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**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 2017		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. _____ <b>.00</b>	1. _____ <b>.00</b>
	2. Taxable interest . . . . . 2. _____ <b>.00</b>	2. _____ <b>.00</b>
	3. Ordinary dividends . . . . . 3. _____ <b>.00</b>	3. _____ <b>.00</b>
	4. Taxable refunds of state and local income taxes . . . . . 4. _____ <b>.00</b>	4. _____ <b>.00</b>
	5. Alimony received . . . . . 5. _____ <b>.00</b>	5. _____ <b>.00</b>
	6. Business income or loss <input type="checkbox"/> ← Check to indicate loss . . . . . 6. _____ <b>.00</b>	<input type="checkbox"/> ← Check to indicate loss 6. _____ <b>.00</b>
	7. Capital gain or loss <input type="checkbox"/> ← Check to indicate loss . . . . . 7. _____ <b>.00</b>	<input type="checkbox"/> ← Check to indicate loss 7. _____ <b>.00</b>
	8. Taxable IRA distributions . . . . . 8. _____ <b>.00</b>	8. _____ <b>.00</b>
	9. Taxable pensions and annuities . . . . . 9. _____ <b>.00</b>	9. _____ <b>.00</b>
	10. Partnerships/S Corporations, and LLCs <input type="checkbox"/> ← Check to indicate loss . . . . . 10. _____ <b>.00</b>	<input type="checkbox"/> ← Check to indicate loss 10. _____ <b>.00</b>
	11. Rents, royalties, estates, trusts, etc. <input type="checkbox"/> ← Check to indicate loss . . . . . 11. _____ <b>.00</b>	<input type="checkbox"/> ← Check to indicate loss 11. _____ <b>.00</b>
	12. Farm income or loss <input type="checkbox"/> ← Check to indicate loss . . . . . 12. _____ <b>.00</b>	<input type="checkbox"/> ← Check to indicate loss 12. _____ <b>.00</b>
	13. Unemployment compensation . . . . . 13. _____ <b>.00</b>	13. _____ <b>.00</b>
	14. Taxable Social Security . . . . . 14. _____ <b>.00</b>	14. _____ <b>.00</b>
	15. Other: Specify <input type="checkbox"/> ← Check to indicate loss (See instructions) . . . . . 15. _____ <b>.00</b>	<input type="checkbox"/> ← Check to indicate loss 15. _____ <b>.00</b>
	16. TOTAL INCOME (Add Lines 1–15) <input type="checkbox"/> ← Check to indicate loss . . . . . 16. _____ <b>.00</b>	<input type="checkbox"/> ← Check to indicate loss 16. _____ <b>.00</b>

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)	34.	.00		
35. Railroad Retirement income	35.	.00		
36. Bond/note interest income from	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.			%