

2019 Form FIT-161

Vermont Fiduciary Return of Income

For 2019 or fiscal YEAR ending:

Input box for year



\* 1 9 1 6 1 1 1 0 0 \*

Form header table with fields: Name of Estate or Trust, FEIN, Date of Death, Name of Fiduciary, Title of Fiduciary, Tax year BEGIN date, Mailing Address of Fiduciary, State of Domicile at Death, Tax year END date, Additional Line for Mailing Address, Check ONE (Estate, Revocable Trust, Bankruptcy Estate, Grantor Trust, Irrevocable Trust), City, State, ZIP Code, Foreign Country, Check here if this is an EXTENDED return, Check here if this is an AMENDED return, Check here if this is your FINAL return.

- A. Were any distributions reported on federal Form 1041, Line 18, made to nonresident beneficiaries?
B. Did the estate or trust have non-Vermont municipal bond income?
C. Are any present or future trust beneficiaries skip persons?
D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)?

Main calculation table with rows 1-10, including Federal taxable income, Vermont taxable income, Vermont tax, and Income Adjustment.

Name of Estate or Trust
FEIN



- 11. Adjusted tax (Multiply Line 9 by Line 10) ..... **11.** \_\_\_\_\_ **.00**
- 12. Other states credit (from Schedule FIT-167, Line 21) ..... **12.** \_\_\_\_\_ **.00**
- 13. Total Vermont taxes (Line 11 minus Line 12) ..... **13.** \_\_\_\_\_ **.00**
- 14. Payment**
- 14a. Vermont Tax Withheld on 1099 ..... **14a.** \_\_\_\_\_ **.00**
- 14b. Estimated Tax or Extension Payments ..... **14b.** \_\_\_\_\_ **.00**
- 14c. Vermont Real Estate Withholding ..... **14c.** \_\_\_\_\_ **.00**  
Attach copy of Form RW-171 or Sch. K-1VT
- 14d. Nonresident Payments from Form WH-435 ..... **14d.** \_\_\_\_\_ **.00**
- 14e. 2018 Overpayment Applied ..... **14e.** \_\_\_\_\_ **.00**
- 14f. Total Payments (Add Lines 14a, 14b, 14c, 14d, and 14e) ..... **14f.** \_\_\_\_\_ **.00**
- 15. Overpayment: If Line 13 is less than Line 14f, subtract Line 13 from Line 14f ..... **15.** \_\_\_\_\_ **.00**
- 16. Amount of overpayment to be credited to 2020 Taxes ..... **16.** \_\_\_\_\_ **.00**
- 17. Amount of overpayment to be REFUNDED (Line 15 minus Line 16) ..... **17.** \_\_\_\_\_ **.00**
- 18. **BALANCE DUE:** If Line 14f is less than Line 13, subtract Line 14f from Line 13. .... **18.** \_\_\_\_\_ **.00**

Vermont 2019 Tax Schedule			
If Taxable income is over	But not over	The Vermont Tax is	of the amount over
\$0	\$2,700	3.35%	\$0
\$2,700	\$6,250	\$90.00 + 6.60%	\$2,700
\$6,250	\$9,550	325.00 + 7.60%	\$6,250
\$9,550	---	576.00 + 8.75%	\$9,550

If filing for a Qualified Settlement Fund, tax is 8.95% of taxable income.

File this return no later than the 15th day of the fourth month following the close of the operating or income year. Attach a legible copy of the federal Form 1041, U.S. Income Tax Return for Estates and Trusts, or federal Form 1120-SF for the same taxable period.

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, his/her declaration further provides under 32 V.S.A. §§ 5901-5903 this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

Signature of Responsible Officer		Date	Daytime Telephone Number
Printed Name		Email Address (optional)	
Paid Preparer's Signature		<input type="checkbox"/> Check if self-employed	Date
Preparer's Printed Name		Preparer's Telephone Number	
Preparer's Email Address (optional)			
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN	FEIN

Check if the Department of Taxes may discuss this return with the preparer shown.

**Keep a copy for your records.**

For Department Use Only	
Ck. Amt.	Init.

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