARNED INCOME TAX CREDIT**  
**ELIGIBILITY QUESTIONS MUST BE ANSWERED**

For FULL-YEAR residents and PART-YEAR residents

- A. Enter number of qualifying children ..... A. \_\_\_\_\_
- B. Enter number of qualifying children under the age of 18 ..... B. \_\_\_\_\_
- C. Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at the end of 2016? .....  Yes  No  
**If you answered "No" and do not have any qualifying children, you do not qualify for Earned Income Tax Credit.**

**FULL-YEAR RESIDENTS: Answer eligibility questions above and complete Lines 1 and 2**

1. Earned income tax credit from Federal Form 1040-Line 66a; 1040A-Line 42a; or 1040EZ-Line 8a ..... 1. \_\_\_\_\_ **.00**
2. Vermont Earned Income Tax Credit (Multiply Line 1 by 32%). Enter amount on Form IN-111, Line 31c ..... → 2. \_\_\_\_\_ **.00**

**PART-YEAR RESIDENTS: Answer eligibility questions above and complete Lines 3-9**

Enter figures in Column A from your federal EIC worksheet and Schedule IN-113.

For VT Portion, enter income earned while a VT resident as shown on Schedule IN-113, Column B, Lines 1, 6, 10, & 12.

- |   | A. Federal Amount \$ | B. VT Portion \$ |
|---|----------------------|------------------|
| 3. Wages, salaries, tips, etc. (Schedule IN-113, Line 1) ..... 3.   | .00                  | .00              |
| 4. Other earned income (Schedule IN-113, Lines 6, 10 & 12) ..... <input type="checkbox"/> ← Check to indicate loss 4. | .00                  | .00              |
| 5. Total earned income (Add Lines 3 & 4) ..... 5.   | .00                  | .00              |
| 6. Earned income tax credit adjustment (Divide Line 5B by Line 5A and enter here, but not more than 100%) ..... 6.    |                      | %                |
| 7. Earned income tax credit from Federal Form 1040-Line 66a; 1040A-Line 42a; or, 1040EZ-Line 8a ..... 7.              | .00                  |                  |
| 8. Multiply Line 7 by 32% and enter the result here ..... 8.  |                      | .00              |
| 9. Vermont Earned Income Tax Credit (Multiply Line 8 by Line 6.) Enter amount on Form IN-111, Line 31c ..... → 9.     |                      | .00              |

**PART IV VERMONT INCOME TAX CREDITS**

Credits for Lines 2-4 earned through an S-Corporation, LLC, LLP, or Partnership, enter name and FEIN of the entity.

Name of entity \_\_\_\_\_ FEIN: \_\_\_\_\_

If credits from more than one business entity, fill out a separate Schedule IN-112, Part IV for each entity.

	2016 Contribution	Column C Credit
1. Vermont Higher Education Investment (32 V.S.A. § 5825a) See instructions ..... 1.	.00	.00
	Column A PLUS (+)	Column B EQUALS (=)
	Earned in 2016	Carryforward
2. Charitable Housing (32 V.S.A. § 5830c) ..... 2.	.00	.00
3. Qualified Sale of Mobile Home Park (32 V.S.A. § 5828) ..... 3.	.00	.00
4. Research & Development (32 V.S.A. § 5930ii) . . . 4.	.00	.00
5. Total Credits (Add Column C, Lines 1-4). If you have credits from Schedule IN-119 (see instructions), this amount is entered on Schedule IN-119. If you do NOT have credits from Schedule IN-119, enter this amount on Form IN-111, Line 24. .... 5.		.00



Taxpayer's Last Name	Social Security Number
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\* 1 6 1 1 2 1 2 0 0 \*

**PART III VERMONT EARNED INCOME TAX CREDIT**

For FULL-YEAR residents and PART-YEAR residents

**ELIGIBILITY QUESTIONS MUST BE ANSWERED**

- A. Enter number of qualifying children ..... A. \_\_\_\_\_
- B. Enter number of qualifying children under the age of 18 ..... B. \_\_\_\_\_
- C. Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at the end of 2016? .....  Yes  No  
**If you answered "No" and do not have any qualifying children, you do not qualify for Earned Income Tax Credit.**

**FULL-YEAR RESIDENTS: Answer eligibility questions above and complete Lines 1 and 2**

1. Earned income tax credit from Federal Form 1040-Line 66a; 1040A-Line 42a; or 1040EZ-Line 8a ..... 1. \_\_\_\_\_ **.00**
2. Vermont Earned Income Tax Credit (Multiply Line 1 by 32%). Enter amount on Form IN-111, Line 31c ..... → 2. \_\_\_\_\_ **.00**

**PART-YEAR RESIDENTS: Answer eligibility questions above and complete Lines 3-9**

Enter figures in Column A from your federal EIC worksheet and Schedule IN-113.

For VT Portion, enter income earned while a VT resident as shown on Schedule IN-113, Column B, Lines 1, 6, 10, & 12.

- |   | A. Federal Amount \$ | B. VT Portion \$ |
|---|----------------------|------------------|
| 3. Wages, salaries, tips, etc. (Schedule IN-113, Line 1) ..... 3.   | .00                  | .00              |
| 4. Other earned income (Schedule IN-113, Lines 6, 10 & 12) ..... <input type="checkbox"/> ← Check to indicate loss 4. | .00                  | .00              |
| 5. Total earned income (Add Lines 3 & 4) ..... 5.   | .00                  | .00              |
| 6. Earned income tax credit adjustment (Divide Line 5B by Line 5A and enter here, but not more than 100%) ..... 6.    |                      | %                |
| 7. Earned income tax credit from Federal Form 1040-Line 66a; 1040A-Line 42a; or, 1040EZ-Line 8a ..... 7.              | .00                  |                  |
| 8. Multiply Line 7 by 32% and enter the result here ..... 8.  |                      | .00              |
| 9. Vermont Earned Income Tax Credit (Multiply Line 8 by Line 6.) Enter amount on Form IN-111, Line 31c ..... → 9.     |                      | .00              |

**PART IV VERMONT INCOME TAX CREDITS**

Credits for Lines 2-4 earned through an S-Corporation, LLC, LLP, or Partnership, enter name and FEIN of the entity.

Name of entity \_\_\_\_\_ FEIN: \_\_\_\_\_

If credits from more than one business entity, fill out a separate Schedule IN-112, Part IV for each entity.

	2016 Contribution	TIMES (x)	=	Column C Credit
1. Vermont Higher Education Investment (32 V.S.A. § 5825a) See instructions ..... 1.	.00	.10		.00
	Column A Earned in 2016	PLUS (+)	Column B Carryforward	EQUALS (=) Column C
2. Charitable Housing (32 V.S.A. § 5830c) ..... 2.	.00		.00	.00
3. Qualified Sale of Mobile Home Park (32 V.S.A. § 5828) ..... 3.	.00		.00	.00
4. Research & Development (32 V.S.A. § 5930ii) . . . 4.	.00		.00	.00
5. <b>Total Credits</b> (Add Column C, Lines 1-4). If you have credits from Schedule IN-119 (see instructions), this amount is entered on Schedule IN-119. If you do <b>NOT</b> have credits from Schedule IN-119, enter this amount on Form IN-111, Line 24. .... 5.				.00



\* 1 7 1 2 2 1 1 0 0 \*

**DUE DATE:** April 18, 2017. You may file up to Oct. 16, 2017, 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 Department.

**How to file a Property Tax Adjustment Claim:** To be considered for a Property Tax Adjustment, you must file a **1) Homestead Declaration** (Section A of this form), **2) Property Tax Adjustment 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.

**Why file on paper? It's fast and convenient to file your claim online at [www.tax.vermont.gov](http://www.tax.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. If your homestead is leased to a tenant on April 1, you may still claim it as a homestead if it is not leased for more than 182 days in the 2017 calendar year.

**PRINT in BLUE or BLACK INK**

Claimant's Last Name	First Name	Initial	Claimant's Social Security Number
Spouse's or CU Partner's Last Name	First Name	Initial	Spouse's or CU Partner's Social Security Number
Mailing Address (Number and Street/Road or PO Box)			Claimant's Date of Birth (MM DD YYYY) / /
City		State	ZIP Code
Location of Homestead (number, street/road name (Do not use "PO Box," "same," or town name))			<b>Federal Filing Status</b> (Single=S; Head of Household=H; Joint=J; Separate=P) <input type="checkbox"/>
A2. City/Town of Legal Residence on April 1, 2017		State	A3. SPAN Number - <b>REQUIRED</b> (From the 2016/2017 property tax bill)

**A4. Business Use of Dwelling** ..... **A4.**           .00 %

**A5. Rental Use of Dwelling** ..... **A5.**           .00 %

**A6. Business or Rental Use of Improvements or Other Buildings**  
Not including the dwelling, are improvements or other buildings located on your parcel used for business or rented? .....  Yes       No

- A7 - A10 Special Situations** (see instructions for more information). Check the following if it applies:
- |  |   |
|--|---|
| <input type="checkbox"/> <b>A7.</b> Grantor and sole beneficiary of a revocable trust owning the property. | <input type="checkbox"/> <b>A9.</b> Homestead property crosses town boundaries. (File a declaration for each town.) |
| <input type="checkbox"/> <b>A8.</b> Life estate holder of the property.                                    | <input type="checkbox"/> <b>A10.</b> Residing in a dwelling owned by a related farmer.                              |

**IMPORTANT FILING INFORMATION**

Form HS-122, Section B and Schedule HI-144 are required to file a Property Tax Adjustment Claim. Continue on to complete Section B.

If you will not be filing a Property Tax Adjustment Claim, please sign in the signature section at the bottom of page 2.

