

Schedule FIT-K-1VTF

Vermont Beneficiary Information for Fiduciaries



* 2 2 K 1 F 1 1 0 0 *

Attach to Form FIT-161

| | | |
|-------------------------|------|------------------------------|
| Name of Estate or Trust | FEIN | Tax Year End Date (MMDDYYYY) |
| | | / / |

HEADER INFORMATION - REQUIRED ITEMS

| | | | | | |
|--|------------------------------------|------------|---|---|------------------------|
| Entity Name | | | FEIN | | |
| OR | Individual Last Name (Beneficiary) | First Name | Initial | OR | Social Security Number |
| Address | | | Recipient Type (I, C, S, L, P, X, or T) <input type="checkbox"/> | | |
| Address, Line 2 (if needed) | | | Residency Status <input type="checkbox"/> Vermont Resident <input type="checkbox"/> Nonresident | | |
| City | State | ZIP Code | | <input type="checkbox"/> Check here if this your FINAL return | |
| Foreign Country (if not United States) | | | Percentage of Estate's or Trust's income or loss to this recipient. Calculate percentage to two places to the right of the decimal point. % | | |

Place an "X" in the box left of the line number to indicate a loss amount.

VERMONT RESIDENT BENEFICIARY

- 1. Beneficiary's share of distributed net income allocated to Vermont ← Check to indicate loss 1. _____ .00
- 2. Interest / dividends from obligations of other states 2. _____ .00
- 3. Interest / dividends from U.S. obligations 3. _____ .00

VERMONT NONRESIDENT BENEFICIARY

- 4a. Business Income ← Check to indicate loss 4a. _____ .00
- 4b. Capital gain or loss ← Check to indicate loss 4b. _____ .00
- 4c. Partnership, S Corporation, LLC 4c. _____ .00
- 4d. Rent, royalties, estates, trusts. 4d. _____ .00
- 4e. Farm income 4e. _____ .00
- 4f. Other income 4f. _____ .00
- 4g. Total nonresident income ← Check to indicate loss 4g. _____ .00

PAYMENT INFORMATION

- 5. Total annual nonresident estimated payments allocated to this beneficiary 5. _____ .00
- 6. Total annual real estate withholding payments allocated to this beneficiary 6. _____ .00
- 7. Other payments allocated to this beneficiary. 7. _____ .00