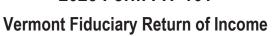
Vermont Department of Taxes

2023 Form FIT-161





	Name of Estate or Trust	FEIN Date of Death (MMDDYY)								
			/ /							
	Name of Fiduciary	Title of Fiduciary	Tax year BEGIN date (MMDDYYYY)							
	Mailing Address of Fiduciary (Number and Street/Road or PO Box)	State of Domicile at Death	Tax year END date (MMDDYYYY)							
	maining Address of Fladdidity (Flambol and Salost Food of Food Soly)	and/or Creation of Trust	/ /							
	Additional Line for Mailing Address of Fiduciary, if needed	Check ONE	demonstrate Country I brown and his							
		Estate Revocable Bar	kruptcy Grantor Irrevocable ate Trust Trust							
	City State ZIP Code									
	Foreign Country		eck here if this n AMENDED Check here if thi							
		──								
		<u> </u>								
A.	Were any distributions reported on federal Form 1041, Line 18, made to r	nonresident beneficiaries?								
B.	Did the estate or trust have non-Vermont municipal bond income? If "Yes	B. Yes N								
	Line 2a and Schedule FIT-166, Part I		B. 🔲 163							
C.	Are any present or future trust beneficiaries skip persons?									
D.	Is this return for a Qualified Settlement Fund (federal Form 1120-SF)?		D. Yes N							
1	E 1 14 11 ' C E 1041 I ' 22 1'C 1 '	C								
1.	Federal taxable income from Form 1041, Line 23, or modified gross income Qualified Settlement Fund (from federal Form 1120-SF)		.00							
	(·								
2a.	me from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3)2a00									
3 L	D D	Depreciation allowed under federal law for 2023								
2b.	Bonus Depreciation allowed under federal law for 2023									
2c.	State and local income taxes included on federal Form 1041, Line 11. (Se	e instructions)2c.	.00.							
3.	Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.)		.00							
4a.	Interest income from U.S. Obligations	4a	.00.							
ти.	terest income from U.S. Obligations									
4b.	Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than ze	ero, enter -0)4b.	.00							
	AT A CONTRACT OF THE CONTRACT		.00							
4c.	Adjustment for prior years' Bonus Depreciation	4c.								
4d.	Add Lines 4a, 4b, and 4c	4d.	.00.							
5.	Vermont taxable income (Line 3 minus Line 4d)		.00							
6.	Vermont Tax from the tax rate schedule on page 2 of this form	6	.00							
•	vermont rais from the task rate senedate on page 2 or this form									
7.	Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c)		.00.							
0	Colone di una finanzia Vicini del Transfera Colonia Di Transfera Colonia	,	.00							
8.	Subtractions from Vermont Tax (from Schedule FIT-166, Part II, Line 2e)								
9.	Vermont Tax with Additions and Subtractions (Add Lines 6 and 7, then s	ubtract Line 8) 9.	.00							
10.	Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%)									
			Form FIT-161							

orm FIT-161 Page 1 of 2 Rev. 10/23

	•			Name of Estate or Trust				
•				FEIN			* 2 3 1 6 1	1 2 0 0 *
11.	Adjus	sted tax (Mu	ıltiply Line 9 by	Line 10)			11.	00
12.	Other	states credi	t (from Schedule	e FIT-167, Line 21)			12.	.00.
13.	Total	Vermont ta	xes (Line 11 mir	nus Line 12)				.00.
14.	Payn 14a.	ayment 4a. Vermont Tax Withheld on 1099 14a. 4b. Estimated Tax or Extension Payments 14b. 4c. Vermont Real Estate Withholding 14c. Attach copy of Form RW-171 or Schedule K-1VT 4d. Nonresident Payments from Form WH-435 14d.			a.	.00		
					00			
	14e.	4e. 2022 Overpayment Applied			e	.00		
14f.	Total Payments (Add Lines 14a, 14b, 14c, 14d, and 14e)			4e)		14f.	.00.	
15. Overpayment: If Line 13 is less than Line 14f, subtract Line 13 from Line 14f					00.			
16.	Amou	ant of overp	ayment to be cre	dited to 2024 taxes			16.	.00.
17.								.00
18.	BAL	ANCE DUI	E: If Line 14f is l	less than Line 13, su	ıbtract Line 14f f	From Line 13.		.00.
Γ		Vermont 2023 Tax Schedule			If filing for a Qualified Settlement Fund, tax is 8.95% of			
		If Taxable But not over The Vermont of the ar			of the amount over	taxable i	ncome.	
	<u></u>	\$0	\$3,050	3.35%	\$0	File this return no later than the 15th day of the fourth month following the close of the operating or income year. Attack a legible copy of the federal Form 1041, U.S. Income Tax		
-		33,050 37,150	\$7,150 \$10,950	\$102.00 + 6.60% \$373.00 + 7.60%	\$3,050 \$7,150			
		0,950		\$662.00 + 8.75%	\$10,950		or Estates and Trusts, e taxable period.	or federal Form 1120-SF for
taxp or m	ayer, th	is declaration	on further provid y other person o	es under 32 V.S.A. §	§§ 5901-5903 tha	plete to the beat this informa	st of my knowledge. If prition has not been and will	repared by a person other than the not be used for any other purpose orm is signed by the taxpayer and
		Responsible C					Date	Daytime Telephone Number
Prir	nted Nam	ne			Email A	ddress (optional)	1	'
Pai	d Prepar	er's Signature				Check if self-employed	Date	Preparer's Telephone Number
Pre	parer's F	Printed Name			Prepare	er's Email Address	I (optional)	

Preparer's SSN or PTIN

FEIN

Firm's Name (or yours if self-employed) and address