Will you be filing a Property Tax Adjustment claim at a later date? .....  Yes       No

Claimant's Last Name	Social Security Number
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\* 1 7 1 2 2 1 2 0 0 \*

**DUE DATE: April 18, 2017. Claims accepted up to Oct. 16, 2017.**

<b>SECTION B.</b>	<b>PROPERTY TAX ADJUSTMENT CLAIM</b> For Household Income up to \$141,000. Include Schedule HI-144
-------------------	---

To qualify, you must meet the requirements for filing a homestead declaration in addition to the following requirements. ALL eligibility questions must be answered.

- B1.** Were you domiciled in Vermont all of calendar year 2016?  Yes, **Go to Line B2.**  No, **STOP**
- B2.** Were you claimed as a dependent in 2016 by another taxpayer?  Yes, **STOP**  No, **Go to Line B3.**
- B3.** Do you anticipate selling your Vermont housesite on or before April 1, 2017?.  Yes, **STOP**  No, **CONTINUE**

Amounts for Lines B4 - B6 are found on the 2016/2017 property tax bill. Round amounts to the nearest dollar.

INCLUDE REQUIRED SCHEDULE HI-144

- B4.** Housesite Value ..... **B4.** \_\_\_\_\_ **.00**
- B5.** Housesite Education Tax ..... **B5.** \_\_\_\_\_ **.00**
- B6.** Housesite Municipal Tax ..... **B6.** \_\_\_\_\_ **.00**
- B7.** Ownership Interest ..... **B7.** \_\_\_\_\_ **.00 %**
- B8.** Household Income (Schedule HI-144, Line y). **SCHEDULE HI-144 MUST BE INCLUDED.** ..... **B8.** \_\_\_\_\_ **.00**
- B8a.** If Amended Schedule HI-144, Household Income, is included, check here.

Complete the following ONLY if applicable. See instructions for details.

**Lot Rent**

- B9.** Efile Certificate Number (From Form LC-142) .... **B9.** \_\_\_\_\_
- B10.** Mobile Home Lot Rent (Form LC-142, Line 9 - include Form LC-142 with this claim) ..... **B10.** \_\_\_\_\_ **.00**
- OR Allocated Property Tax from Land Trust, Cooperative, or Nonprofit Mobile Home Park**
- B11.** Allocated Education Tax ..... **B11.** \_\_\_\_\_ **.00**
- B12.** Allocated Municipal Tax ..... **B12.** \_\_\_\_\_ **.00**
- OR Property Tax from contiguous property if housesite has less than 2 acres** (see instructions).
- B13.** Contiguous property Education Tax ..... **B13.** \_\_\_\_\_ **.00**
- B14.** Contiguous property Municipal Tax ..... **B14.** \_\_\_\_\_ **.00**

**MAXIMUM ADJUSTMENT 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	Telephone Number
Signature. If a joint return, BOTH must sign. 	Date	

Check here if authorizing the Vermont Department of Taxes to discuss this return and attachments with your preparer.

<b>Preparer's Use Only</b>	Preparer's signature 	Date	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed) and address		EIN
	5432		Preparer's Telephone Number

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



\* 1 6 1 4 4 1 1 0 0 \*

For the year Jan. 1–Dec. 31, 2016

CHECK IF AMENDING

Please PRINT in BLUE or BLACK INK

FORM HS-122 OR  FORM PR-141

This schedule must be included with the 2016 Renter Rebate Claim (Form PR-141) OR the 2017 Property Tax Adjustment Claim (Form HS-122) UNLESS you are filing an AMENDED HI-144. Please read instructions before completing schedule.

Claimant's Last Name	First Name	Initial	Claimant's Social Security Number
Spouse's or CU Partner's Last Name	First Name	Initial	Claimant's Date of Birth / /

List the names and Social Security Numbers of all other persons (other than a Spouse or CU Partner) who had income and lived with you during 2016. Include their income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Other Person #1 Last Name	First Name	Initial	Other Person #1 Social Security Number
Other Person #2 Last Name	First Name	Initial	Other Person #2 Social Security Number

INCOME	Yearly totals of ALL members of the household	1. Claimant	2. Spouse/CU Partner	3. Other Persons
		a. Cash public assistance and relief . . . . . a.	.00	.00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable . . . . . b.	.00	.00	.00	
c. Unemployment compensation/worker's compensation . . . . . c.	.00	.00	.00	
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.) . . . . . d.	.00	.00	.00	
e. Interest and dividends . . . . . e.	.00	.00	.00	
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable . . . . . f.	.00	.00	.00	
g. Alimony, support money, child support, cash gifts . . . . . g.	.00	.00	.00	
h. Business income. If the amount is a loss, enter -0-. See instructions for offsetting a loss. . . . . h.	.00	.00	.00	
i. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-. See instructions for offsetting a loss. . . . . i.	.00	.00	.00	
j. Taxable pensions, annuities, IRA and other retirement fund distributions. See instructions. . . . . j.	.00	.00	.00	
k. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss. . . . . k.	.00	.00	.00	
l. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0-. See Line i instructions for only exception to offset a loss. . . . . l.	.00	.00	.00	
m. Other income (See instructions for examples of other income). Please specify. . . . . m.	.00	.00	.00	
n. Total Income: Add Lines a through m. . . . . n.	.00	.00	.00	

Claimant's Last Name	Social Security Number
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\* 1 6 1 4 4 1 2 0 0 \*

	1. Claimant	2. Spouse/CU Partner	3. Other Persons
	\$	\$	\$
	1. Amount from Line n, Column 1	2. Amount from Line n, Column 2	3. Amount from Line n, Column 3
<b>o. See instructions</b> Enter Social Security and Medicare tax withheld on wages claimed on Line d. <b>Self-Employed:</b> Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE if not included with income tax filing. . . . . <b>o.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>p.</b> Child support paid. You must include proof of payment. See instructions. . . . . <b>p.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>Support paid to:</b> Last Name	First Name	Initial	Social Security Number
<b>q.</b> Allowable Adjustments from Federal Form 1040 or 1040A			
<b>q1.</b> Business Expenses for Reservists (1040, Line 24) . . . . . <b>q1.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>q2.</b> Alimony paid (1040, Line 31a) . . . . . <b>q2.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>q3.</b> Tuition and fees (1040, Line 34 or 1040A, Line 19) . . . . . <b>q3.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>q4.</b> Self-employed health insurance deduction (1040, Line 29) . . . . . <b>q4.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>q5.</b> Health Savings Account deduction (1040, Line 25) . . . . . <b>q5.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>r.</b> Add Lines o, p and total of Lines q1 to q5 for each column . . . . . <b>r.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>s.</b> Subtract Line r from Line n of each column. If a negative amount, enter -0- . . . . . <b>s.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>t.</b> Add all three amounts from Line s. If a negative amount, enter -0- . . . . . <b>t.</b>			<u>.00</u>
<b>u.</b> Complete if born Jan. 1, 1952, and after. Enter interest and dividend income from Lines e and f . . . . . <b>u.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>v.</b> Add all three amounts from Line u. . . . . <b>v.</b>			<u>.00</u>
<b>w.</b> . . . . . <b>w.</b>			<u>10000.00</u>
<b>x.</b> Subtract Line w from Line v. If Line w is more than Line v, enter -0- . . . . . <b>x.</b>			<u>.00</u>
<b>y. HOUSEHOLD INCOME.</b> Add Line t and Line x. . . . . <b>y.</b>			<u>.00</u>

**RENTERS:**

If Line y Household Income is \$47,000 or less, you may be eligible for a renter rebate. Complete Form PR-141. This schedule must be filed with the Renter Rebate Claim. Claims are due April 18, 2017, but can be filed up to Oct. 16, 2017.

If Household Income is more than \$47,000, you do not qualify for a renter rebate.

**HOMEOWNERS:**

**Form HS-122, Property Tax Adjustment Claim,** must be filed each year.

**Homeowners with Household Income up to \$141,000 on Line y should complete Form HS-122, Section B.** You may be eligible for a property tax adjustment. This schedule must be filed with the HS-122.

**Form HS-122 Due Date - April 18, 2017.** Homeowners filing a property tax adjustment, Forms HS-122 and HI-144, between April 19 and Oct. 16, 2017 may still qualify for a property tax adjustment. A \$15 late filing fee will be deducted from the adjustment.

Test 5

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

Taxpayer(s) Information

Primary SSN: 400-00-8063

Name: Sammy Goodrich

Residency Status: Resident

Address 1: PO Box 349

City, State, Zip: Chester, VT 05143

Occupation: Chief Operator

Date of Birth: 06/18/1947

Filing Status: Married Filing Jointly

Spouse SSN: 400-00-8064

Spouse Name: Patty Goodrich

Occupation: Secretary

Date of Birth: 09/14/1950

School District Code:045

City/Town of Legal Residence: Chester

Requesting refund to be applied to 2017 property tax bill line 33b of IN-111



\* 1 6 1 1 1 1 1 0 0 \*

**2016**  
VERMONT **Income Tax Return** **FORM**  
**IN-111**

<b>1</b> Taxpayer Information	Taxpayer's Last Name		First Name	Initial	Taxpayer's Social Security Number		
	Spouse's or CU Partner's Last Name		First Name	Initial	Spouse's or CU Partner's Social Security Number		
	Mailing Address (Number and Street/Road or PO Box)				Taxpayer's Driver's License Number	State	
	City		State	ZIP Code	Spouse's/CU's Driver's License Number	State	
	<input type="checkbox"/>	Check here if this is an <b>AMENDED</b> return	<input type="checkbox"/>	Check if taxpayer died during 2016	<input type="checkbox"/>	Check if Spouse or CU Partner died during 2016	<input type="checkbox"/>
1. VT School District Code		2. 911 street address on 12/31/2016 - Number, street/road name (Do not use "PO Box", "same", or Town name)					

