

Vermont Department of Taxes  
**2021 Form RCC-146**  
**Vermont Renter Credit Claim**

For the year  
 Jan 1 - Dec 31,  
 2021



Claimant's Last Name		First Name		MI	Claimant's Social Security Number	
Spouse's/CU Partner's Last Name		First Name		MI	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		County of Rental Unit	
Vermont School District Code	Physical Address of Rental Unit on 12/31/2021		Unit Number	City/Town of Rental Unit on 12/31/2021 and State		
Federal Filing Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married/CU Filing Jointly	<input type="checkbox"/> Married/CU Filing Separately	<input type="checkbox"/> Head of Household	Will you be using Renter Credit to pay Income Tax liability? <input type="checkbox"/> Yes <input type="checkbox"/> No	

- 1. SPAN.** To find your SPAN, please see instructions. . . . . **1.** \_\_\_\_\_ - \_\_\_\_\_
- To determine eligibility, answer questions 2 through 4.**
- 2.** Were you domiciled in Vermont all of calendar year 2021? . . . . . **2.**  Yes, Go to Question 3.  No, STOP. You are not eligible.
- 3.** Were you claimed as a dependent by another taxpayer in 2021? . . . **3.**  Yes, STOP. You are not eligible.  No, Go to Question 4.
- 4.** Did you rent in Vermont for six months or more in 2021? . . . . . **4.**  Yes, Go to Question 5.  No, STOP. You are not eligible.
- If you are eligible for a Renter Credit, complete Lines 5 through 9.**
- 5.** Did you share your rental unit with another adult who was *not* your jointly filed spouse? . . . . . **5.**  Yes  No
- 6.** Was your rent subsidized? . . . . . **6.**  Yes  No
- 7.** Number of months rented in 2021 . . . . . **7.** \_\_\_\_\_
- 8.** Number of Personal Exemptions claimed (from Form IN-111, Line 5d)  
 (See the instructions if you did not file Form IN-111) . . . . . **8.** \_\_\_\_\_
- 9.** Are you required to file a federal income tax return? . . . . . **9.**  Yes  No  
**If "Yes," complete Lines 10 through 14. If "No" because your income was under the filing threshold, skip Lines 10 through 14, sign in the signature section, and submit the form.**
- 10.** Total Income (from federal Form 1040, Line 9) . . . . . **10.** \_\_\_\_\_ **.00**
- 11.** 75% of nontaxable Social Security benefits  
 (from federal Form 1040, Line 6a minus Line 6b. Multiply result by 0.75) . . . . . **11.** \_\_\_\_\_ **.00**
- 12.** Tax-exempt interest (from federal Form 1040, Line 2a) . . . . . **12.** \_\_\_\_\_ **.00**
- 13.** Add back any negative amounts from federal Form 1040, Line 7 and Schedule 1, Lines 3, 4, 5, 6, and 8a.  
 (See instructions) . . . . . **13.** \_\_\_\_\_ **.00**
- 14.** Total (**ADD Lines 10 through 13**) . . . . . **14.** \_\_\_\_\_ **.00**

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 (MM/DD/YYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY)	Daytime Telephone Number
Paid Preparer's Signature	Date (MM/DD/YYYY)	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address	Preparer's SSN or PTIN	FEIN

Form RCC-146 (Replaces Form PR-141)