

For Department Use Only
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<b>DOMICILE STATEMENT</b>
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For the taxable year ending \_\_\_\_\_

**Unless otherwise indicated, the questions pertain to the year specified above.**

Your Name		Social Security Number	
Spouse / CU Partner Name		Spouse / CU Partner Social Security Number	
VERMONT Address	Other Address		
City, State, ZIP Code	City, State, ZIP Code		
Email Address		Telephone Number	

1. Have you ever resided in Vermont with the intention of making it your home?  
 If **Yes**, when did you take up residency in Vermont (month/year)? \_\_\_\_\_  
 If **No**, please explain your connections with the State of Vermont (place of birth, school attendance, etc.). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. If you once resided in Vermont, did you leave not intending to return and did you take up residence in another state with the intention of making that state your home?

Never resided in Vermont. Go to Question 3.

No. Go to Question 3.

Yes. **2a.** Date you moved from Vermont \_\_\_\_\_  
**2b.** Address to which you moved \_\_\_\_\_  
**2c.** Date on which you took up residence in the new state \_\_\_\_\_  
**2d.** What specific steps did you take to abandon your legal residence in Vermont? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2e.** What specific steps did you take to establish your new legal residence (**examples:** drivers license, voter registration, vehicle registration)? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Did you reside in two or more homes during the year?

No. Go to Question 4.

Yes. Please state the address and dates on which you were physically present in each location:

<u>Physical Address (street, city, state)</u>	<u>Periods (Dates)</u>	<u>Total number of days</u>

Your Name	Social Security Number	For the taxable period ending
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4. Do you own or rent a house or apartment?

- No. Go to Question 5.
- Yes.

	<u>Physical Address</u>	<u>Own/Rent</u>	<u>Property Value (if owned)</u>	<u># of days spent here last year</u>
4a.	_____	_____	_____	_____
4b.	_____	_____	_____	_____
4c.	_____	_____	_____	_____

5. Where do members of your immediate family live (spouse or CU partner, children)? \_\_\_\_\_  
\_\_\_\_\_

6. If married or civil union, did the physical presence of your spouse/partner and family differ substantially from yours?  
 Single     No     Yes. Please explain and attach a separate Domicile Statement for your spouse/CU partner.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Did you claim a homestead property tax exemption for any state?

- No. Go to Question 8.
- Yes. What state(s)? \_\_\_\_\_

8. Where are the items or possessions that you consider important to you located, e.g.: items of significant sentimental value, family heirlooms, collections of valuables, pets, or possessions that enhance the quality of your life?

<u>Item/Possession</u>	<u>Location</u>
_____	_____
_____	_____
_____	_____

9. In what State(s) did you or your Spouse/CU Partner perform services for compensation (work)?

<u>State</u>	<u>Employer</u>	<u>Date of Employment</u>
<b>Self:</b>		
_____	_____	_____
_____	_____	_____
<b>Spouse or CU Partner:</b>		
_____	_____	_____
_____	_____	_____

10. Do you own any part of a business?

- No. Go to Question 11.
- Yes. **10a.** Where is the business located? \_\_\_\_\_
- 10b.** What is your ownership percentage? \_\_\_\_\_

Your Name	Social Security Number	For the taxable period ending
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11. Where did your children attend school? List name and address of school(s). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. What address did you use for mailing purposes and why? \_\_\_\_\_  
 \_\_\_\_\_

13. What address did you use on your federal tax return(s) and why? \_\_\_\_\_  
 \_\_\_\_\_

14. Please list the state(s), if any, with which you filed income tax return(s) for the taxable year and **enclose a copy of the return(s)** \_\_\_\_\_

15. During the taxable year, did you have:

			<b>State(s)</b>
a. A House or Apartment . . . . .	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
b. Vacation House . . . . .	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
c. Driver's License (attach copy). . . . .	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
d. Automobile/Power Boat/Snow Machine Registration. . .	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
e. Aircraft. . . . .	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
f. Voting Registration . . . . .	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
g. Bank Accounts . . . . .	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
h. Resident Hunting and Fishing Licenses. . . . .	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
i. Golf Club/Rod & Gun Club Membership(s) . . . . .	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
j. Location of Doctor and Medical Records . . . . .	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
k. Civic, religious, or community clubs or activities. . . . .	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____

[List Organization(s) AND State(s)] \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. Are you a member of the Armed Services? . . . . .  No. Skip Question 17 and go to Question 18.  
 Yes, Active Duty     Yes, Reserve

17. Did you enter the service from Vermont?. . . . .  No             Yes

18. You may use this space, or attach a separate page to explain your answers or to make any additional statements that could help us in arriving at a proper conclusion. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	Under penalties of perjury, I declare that I have examined this document and accompanying statements, and to the best of my knowledge and belief, they are true, correct and complete.		
	_____ Taxpayer's Signature	_____ Date	_____ Daytime Telephone Number
_____ Spouse's Or CU Partner's Signature	_____ Date	_____ Daytime Telephone Number	