<b>2</b> Tax Filing Information	<b>FILING STATUS</b>														
	<input type="checkbox"/>	3. Single	<input type="checkbox"/>	4. Head of Household	<input type="checkbox"/>	5. Married Filing Jointly	<input type="checkbox"/>	6. CU Partner Filing Jointly	<input type="checkbox"/>	7. Qualifying Widow(er) with dependent children	<input type="checkbox"/>	8a. Married Filing Separately	<input type="checkbox"/>	8b. CU Filing Separately	Enter Spouse or CU Partner full name _____
9. Exemptions Claimed (Federal Form 1040-Line 6d; 1040A-Line 6d; 1040EZ/1040NR-EZ-enter 0, 1, or 2) ..... 9. _____															

<b>3</b> Taxable Income	10. Adjusted Gross Income (Federal Form 1040-Line 37; 1040A-Line 21; 1040EZ-Line 4) ..... <input type="checkbox"/> ← Check to indicate loss	10.	_____	.00
	11. Federal Taxable Income (Federal Form 1040-Line 43; 1040A-Line 27; 1040EZ-Line 6) If the Federal amount is zero, see instructions ..... <input type="checkbox"/> ← Check to indicate loss	11.	_____	.00
	<b>ADDITIONS:</b>			
	12a. Income from Non-Vermont State and Local Obligations (Schedule IN-112, Part I, Line 3) .....	12a.	_____	.00
	12b. Bonus Depreciation Allowed under Federal law for 2016 .....	12b.	_____	.00
	12c. Addback of State and Local Income Taxes (Schedule IN-155, Line 8) ..... <input type="checkbox"/> ← If negative check here	12c.	_____	.00
	12d. Addback of Itemized Deductions (Schedule IN-155, Line 15) .....	12d.	_____	.00
	13. Federal Taxable Income with Additions (Add Lines 11, 12a, 12b, 12c, and 12d) ..... <input type="checkbox"/> ← Check to indicate loss	13.	_____	.00
	<b>SUBTRACTIONS:</b>			
	14a. Interest Income from U.S. Obligations .....	14a.	_____	.00
14b. Capital Gains Exclusion (Schedule IN-153, Line 21) .....	14b.	_____	.00	
14c. Adjustment for Prior Years' Bonus Depreciation .....	14c.	_____	.00	
14d. Add Lines 14a, 14b, and 14c .....	14d.	_____	.00	
15. Vermont Taxable Income (Subtract Line 14d from Line 13. If Line 14d is more than Line 13, enter -0-) .....	15.	_____	.00	

<b>4</b> VT Income Tax	16. Vermont Income Tax from Tax Table or Tax Rate Schedule on Line 15 amount ..... (If Line 10 is greater than \$150,000, see instructions)	16.	_____	.00
	17. Additions to Vermont Income Tax (Schedule IN-112, Part II, Line 7) .....	17.	_____	.00
	18. Vermont Income Tax with Additions (Add Lines 16 & 17) .....	18.	_____	.00
	19. Subtractions from Vermont Income Tax (Schedule IN-112, Part II, Line 15) .....	19.	_____	.00
	20. Vermont Income Tax (Subtract Line 19 from Line 18. If Line 19 is more than Line 18, enter -0-) .....	20.	_____	.00
	21. Income Adjustment (Schedule IN-113, Line 39 OR 100.00%) .....	21.	_____	%
	22. Adjusted Vermont Income Tax (Multiply Line 20 by Line 21) .....	22.	_____	.00

Enclose Form(s) W-2 and Form(s) 1099-R if tax was withheld





\* 1 7 1 2 2 1 1 0 0 \*

**DUE DATE:** April 18, 2017. You may file up to Oct. 16, 2017, 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 Department.

**How to file a Property Tax Adjustment Claim:** To be considered for a Property Tax Adjustment, you must file a **1) Homestead Declaration** (Section A of this form), **2) Property Tax Adjustment 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.

**Why file on paper? It's fast and convenient to file your claim online at [www.tax.vermont.gov](http://www.tax.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. If your homestead is leased to a tenant on April 1, you may still claim it as a homestead if it is not leased for more than 182 days in the 2017 calendar year.

**PRINT in BLUE or BLACK INK**

Claimant's Last Name	First Name	Initial	Claimant's Social Security Number
Spouse's or CU Partner's Last Name	First Name	Initial	Spouse's or CU Partner's Social Security Number
Mailing Address (Number and Street/Road or PO Box)			Claimant's Date of Birth (MM DD YYYY) / /
City		State	ZIP Code
Location of Homestead (number, street/road name (Do not use "PO Box," "same," or town name))			<b>Federal Filing Status</b> (Single=S; Head of Household=H; Joint=J; Separate=P) <input type="checkbox"/>
A2. City/Town of Legal Residence on April 1, 2017		State	A3. SPAN Number - <b>REQUIRED</b> (From the 2016/2017 property tax bill)

**A4. Business Use of Dwelling** ..... **A4.**           .00 %

**A5. Rental Use of Dwelling** ..... **A5.**           .00 %

**A6. Business or Rental Use of Improvements or Other Buildings**  
Not including the dwelling, are improvements or other buildings located on your parcel used for business or rented? .....  Yes       No

**A7 - A10 Special Situations** (see instructions for more information). Check the following if it applies:

**A7.** Grantor and sole beneficiary of a revocable trust owning the property.       **A9.** Homestead property crosses town boundaries. (File a declaration for each town.)

**A8.** Life estate holder of the property.       **A10.** Residing in a dwelling owned by a related farmer.

**IMPORTANT FILING INFORMATION**

Form HS-122, Section B and Schedule HI-144 are required to file a Property Tax Adjustment Claim. Continue on to complete Section B.

If you will not be filing a Property Tax Adjustment Claim, please sign in the signature section at the bottom of page 2.

Will you be filing a Property Tax Adjustment claim at a later date? .....  Yes       No

Claimant's Last Name	Social Security Number
----------------------	------------------------



\* 1 7 1 2 2 1 2 0 0 \*

**DUE DATE: April 18, 2017. Claims accepted up to Oct. 16, 2017.**

<b>SECTION B.</b>	<b>PROPERTY TAX ADJUSTMENT CLAIM</b> For Household Income up to \$141,000. Include Schedule HI-144
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To qualify, you must meet the requirements for filing a homestead declaration in addition to the following requirements. ALL eligibility questions must be answered.

- B1.** Were you domiciled in Vermont all of calendar year 2016?  Yes, **Go to Line B2.**  No, **STOP**
- B2.** Were you claimed as a dependent in 2016 by another taxpayer?  Yes, **STOP**  No, **Go to Line B3.**
- B3.** Do you anticipate selling your Vermont housesite on or before April 1, 2017?  Yes, **STOP**  No, **CONTINUE**

Amounts for Lines B4 - B6 are found on the 2016/2017 property tax bill. Round amounts to the nearest dollar.

INCLUDE REQUIRED SCHEDULE HI-144

- B4.** Housesite Value ..... **B4.** \_\_\_\_\_ **.00**
- B5.** Housesite Education Tax ..... **B5.** \_\_\_\_\_ **.00**
- B6.** Housesite Municipal Tax ..... **B6.** \_\_\_\_\_ **.00**
- B7.** Ownership Interest ..... **B7.** \_\_\_\_\_ **.00 %**
- B8.** Household Income (Schedule HI-144, Line y). **SCHEDULE HI-144 MUST BE INCLUDED.** ..... **B8.** \_\_\_\_\_ **.00**
- B8a.** If Amended Schedule HI-144, Household Income, is included, check here.

Complete the following ONLY if applicable. See instructions for details.

**Lot Rent**

- B9.** Efile Certificate Number (From Form LC-142) .... **B9.** \_\_\_\_\_
- B10.** Mobile Home Lot Rent (Form LC-142, Line 9 - include Form LC-142 with this claim) ..... **B10.** \_\_\_\_\_ **.00**
- OR Allocated Property Tax from Land Trust, Cooperative, or Nonprofit Mobile Home Park**
- B11.** Allocated Education Tax ..... **B11.** \_\_\_\_\_ **.00**
- B12.** Allocated Municipal Tax ..... **B12.** \_\_\_\_\_ **.00**
- OR Property Tax from contiguous property if housesite has less than 2 acres** (see instructions).
- B13.** Contiguous property Education Tax ..... **B13.** \_\_\_\_\_ **.00**
- B14.** Contiguous property Municipal Tax ..... **B14.** \_\_\_\_\_ **.00**

**MAXIMUM ADJUSTMENT 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	Telephone Number
Signature. If a joint return, BOTH must sign.	Date	

Check here if authorizing the Vermont Department of Taxes to discuss this return and attachments with your preparer.

<b>Preparer's Use Only</b>	Preparer's signature	Date	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed) and address		EIN
	5432		Preparer's Telephone Number

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



\* 1 6 1 4 4 1 1 0 0 \*

For the year Jan. 1–Dec. 31, 2016

CHECK IF AMENDING

Please PRINT in BLUE or BLACK INK

FORM HS-122 OR  FORM PR-141

This schedule must be included with the 2016 Renter Rebate Claim (Form PR-141) OR the 2017 Property Tax Adjustment Claim (Form HS-122) UNLESS you are filing an AMENDED HI-144. Please read instructions before completing schedule.

Claimant's Last Name	First Name	Initial	Claimant's Social Security Number
Spouse's or CU Partner's Last Name	First Name	Initial	Claimant's Date of Birth / /

List the names and Social Security Numbers of all other persons (other than a Spouse or CU Partner) who had income and lived with you during 2016. Include their income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Other Person #1 Last Name	First Name	Initial	Other Person #1 Social Security Number
Other Person #2 Last Name	First Name	Initial	Other Person #2 Social Security Number

INCOME	Yearly totals of ALL members of the household	1. Claimant	2. Spouse/CU Partner	3. Other Persons
		a. Cash public assistance and relief . . . . . a.	.00	.00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable . . . . . b.	.00	.00	.00	
c. Unemployment compensation/worker's compensation . . . . . c.	.00	.00	.00	
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.) . . . . . d.	.00	.00	.00	
e. Interest and dividends . . . . . e.	.00	.00	.00	
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable . . . . . f.	.00	.00	.00	
g. Alimony, support money, child support, cash gifts . . . . . g.	.00	.00	.00	
h. Business income. If the amount is a loss, enter -0-. See instructions for offsetting a loss. . . . . h.	.00	.00	.00	
i. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-. See instructions for offsetting a loss. . . . . i.	.00	.00	.00	
j. Taxable pensions, annuities, IRA and other retirement fund distributions. See instructions. . . . . j.	.00	.00	.00	
k. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss. . . . . k.	.00	.00	.00	
l. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0-. See Line i instructions for only exception to offset a loss. . . . . l.	.00	.00	.00	
m. Other income (See instructions for examples of other income). Please specify. . . . . m.	.00	.00	.00	
n. Total Income: Add Lines a through m. . . . . n.	.00	.00	.00	

Claimant's Last Name	Social Security Number
----------------------	------------------------



\* 1 6 1 4 4 1 2 0 0 \*

	1. Claimant	2. Spouse/CU Partner	3. Other Persons
	\$	\$	\$
	1. Amount from Line n, Column 1	2. Amount from Line n, Column 2	3. Amount from Line n, Column 3
<b>o. See instructions</b> Enter Social Security and Medicare tax withheld on wages claimed on Line d. <b>Self-Employed:</b> Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE if not included with income tax filing. . . . . <b>o.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>p.</b> Child support paid. You must include proof of payment. See instructions. . . . . <b>p.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>Support paid to:</b> Last Name	First Name	Initial	Social Security Number
<b>q.</b> Allowable Adjustments from Federal Form 1040 or 1040A			
<b>q1.</b> Business Expenses for Reservists (1040, Line 24) . . . . . <b>q1.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>q2.</b> Alimony paid (1040, Line 31a) . . . . . <b>q2.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>q3.</b> Tuition and fees (1040, Line 34 or 1040A, Line 19) . . . . . <b>q3.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>q4.</b> Self-employed health insurance deduction (1040, Line 29) . . . . . <b>q4.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>q5.</b> Health Savings Account deduction (1040, Line 25) . . . . . <b>q5.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>r.</b> Add Lines o, p and total of Lines q1 to q5 for each column . . . . . <b>r.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>s.</b> Subtract Line r from Line n of each column. If a negative amount, enter -0- . . . . . <b>s.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>t.</b> Add all three amounts from Line s. If a negative amount, enter -0- . . . . . <b>t.</b>			<u>.00</u>
<b>u.</b> Complete if born Jan. 1, 1952, and after. Enter interest and dividend income from Lines e and f . . . . . <b>u.</b>	<u>.00</u>	<u>.00</u>	<u>.00</u>
<b>v.</b> Add all three amounts from Line u. . . . . <b>v.</b>			<u>.00</u>
<b>w.</b> . . . . . <b>w.</b>			<u>10000.00</u>
<b>x.</b> Subtract Line w from Line v. If Line w is more than Line v, enter -0- . . . . . <b>x.</b>			<u>.00</u>
<b>y. HOUSEHOLD INCOME.</b> Add Line t and Line x. . . . . <b>y.</b>			<u>.00</u>

**RENTERS:**

If Line y Household Income is \$47,000 or less, you may be eligible for a renter rebate. Complete Form PR-141. This schedule must be filed with the Renter Rebate Claim. Claims are due April 18, 2017, but can be filed up to Oct. 16, 2017.

If Household Income is more than \$47,000, you do not qualify for a renter rebate.

**HOMEOWNERS:**

**Form HS-122, Property Tax Adjustment Claim,** must be filed each year.

**Homeowners with Household Income up to \$141,000 on Line y should complete Form HS-122, Section B.** You may be eligible for a property tax adjustment. This schedule must be filed with the HS-122.

**Form HS-122 Due Date - April 18, 2017.** Homeowners filing a property tax adjustment, Forms HS-122 and HI-144, between April 19 and Oct. 16, 2017 may still qualify for a property tax adjustment. A \$15 late filing fee will be deducted from the adjustment.

**Test 6** Vermont Forms Required: IN-111, 2 sch IN-117

Taxpayer(s) Information

Primary SSN: 400-00-8065

Name: Michael Lane

Residency Status: Resident

Address 1: 17 Ferndell Lane

City, State, Zip: Colchester, VT 05446

Occupation: Technician

Date of Birth: 01/15/1982

Filing Status: Single

School District Code: 048

City/Town of Legal Residence: Colchester



\* 1 6 1 1 1 1 1 0 0 \*

2016 VERMONT Income Tax Return FORM IN-111

1 Taxpayer Information: Taxpayer's Last Name, First Name, Initial, Taxpayer's Social Security Number, Spouse's or CU Partner's Last Name, First Name, Initial, Spouse's or CU Partner's Social Security Number, Mailing Address, Taxpayer's Driver's License Number, State, City, State, ZIP Code, Spouse's/CU's Driver's License Number, State, Check here if this is an AMENDED return, Check if taxpayer died during 2016, Check if Spouse or CU Partner died during 2016, Check here if using RECOMPUTED Federal Return information, 1. VT School District Code, 2. 911 street address on 12/31/2016 - Number, street/road name (Do not use "PO Box", "same", or Town name)

2 Tax Filing Information: FILING STATUS (3. Single, 4. Head of Household, 5. Married Filing Jointly, 6. CU Partner Filing Jointly, 7. Qualifying Widow(er) with dependent children, 8a. Married Filing Separately, 8b. CU Filing Separately, Enter Spouse or CU Partner full name, Enter Spouse or CU Partner Social Security Number, 9. Exemptions Claimed (Federal Form 1040-Line 6d; 1040A-Line 6d; 1040EZ/1040NR-EZ-enter 0, 1, or 2) 9.

3 Taxable Income: 10. Adjusted Gross Income (Federal Form 1040-Line 37; 1040A-Line 21; 1040EZ-Line 4) .00, 11. Federal Taxable Income (Federal Form 1040-Line 43; 1040A-Line 27; 1040EZ-Line 6) If the Federal amount is zero, see instructions .00, ADDITIONS: 12a. Income from Non-Vermont State and Local Obligations (Schedule IN-112, Part I, Line 3) .00, 12b. Bonus Depreciation Allowed under Federal law for 2016 .00, 12c. Addback of State and Local Income Taxes (Schedule IN-155, Line 8) .00, 12d. Addback of Itemized Deductions (Schedule IN-155, Line 15) .00, 13. Federal Taxable Income with Additions (Add Lines 11, 12a, 12b, 12c, and 12d) .00, SUBTRACTIONS: 14a. Interest Income from U.S. Obligations .00, 14b. Capital Gains Exclusion (Schedule IN-153, Line 21) .00, 14c. Adjustment for Prior Years' Bonus Depreciation .00, 14d. Add Lines 14a, 14b, and 14c .00, 15. Vermont Taxable Income (Subtract Line 14d from Line 13. If Line 14d is more than Line 13, enter -0-) .00

4 VT Income Tax: 16. Vermont Income Tax from Tax Table or Tax Rate Schedule on Line 15 amount (If Line 10 is greater than \$150,000, see instructions) .00, 17. Additions to Vermont Income Tax (Schedule IN-112, Part II, Line 7) .00, 18. Vermont Income Tax with Additions (Add Lines 16 & 17) .00, 19. Subtractions from Vermont Income Tax (Schedule IN-112, Part II, Line 15) .00, 20. Vermont Income Tax (Subtract Line 19 from Line 18. If Line 19 is more than Line 18, enter -0-) .00, 21. Income Adjustment (Schedule IN-113, Line 39 OR 100.00%) %, 22. Adjusted Vermont Income Tax (Multiply Line 20 by Line 21) .00

Enclose Form(s) W-2 and Form(s) 1099-R if tax was withheld





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.

INCLUDE WITH FORM IN-111

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name	Initial	Taxpayer's Social Security Number
----------------------	------------	---------	-----------------------------------

1. Name of state or Canadian province. Use standard two-letter abbreviation..... 1. \_\_\_\_\_
2. Enter Adjusted Gross Income taxed in another state or Canadian province that is also subject to Vermont income tax. This entry cannot be more than entry on Form IN-111, Line 10  ← Check to indicate loss 2. \_\_\_\_\_ .00
3. 2016 Bonus Depreciation add back taxed in another state or Canadian province AND taxed in Vermont ..... 3. \_\_\_\_\_ .00
4. Non-Vermont state/local obligations taxed in another state or Canadian province AND taxed in Vermont. .... 4. \_\_\_\_\_ .00
5. Add Lines 2-4 ..... 5. \_\_\_\_\_ .00
6. Bonus Depreciation subtracted from income in another state or Canadian province in tax year 2016. .... 6. \_\_\_\_\_ .00
7. U. S. Government interest income ..... 7. \_\_\_\_\_ .00
8. Add Lines 6 & 7 ..... 8. \_\_\_\_\_ .00
9. Modified Adjusted Gross Income for income taxed in another state or Canadian province AND taxed in Vermont (Subtract Line 8 from Line 5) ..... 9. \_\_\_\_\_ .00
10. Adjusted Gross Income from Form IN-111, Line 10.  ← Check to indicate loss 10. \_\_\_\_\_ .00
11. Non-Vermont state/local obligations from Form IN-111, Line 12a ..... 11. \_\_\_\_\_ .00
12. Bonus Depreciation from Form IN-111, Line 12b. .... 12. \_\_\_\_\_ .00
13. Add Lines 10-12 ..... 13. \_\_\_\_\_ .00
14. U. S. Government interest income from Form IN-111, Line 14a. .... 14. \_\_\_\_\_ .00
15. Bonus Depreciation from Form IN-111, Line 14c. .... 15. \_\_\_\_\_ .00
16. Add Lines 14 & 15. .... 16. \_\_\_\_\_ .00
17. Subtract Line 16 from Line 13 ..... 17. \_\_\_\_\_ .00
18. Vermont income tax from Form IN-111, Line 20 ..... 18. \_\_\_\_\_ .00
19. Computed tax credit (Divide Line 9 by Line 17 and multiply result by Line 18). Result cannot be more than 100% of Vermont tax.  
Line 9 \_\_\_\_\_ x Line 18 \_\_\_\_\_  
Line 17 \_\_\_\_\_ ..... 19. \_\_\_\_\_ .00
20. Income tax paid to another state or Canadian province based on modified adjusted gross income from Line 9 above. .... 20. \_\_\_\_\_ .00
21. VERMONT CREDIT for income tax paid to another state or Canadian province. Enter the lesser of Line 19 or Line 20. Also enter on Form IN-111, Line 23 ..... 21. \_\_\_\_\_ .00



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.

INCLUDE WITH FORM IN-111

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name	Initial	Taxpayer's Social Security Number
----------------------	------------	---------	-----------------------------------

1. Name of state or Canadian province. Use standard two-letter abbreviation..... 1. \_\_\_\_\_
2. Enter Adjusted Gross Income taxed in another state or Canadian province that is also subject to Vermont income tax. This entry cannot be more than entry on Form IN-111, Line 10  ← Check to indicate loss 2. \_\_\_\_\_ .00
3. 2016 Bonus Depreciation add back taxed in another state or Canadian province AND taxed in Vermont ..... 3. \_\_\_\_\_ .00
4. Non-Vermont state/local obligations taxed in another state or Canadian province AND taxed in Vermont. .... 4. \_\_\_\_\_ .00
5. Add Lines 2-4 ..... 5. \_\_\_\_\_ .00
6. Bonus Depreciation subtracted from income in another state or Canadian province in tax year 2016. .... 6. \_\_\_\_\_ .00
7. U. S. Government interest income ..... 7. \_\_\_\_\_ .00
8. Add Lines 6 & 7 ..... 8. \_\_\_\_\_ .00
9. Modified Adjusted Gross Income for income taxed in another state or Canadian province AND taxed in Vermont (Subtract Line 8 from Line 5) ..... 9. \_\_\_\_\_ .00
10. Adjusted Gross Income from Form IN-111, Line 10.  ← Check to indicate loss 10. \_\_\_\_\_ .00
11. Non-Vermont state/local obligations from Form IN-111, Line 12a ..... 11. \_\_\_\_\_ .00
12. Bonus Depreciation from Form IN-111, Line 12b. .... 12. \_\_\_\_\_ .00
13. Add Lines 10-12 ..... 13. \_\_\_\_\_ .00
14. U. S. Government interest income from Form IN-111, Line 14a. .... 14. \_\_\_\_\_ .00
15. Bonus Depreciation from Form IN-111, Line 14c. .... 15. \_\_\_\_\_ .00
16. Add Lines 14 & 15. .... 16. \_\_\_\_\_ .00
17. Subtract Line 16 from Line 13 ..... 17. \_\_\_\_\_ .00
18. Vermont income tax from Form IN-111, Line 20 ..... 18. \_\_\_\_\_ .00
19. Computed tax credit (Divide Line 9 by Line 17 and multiply result by Line 18). Result cannot be more than 100% of Vermont tax.  
Line 9 \_\_\_\_\_ x Line 18 \_\_\_\_\_  
Line 17 \_\_\_\_\_ ..... 19. \_\_\_\_\_ .00
20. Income tax paid to another state or Canadian province based on modified adjusted gross income from Line 9 above. .... 20. \_\_\_\_\_ .00
21. VERMONT CREDIT for income tax paid to another state or Canadian province. Enter the lesser of Line 19 or Line 20. Also enter on Form IN-111, Line 23 ..... 21. \_\_\_\_\_ .00

**Test 7** Vermont Forms Required: IN-111, IN-112, IN-119, IN-153

Taxpayer(s) Information

Primary SSN: 400-00-8066

Name: John Siloway

Residency Status: Resident

Address 1: 1413 Boudro Road

City, State, Zip: Randolph, VT 05060

Occupation: Teacher

DOB: 06/25/1958

Filing Status: Married Filing Jointly

Spouses SSN: 400-00-8067

Spouses Name: Mary Siloway

School District Code: 159

City/Town of Legal Residence: Randolph



\* 1 6 1 1 1 1 1 0 0 \*

**2016**  
VERMONT **Income Tax Return** **FORM**  
**IN-111**

<b>1</b> Taxpayer Information	Taxpayer's Last Name		First Name	Initial	Taxpayer's Social Security Number		
	Spouse's or CU Partner's Last Name		First Name	Initial	Spouse's or CU Partner's Social Security Number		
	Mailing Address (Number and Street/Road or PO Box)				Taxpayer's Driver's License Number	State	
	City		State	ZIP Code	Spouse's/CU's Driver's License Number	State	
	<input type="checkbox"/>	Check here if this is an <b>AMENDED</b> return	<input type="checkbox"/>	Check if taxpayer died during 2016	<input type="checkbox"/>	Check if Spouse or CU Partner died during 2016	<input type="checkbox"/>
1. VT School District Code		2. 911 street address on 12/31/2016 - Number, street/road name (Do not use "PO Box", "same", or Town name)					

<b>2</b> Tax Filing Information	<b>FILING STATUS</b>														
	<input type="checkbox"/>	3. Single	<input type="checkbox"/>	4. Head of Household	<input type="checkbox"/>	5. Married Filing Jointly	<input type="checkbox"/>	6. CU Partner Filing Jointly	<input type="checkbox"/>	7. Qualifying Widow(er) with dependent children	<input type="checkbox"/>	8a. Married Filing Separately	<input type="checkbox"/>	8b. CU Filing Separately	Enter Spouse or CU Partner full name _____
9. Exemptions Claimed (Federal Form 1040-Line 6d; 1040A-Line 6d; 1040EZ/1040NR-EZ-enter 0, 1, or 2) ..... 9. _____															

<b>3</b> Taxable Income	10. Adjusted Gross Income (Federal Form 1040-Line 37; 1040A-Line 21; 1040EZ-Line 4) ..... <input type="checkbox"/> ← Check to indicate loss	10.	.00	
	11. Federal Taxable Income (Federal Form 1040-Line 43; 1040A-Line 27; 1040EZ-Line 6) If the Federal amount is zero, see instructions ..... <input type="checkbox"/> ← Check to indicate loss	11.	.00	
	<b>ADDITIONS:</b>			
	12a. Income from Non-Vermont State and Local Obligations (Schedule IN-112, Part I, Line 3) .....	12a.	.00	
	12b. Bonus Depreciation Allowed under Federal law for 2016 .....	12b.	.00	
	12c. Addback of State and Local Income Taxes (Schedule IN-155, Line 8) ..... <input type="checkbox"/> ← If negative check here	12c.	.00	
	12d. Addback of Itemized Deductions (Schedule IN-155, Line 15) .....	12d.	.00	
	13. Federal Taxable Income with Additions (Add Lines 11, 12a, 12b, 12c, and 12d) ..... <input type="checkbox"/> ← Check to indicate loss	13.	.00	
	<b>SUBTRACTIONS:</b>			
	14a. Interest Income from U.S. Obligations .....	14a.	.00	
14b. Capital Gains Exclusion (Schedule IN-153, Line 21) .....	14b.	.00		
14c. Adjustment for Prior Years' Bonus Depreciation .....	14c.	.00		
14d. Add Lines 14a, 14b, and 14c .....	14d.	.00		
15. Vermont Taxable Income (Subtract Line 14d from Line 13. If Line 14d is more than Line 13, enter -0-) .....	15.	.00		

<b>4</b> VT Income Tax	16. Vermont Income Tax from Tax Table or Tax Rate Schedule on Line 15 amount ..... (If Line 10 is greater than \$150,000, see instructions)	16.	.00
	17. Additions to Vermont Income Tax (Schedule IN-112, Part II, Line 7) .....	17.	.00
	18. Vermont Income Tax with Additions (Add Lines 16 & 17) .....	18.	.00
	19. Subtractions from Vermont Income Tax (Schedule IN-112, Part II, Line 15) .....	19.	.00
	20. Vermont Income Tax (Subtract Line 19 from Line 18. If Line 19 is more than Line 18, enter -0-) .....	20.	.00
	21. Income Adjustment (Schedule IN-113, Line 39 OR 100.00%) .....	21.	%
	22. Adjusted Vermont Income Tax (Multiply Line 20 by Line 21) .....	22.	.00

Enclose Form(s) W-2 and Form(s) 1099-R if tax was withheld





\* 1 6 1 1 2 1 1 0 0 \*

Please PRINT in BLUE or BLACK INK

INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	Initial	Taxpayer's Social Security Number
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**PART I ADJUSTMENT TO TAXABLE INCOME**

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax (1040-Line 8b or 1040A-Line 8b) ..... 1.                     .00
- 2. Interest and dividend income from Vermont state and local obligations included in Line 1 ..... 2.                     .00
- 3. **Income from Non-Vermont State and Local Obligations to be Added to Vermont Taxable Income.**  
Subtract Line 2 from Line 1, but not less than zero. Enter on Form IN-111, Line 12a..... 3.                     .00

**PART II ADJUSTMENTS TO VERMONT INCOME TAX**

**ADDITIONS TO VERMONT TAX:**

- 1. Tax on Qualified Plans including IRA (1040-Line 59 or Form 5329), HSA (Form 8889) and MSA (Form 8853) ..... 1.                     .00
- 2. Recapture of Federal Investment Tax Credit (From Federal Form 4255) ..... 2.                     .00
- 3. Tax from Federal Form 4972-Line 7 or 30 ..... 3.                     .00
- 4. Add Lines 1 through 3 ..... 4.                     .00
- 5. Multiply Line 4 by 24%. ..... 5.                     .00
- 6. Recapture of Vermont Credits (See instructions) ..... 6.                     .00
- 7. Add Lines 5 and 6. Enter on Form IN-111, Line 17..... 7.                     .00

**SUBTRACTIONS FROM VERMONT TAX:**

- 8. Credit for Child & Dependent Care Expenses (1040-Line 49; 1040A-Line 31) ..... 8.                     .00
- 9. Credit for the Elderly or the Disabled (Federal Schedule R) ..... 9.                     .00
- 10. Investment Tax Credit - Vermont-based only (From Federal Form 3468) ..... 10.                     .00
- 11. Vermont Farm Income Averaging Credit (From worksheet in instructions) ..... 11.                     .00
- 12. Add Lines 8 through 11 ..... 12.                     .00
- 13. Multiply Line 12 by 24%. ..... 13.                     .00
- 14. Vermont-based Business Solar Energy Credit carryforward ..... 14.                     .00
- 15. Add Lines 13 and 14. Enter on Form IN-111, Line 19..... 15.                     .00

Taxpayer's Last Name	Social Security Number
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**PART III VERMONT EARNED INCOME TAX CREDIT**  
**ELIGIBILITY QUESTIONS MUST BE ANSWERED**

For FULL-YEAR residents and PART-YEAR residents

- A. Enter number of qualifying children ..... A. \_\_\_\_\_
- B. Enter number of qualifying children under the age of 18 ..... B. \_\_\_\_\_
- C. Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at the end of 2016? .....  Yes  No  
**If you answered "No" and do not have any qualifying children, you do not qualify for Earned Income Tax Credit.**

**FULL-YEAR RESIDENTS: Answer eligibility questions above and complete Lines 1 and 2**

1. Earned income tax credit from Federal Form 1040-Line 66a; 1040A-Line 42a; or 1040EZ-Line 8a ..... 1. \_\_\_\_\_ **.00**
2. Vermont Earned Income Tax Credit (Multiply Line 1 by 32%). Enter amount on Form IN-111, Line 31c ..... → 2. \_\_\_\_\_ **.00**

**PART-YEAR RESIDENTS: Answer eligibility questions above and complete Lines 3-9**

Enter figures in Column A from your federal EIC worksheet and Schedule IN-113.

For VT Portion, enter income earned while a VT resident as shown on Schedule IN-113, Column B, Lines 1, 6, 10, & 12.

- |   | A. Federal Amount \$ | B. VT Portion \$ |
|---|----------------------|------------------|
| 3. Wages, salaries, tips, etc. (Schedule IN-113, Line 1) ..... 3.   | .00                  | .00              |
| 4. Other earned income (Schedule IN-113, Lines 6, 10 & 12) ..... <input type="checkbox"/> ← Check to indicate loss 4. | .00                  | .00              |
| 5. Total earned income (Add Lines 3 & 4) ..... 5.   | .00                  | .00              |
| 6. Earned income tax credit adjustment (Divide Line 5B by Line 5A and enter here, but not more than 100%) ..... 6.    |                      | %                |
| 7. Earned income tax credit from Federal Form 1040-Line 66a; 1040A-Line 42a; or, 1040EZ-Line 8a ..... 7.              | .00                  |                  |
| 8. Multiply Line 7 by 32% and enter the result here ..... 8.  |                      | .00              |
| 9. Vermont Earned Income Tax Credit (Multiply Line 8 by Line 6.) Enter amount on Form IN-111, Line 31c ..... → 9.     |                      | .00              |

**PART IV VERMONT INCOME TAX CREDITS**

Credits for Lines 2-4 earned through an S-Corporation, LLC, LLP, or Partnership, enter name and FEIN of the entity.

Name of entity \_\_\_\_\_ FEIN: \_\_\_\_\_

If credits from more than one business entity, fill out a separate Schedule IN-112, Part IV for each entity.

	2016 Contribution	Column C Credit
1. Vermont Higher Education Investment (32 V.S.A. § 5825a) See instructions ..... 1.	.00	.00
	Column A PLUS (+)	Column B EQUALS (=)
	Earned in 2016	Carryforward
2. Charitable Housing (32 V.S.A. § 5830c) ..... 2.	.00	.00
3. Qualified Sale of Mobile Home Park (32 V.S.A. § 5828) ..... 3.	.00	.00
4. Research & Development (32 V.S.A. § 5930ii) . . . 4.	.00	.00
5. Total Credits (Add Column C, Lines 1-4). If you have credits from Schedule IN-119 (see instructions), this amount is entered on Schedule IN-119. If you do NOT have credits from Schedule IN-119, enter this amount on Form IN-111, Line 24. .... 5.		.00



\* 1 6 1 1 9 1 1 0 0 \*

**PRINT in BLUE or BLACK INK**

**INCLUDE WITH FORM IN-111**

Taxpayer's Last Name	First Name	Initial	Taxpayer's Social Security Number
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For credits earned through an S-Corporation, LLC, LLP, or Partnership, enter name and FEIN of the entity.

Name of entity \_\_\_\_\_ FEIN: \_\_\_\_\_

If credits from more than one business entity, fill out a separate IN-119 for each entity.

**ALL CREDITS REQUIRE PRIOR APPROVAL**

	<u>Column A</u> Earned in 2016	PLUS (+)	<u>Column B</u> Carryforward	EQUALS (=)	<u>Column C</u> 2016 Credit
<b>Prior approval required from Vermont Housing Finance Agency for Line 1</b>					
1. Affordable Housing, 32 V.S.A. § 5930u . . . . . 1.	.00		.00		.00
<b>Prior approval required from Vermont Division for Historic Preservation for Lines 2-7</b>					
2. Rehabilitation of Certified Historic Buildings, 32 V.S.A. § 5930n . . . . . 2.	NOT AVAILABLE		.00		.00
3. Platform Lifts, Elevators, or Sprinkler Systems, 32 V.S.A. § 5930q . . . . . 3.	NOT AVAILABLE		.00		.00
4. Historic Rehabilitation, 32 V.S.A. § 5930cc(a) . . 4.	.00		.00		.00
5. Facade Improvement, 32 V.S.A. § 5930cc(b) . . . 5.	.00		.00		.00
6. Code Improvements, 32 V.S.A. § 5930cc(c) . . . 6.	.00		.00		.00
7. Add Column C, Lines 1-6. . . . . 7.					.00
8. Enter amount from Schedule IN-112, Part IV, Line 5. . . . . 8.					.00
9. Add Lines 7 & 8. If no credits from Lines 10-18, enter amount on Form IN-111, Line 24. . . . . 9.					.00
10. Vermont Entrepreneur's Seed Capital Fund, 32 V.S.A. § 5830b. Go to worksheet on page 2 to calculate the credit. 10.					.00

**ECONOMIC ADVANCEMENT TAX INCENTIVE CARRY FORWARD CREDITS**      Lines 11-18 require prior approval from Vermont Economic Progress Council

11. Payroll, 32 V.S.A. § 5930c . . . . . 11.	.00
12. Research & Development, 32 V.S.A. § 5930d . . . . . 12.	.00
13. Capital Investment, 32 V.S.A. § 5930g . . . . . 13.	.00
14. Workforce Development, 32 V.S.A. § 5930e . . . . . 14.	.00
15. Export, 32 V.S.A. § 5930f . . . . . 15.	.00
16. High-Tech Growth, 32 V.S.A. § 5930k . . . . . 16.	.00
17. Sustainable Technology R & D, 32 V.S.A. § 5930w . . . . . 17.	.00
18. Sustainable Technology Export, 32 V.S.A. § 5930x . . . . . 18.	.00
19. Add Lines 11-18. Go to worksheet on page 2 to calculate the credit. . . . . 19.	.00

Taxpayer's Last Name	Social Security Number
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**Tax Credit Calculation Worksheet**

20. Enter adjusted Vermont income tax amount from Form IN-111, Line 22. ....	20.	_____	<b>.00</b>
21. Enter credit for income tax paid to another state or Canadian province from Form IN-111, Line 23. ....	21.	_____	<b>.00</b>
22. Subtract Line 21 from Line 20 .....	22.	_____	<b>.00</b>
23. Enter amount from Line 8. ....	23.	_____	<b>.00</b>
24. Enter amount from Line 7. ....	24.	_____	<b>.00</b>
25. Add Lines 23 and 24. ....	25.	_____	<b>.00</b>
26. Enter the smaller of Line 22 OR Line 25 .....	26.	_____	<b>.00</b>
27. Subtract Line 26 from Line 22, <i>but not less than zero</i> . ....	27.	_____	<b>.00</b>
28. Multiply Line 27 by 50%. ....	28.	_____	<b>.00</b>
29. Enter amount from Line 10. ....	29.	_____	<b>.00</b>
30. Enter the smaller of Line 28 or Line 29 .....	30.	_____	<b>.00</b>

**Complete Lines 31-38 if claiming Economic Advancement Tax Incentive (EATI) carry forward credits. Otherwise go to Line 39.**

31. VT tax from Form IN-111, Line 22 .....	31.	_____	<b>.00</b>
<b>Ratio Schedule K-1 to Adjusted Gross Income</b>			
32. Schedule K-1 income from entity with EATI credit(s). If EATI credits from more than one entity, see instructions. If negative, enter -0- here and on Line 34. ....	32.	_____	<b>.00</b>
33. Adjusted Gross Income <u>Resident</u> : Form IN-111, Line 10; <u>Nonresident</u> : Schedule IN-113, Line 38. If negative, enter -0- here and on Line 34. ....	33.	_____	<b>.00</b>
34. Divide Line 32 by Line 33 <i>but not greater than 100%</i> .....	34.	_____	<b>%</b>
35. Vermont Tax attributable to Schedule K-1 Income (Multiply Line 31 by Line 34). ....	35.	_____	<b>.00</b>
36. Statutory Credit Limitation (Multiply Line 35 by 80%). ....	36.	_____	<b>.00</b>
37. Credit Claimed. Enter amount from Line 19. ....	37.	_____	<b>.00</b>
38. Maximum allowable EATI Credit (Enter the smaller of Line 36 or Line 37). If EATI credits from more than one entity, see instructions. ....	38.	_____	<b>.00</b>

39. Total Credits Allowable. Enter the total of Lines 26, 30 and 38. ....	39.	_____	<b>.00</b>
40. <b>TOTAL INCOME TAX CREDITS AVAILABLE.</b> Enter the smaller of Line 22 or Line 39. Enter this amount on Form IN-111, Line 24. ....	40.	_____	<b>.00</b>



Taxpayer's Last Name	Social Security Number
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**PART II. PERCENTAGE EXCLUSION**

(Use this section only if you have eligible gains. See Technical Bulletin 60 for more information or continue on to Part III.)

10. Enter the amount from Part I, Line 4 ..... 10. \_\_\_\_\_ **.00**

11. Enter amount of adjusted net capital gain from the sale of assets held for three years or less ..... 11. \_\_\_\_\_ **.00**

12. Assets held for more than three years. Subtract Line 11 from Line 10. Entry cannot be less than zero ..... 12. \_\_\_\_\_ **.00**

Enter the amount of net adjusted capital gain from the sale of the following assets held for more than three years

13a. Real estate or portion of real estate used as a primary or nonprimary home ..... 13a. \_\_\_\_\_ **.00**

13b. Depreciable personal property (except for farm property or standing timber) ..... 13b. \_\_\_\_\_ **.00**

13c. Stocks or bonds publicly traded or traded on an exchange or any other financial instruments. .... 13c. \_\_\_\_\_ **.00**

14. Add Lines 13a through 13c ..... 14. \_\_\_\_\_ **.00**

15. Subtract Line 14 from Line 12; enter result here. Entry cannot be less than zero. This is the amount of net adjusted capital gain eligible for exclusion. .... 15. \_\_\_\_\_ **.00**

**Line 16 Federal Form 4952 information.** If no investment interest expense for ineligible assets was reported on Federal Form 4952, enter Line 7 from Part I of this form. Otherwise, you may need to recompute Federal Form 4952 to reflect only investment interest income for assets eligible for the capital gain exclusion.

16. Enter amount from Part I, Line 7 or recomputed Federal Form 4952. .... 16. \_\_\_\_\_ **.00**

17. Subtract Line 16 from Line 15. .... 17. \_\_\_\_\_ **.00**

18. Multiply Line 17 by 40%; enter result here. .... 18. \_\_\_\_\_ **.00**

**PART III. CAPITAL GAIN EXCLUSION**

19. Enter the greater of Line 9 or Line 18. .... 19. \_\_\_\_\_ **.00**

20. Multiply \_\_\_\_\_ x 40%; enter result here ..... 20. \_\_\_\_\_ **.00**  
Federal Taxable Income from Form IN-111, Line 11

21. Enter the smaller of Line 19 or Line 20. This is your capital gain exclusion. Enter on Form IN-111, Line 14b. .... 21. \_\_\_\_\_ **.00**

**Test 8** Vermont Forms Required: IN-111, PR-141, HI-144

Taxpayer(s) Information

Primary SSN: 400-00-8069

Name: Michael Jones

Residency Status: Resident

Address 1: 109 Jones Street

City, State, Zip: Waterbury, VT 05676

Date of Birth: 06/24/1977

Filing Status: Married Filing Separately

Spouse SSN: 400-00-8070

Spouse Name: Alice Jones

School District Code: 221

City/Town of Legal Residence: Waterbury

For in-house processing purposes we will furnish the LC-142 Landlord Certificate information for rent paid. Rented 12 months @ 750.00 = 9,000.00 9,000.00 x 21% = 1890.00 (rent paid) E-file Certificate Number 18229892097-001



\* 1 6 1 1 1 1 1 0 0 \*

**2016**  
VERMONT **Income Tax Return** **FORM**  
**IN-111**

<b>1</b> Taxpayer Information	Taxpayer's Last Name		First Name	Initial	Taxpayer's Social Security Number		
	Spouse's or CU Partner's Last Name		First Name	Initial	Spouse's or CU Partner's Social Security Number		
	Mailing Address (Number and Street/Road or PO Box)				Taxpayer's Driver's License Number	State	
	City		State	ZIP Code	Spouse's/CU's Driver's License Number	State	
	<input type="checkbox"/>	Check here if this is an <b>AMENDED</b> return	<input type="checkbox"/>	Check if taxpayer died during 2016	<input type="checkbox"/>	Check if Spouse or CU Partner died during 2016	<input type="checkbox"/>
1. VT School District Code		2. 911 street address on 12/31/2016 - Number, street/road name (Do not use "PO Box", "same", or Town name)					

<b>2</b> Tax Filing Information	<b>FILING STATUS</b>														
	<input type="checkbox"/>	3. Single	<input type="checkbox"/>	4. Head of Household	<input type="checkbox"/>	5. Married Filing Jointly	<input type="checkbox"/>	6. CU Partner Filing Jointly	<input type="checkbox"/>	7. Qualifying Widow(er) with dependent children	<input type="checkbox"/>	8a. Married Filing Separately	<input type="checkbox"/>	8b. CU Filing Separately	Enter Spouse or CU Partner full name _____
9. Exemptions Claimed (Federal Form 1040-Line 6d; 1040A-Line 6d; 1040EZ/1040NR-EZ-enter 0, 1, or 2) ..... 9. _____															

<b>3</b> Taxable Income	10. Adjusted Gross Income (Federal Form 1040-Line 37; 1040A-Line 21; 1040EZ-Line 4) ..... <input type="checkbox"/> ← Check to indicate loss	10. _____	.00
	11. Federal Taxable Income (Federal Form 1040-Line 43; 1040A-Line 27; 1040EZ-Line 6) If the Federal amount is zero, see instructions ..... <input type="checkbox"/> ← Check to indicate loss	11. _____	.00
	<b>ADDITIONS:</b>		
	12a. Income from Non-Vermont State and Local Obligations (Schedule IN-112, Part I, Line 3) .....	12a. _____	.00
	12b. Bonus Depreciation Allowed under Federal law for 2016 .....	12b. _____	.00
	12c. Addback of State and Local Income Taxes (Schedule IN-155, Line 8) ..... <input type="checkbox"/> ← If negative check here	12c. _____	.00
	12d. Addback of Itemized Deductions (Schedule IN-155, Line 15) .....	12d. _____	.00
	13. Federal Taxable Income with Additions (Add Lines 11, 12a, 12b, 12c, and 12d) ..... <input type="checkbox"/> ← Check to indicate loss	13. _____	.00
	<b>SUBTRACTIONS:</b>		
	14a. Interest Income from U.S. Obligations .....	14a. _____	.00
14b. Capital Gains Exclusion (Schedule IN-153, Line 21) .....	14b. _____	.00	
14c. Adjustment for Prior Years' Bonus Depreciation .....	14c. _____	.00	
14d. Add Lines 14a, 14b, and 14c .....	14d. _____	.00	
15. Vermont Taxable Income (Subtract Line 14d from Line 13. If Line 14d is more than Line 13, enter -0-) .....	15. _____	.00	

<b>4</b> VT Income Tax	16. Vermont Income Tax from Tax Table or Tax Rate Schedule on Line 15 amount (If Line 10 is greater than \$150,000, see instructions) .....	16. _____	.00
	17. Additions to Vermont Income Tax (Schedule IN-112, Part II, Line 7) .....	17. _____	.00
	18. Vermont Income Tax with Additions (Add Lines 16 & 17) .....	18. _____	.00
	19. Subtractions from Vermont Income Tax (Schedule IN-112, Part II, Line 15) .....	19. _____	.00
	20. Vermont Income Tax (Subtract Line 19 from Line 18. If Line 19 is more than Line 18, enter -0-) .....	20. _____	.00
	21. Income Adjustment (Schedule IN-113, Line 39 OR 100.00%) .....	21. _____	%
	22. Adjusted Vermont Income Tax (Multiply Line 20 by Line 21) .....	22. _____	.00

Enclose Form(s) W-2 and Form(s) 1099-R if tax was withheld



DUE DATE: April 18, 2017 (Claims allowed up to Oct. 16, 2017)

Please PRINT in BLUE or BLACK INK



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<b>2016</b> VERMONT	<b>Renter Rebate Claim</b>	<b>FORM</b> <b>PR-141</b>
	For Household Income of \$47,000 or less	

Must Be Filed With: Household Income (Schedule HI-144) and Landlord's Certificate (LC-142)

For the year Jan. 1-Dec. 31, 2016

Claimant's Last Name		First Name		Initial	Claimant's Social Security Number	
Spouse's or CU Partner's Last Name		First Name		Initial	Spouse's or CU Partner's Social Security Number	
Mailing Address (Number and Street/Road or PO Box)					Claimant's Date of Birth (MM DD YYYY) / /	
City		State	ZIP Code		Federal Filing Status (Single=S; Head of Household=H; Joint=J; Separate=P) <input type="checkbox"/>	
Physical Location of rental property (number, street/road name (Do not use "PO Box" or "same"))					Efile Certificate Number (from LC-142), if available	
1. Vermont School District Code	2. City/Town of Legal Residence on Dec. 31, 2016		State		Will you be using Renter Rebate to pay Income Tax liability? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ALL eligibility questions must be answered. You must have rented all 12 months in 2016. See instructions for exception.

- Q1. Were you domiciled in Vermont all of calendar year 2016?  Yes, Go to Q2.  No, STOP. You are not eligible.
- Q2. Were you claimed as a dependent by another taxpayer in 2016?  Yes, STOP. You are not eligible.  No, Go to Q3.
- Q3. Did you rent in Vermont all 12 months in calendar year 2016?  Yes, Complete this form  No, STOP. You are not eligible.

### REBATE CALCULATION

Before doing rebate calculation, complete Household Income (Schedule HI-144). You MUST include Schedule HI-144 and the LC-142 to this form.

3. Allocable Rent (from Form LC-142)	3.	<u>.00</u>								
4. Home Use. If more than 25% of this rental is used for business, see instructions. If no business use, enter 100.00%	4.	<u>.00 %</u>								
5. Allowable Rent for Rebate Claim (Multiply Line 3 by Line 4)	5.	<u>.00</u>								
6. Household Income (Schedule HI-144, Line y) If more than \$47,000, you are not eligible.	6.	<u>.00</u>								
6a. If Amended Schedule HI-144, Household Income, is included, check here. <input type="checkbox"/>										
7. Maximum Percentage of Income for Rent	7.	<u>. %</u>								
<table border="1"> <tr> <td>If Line 6 Household Income is:</td> <td>\$0 - 9,999</td> <td>\$10,000 - 24,999</td> <td>\$25,000 - 47,000</td> </tr> <tr> <td>Enter this % on Line 7:</td> <td>2.0%</td> <td>4.5%</td> <td>5.0%</td> </tr> </table>			If Line 6 Household Income is:	\$0 - 9,999	\$10,000 - 24,999	\$25,000 - 47,000	Enter this % on Line 7:	2.0%	4.5%	5.0%
If Line 6 Household Income is:	\$0 - 9,999	\$10,000 - 24,999	\$25,000 - 47,000							
Enter this % on Line 7:	2.0%	4.5%	5.0%							
8. Maximum Rent for Household Income (Multiply Line 6 by Line 7 and enter result here). If Line 8 is more than Line 5, you do not qualify for a renter rebate.	8.	<u>.00</u>								
9. RENTER REBATE AMOUNT (Subtract Line 8 from Line 5 and enter result here.) If result is zero (0), you do not qualify for a rebate. If using your rebate to pay your Vermont Income Tax liability, also enter this amount on Form IN-111, Line 31d. →	9.	<u>.00</u>								

MAXIMUM REBATE AMOUNT IS \$3,000.

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	Telephone Number
Signature. If a joint return, BOTH must sign.		

Check here if authorizing the Vermont Department of Taxes to discuss this return and attachments with your preparer.

<b>Preparer's Use Only</b>	Preparer's signature	Date	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed) and address		EIN
	5432		Preparer's Telephone Number

Keep a copy for your records.

MAIL TO: Vermont Department of Taxes, PO Box 1881, Montpelier, VT 05601-1881

Form PR-141

27

Include Schedule HI-144 and Form LC-142



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For the year Jan. 1–Dec. 31, 2016

CHECK IF AMENDING

Please PRINT in BLUE or BLACK INK

FORM HS-122 OR  FORM PR-141

This schedule must be included with the 2016 Renter Rebate Claim (Form PR-141) OR the 2017 Property Tax Adjustment Claim (Form HS-122) UNLESS you are filing an AMENDED HI-144. Please read instructions before completing schedule.

Claimant's Last Name	First Name	Initial	Claimant's Social Security Number
Spouse's or CU Partner's Last Name	First Name	Initial	Claimant's Date of Birth / /

List the names and Social Security Numbers of all other persons (other than a Spouse or CU Partner) who had income and lived with you during 2016. Include their income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Other Person #1 Last Name	First Name	Initial	Other Person #1 Social Security Number
Other Person #2 Last Name	First Name	Initial	Other Person #2 Social Security Number

INCOME	Yearly totals of ALL members of the household	1. Claimant	2. Spouse/CU Partner	3. Other Persons
		a. Cash public assistance and relief . . . . . a.	.00	.00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable . . . . . b.	.00	.00	.00	
c. Unemployment compensation/worker's compensation . . . . . c.	.00	.00	.00	
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.) . . . . . d.	.00	.00	.00	
e. Interest and dividends . . . . . e.	.00	.00	.00	
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable . . . . . f.	.00	.00	.00	
g. Alimony, support money, child support, cash gifts . . . . . g.	.00	.00	.00	
h. Business income. If the amount is a loss, enter -0-. See instructions for offsetting a loss. . . . . h.	.00	.00	.00	
i. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-. See instructions for offsetting a loss. . . . . i.	.00	.00	.00	
j. Taxable pensions, annuities, IRA and other retirement fund distributions. See instructions. . . . . j.	.00	.00	.00	
k. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss. . . . . k.	.00	.00	.00	
l. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0-. See Line i instructions for only exception to offset a loss. . . . . l.	.00	.00	.00	
m. Other income (See instructions for examples of other income). Please specify. . . . . m.	.00	.00	.00	
n. Total Income: Add Lines a through m. . . . . n.	.00	.00	.00	

Claimant's Last Name	Social Security Number
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\* 1 6 1 4 4 1 2 0 0 \*

	1. Claimant	2. Spouse/CU Partner	3. Other Persons
	\$	\$	\$
	1. Amount from Line n, Column 1	2. Amount from Line n, Column 2	3. Amount from Line n, Column 3
<b>o. See instructions</b> Enter Social Security and Medicare tax withheld on wages claimed on Line d. <b>Self-Employed:</b> Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE if not included with income tax filing. . . . . <b>o.</b>	.00	.00	.00
<b>p.</b> Child support paid. You must include proof of payment. See instructions. . . . . <b>p.</b>	.00	.00	.00
<b>Support paid to:</b> Last Name	First Name	Initial	Social Security Number
<b>q.</b> Allowable Adjustments from Federal Form 1040 or 1040A			
<b>q1.</b> Business Expenses for Reservists (1040, Line 24) . . . . . <b>q1.</b>	.00	.00	.00
<b>q2.</b> Alimony paid (1040, Line 31a) . . . . . <b>q2.</b>	.00	.00	.00
<b>q3.</b> Tuition and fees (1040, Line 34 or 1040A, Line 19) . . . . . <b>q3.</b>	.00	.00	.00
<b>q4.</b> Self-employed health insurance deduction (1040, Line 29) . . . . . <b>q4.</b>	.00	.00	.00
<b>q5.</b> Health Savings Account deduction (1040, Line 25) . . . . . <b>q5.</b>	.00	.00	.00
<b>r.</b> Add Lines o, p and total of Lines q1 to q5 for each column . . . . . <b>r.</b>	.00	.00	.00
<b>s.</b> Subtract Line r from Line n of each column. If a negative amount, enter -0- . . . . . <b>s.</b>	.00	.00	.00
<b>t.</b> Add all three amounts from Line s. If a negative amount, enter -0- . . . . . <b>t.</b>			.00
<b>u.</b> Complete if born Jan. 1, 1952, and after. Enter interest and dividend income from Lines e and f . . . . . <b>u.</b>	.00	.00	.00
<b>v.</b> Add all three amounts from Line u. . . . . <b>v.</b>			.00
<b>w.</b> . . . . . <b>w.</b>			10000.00
<b>x.</b> Subtract Line w from Line v. If Line w is more than Line v, enter -0- . . . . . <b>x.</b>			.00
<b>y. HOUSEHOLD INCOME.</b> Add Line t and Line x. . . . . <b>y.</b>			.00

**RENTERS:**

If Line y Household Income is \$47,000 or less, you may be eligible for a renter rebate. Complete Form PR-141. This schedule must be filed with the Renter Rebate Claim. Claims are due April 18, 2017, but can be filed up to Oct. 16, 2017.

If Household Income is more than \$47,000, you do not qualify for a renter rebate.

**HOMEOWNERS:**

**Form HS-122, Property Tax Adjustment Claim,** must be filed each year.

**Homeowners with Household Income up to \$125,000 on Line y should complete Form HS-122, Section B.** You may be eligible for a property tax adjustment. This schedule must be filed with the HS-122.

**Form HS-122 Due Date - April 18, 2017.** Homeowners filing a property tax adjustment, Forms HS-122 and HI-144, between April 19 and Oct. 16, 2017 may still qualify for a property tax adjustment. A \$15 late filing fee will be deducted from the adjustment.

## Test 9

### 3 IN-116s

Taxpayer1:  
Simon John 400008073  
PO Box 14  
Waterbury VT 05676  
Payment amount: \$1300.00

Taxpayer3:  
Caswell Sam 400-00-8078  
Caswell Mary 400-00-8079  
PO Box 14  
Morrisville VT 05661  
Payment amount: \$1348.00

### 3 IN-114s

Taxpayer1:  
Lane Tony 400-00-8080  
17 Maple Street  
Colchester VT 05446  
Payment amount: \$150.00

Taxpayer3:  
Stevens Tom 400-00-8082  
Stevens Michelle 400-00-8083  
550 Cheshire Road  
Springfield ME 03944  
Payment amount: \$600.00

### 2 IN-151s

Taxpayer1:  
Edgewood Bradley 400-00-8063  
Edgewood Marjorie 400-00-8064  
PO Box 306  
Hyde Park VT 05665  
Payment amount: \$229.00

### 1 IN-152 and IN-152A

Taxpayer: Lawrence Kerry 400008084  
**Data needed to calculate the IN-152**  
2014 Vermont Tax \$1568.00  
2015 Vermont Tax \$1388.00  
Total estimated payment  
and tax withheld \$820.00  
Assume April 15, 2016 as payment dates

Taxpayer2:  
Long Jane 400-00-8076  
Long John 400-00-8077  
13 Main Street  
Lower Waterford VT 05848  
Payment amount: \$56.00

Taxpayer2:  
Fuller Daniel 400-00-8081  
16 Peachtree Avenue  
Burlington VT 05402  
Payment amount: \$15000.00

Taxpayer 2  
Taylor Mary 400-00-8056  
10 Stowe Street  
Waterbury VT 05676

### Data needed to calculate the IN-152A

2014 Vermont Tax \$10,000.00  
2015 Vermont Tax 9,000.00  
Fed Form 2210 Pg 1 Ln 6 \$30,000.00  
Fed Form 2210 Pg 4 Ln 25 \$30,000.00  
Total estimated payment  
and tax withheld \$1,900.00  
Assume April 15, 2016 as payment dates