



VT Form FIT-161	2015 FIDUCIARY RETURN OF INCOME or FISCAL YEAR ending _____
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Name of Estate or Trust		Federal ID Number	Date of Death
Name of Fiduciary	Title of Fiduciary	Tax Year BEGIN Date	Tax Year END Date
Mailing Address of Fiduciary (Number and Street/Road or PO Box)		State of Domicile at Death and/or Creation of Trust	
Additional Line for Mailing Address of Fiduciary, if needed		Check ONE <input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust	
City	State	ZIP Code	
Foreign Country (if not United States)		For Department Use Only	

☐ 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? ☐ Yes ☐ No
- B.** Did the estate or trust have non-VT municipal bond income? If "Yes," see instructions for both Line 2a and FIT-166, Part I) ☐ Yes ☐ No
- C.** Are any present or future trust beneficiaries skip persons? ☐ Yes ☐ No
- D.** Is this return for a Qualified Settlement Fund (Federal Form 1120-SF)? ☐ Yes ☐ No

1. Federal taxable income from Form 1041, Line 22 or modified gross income of Qualified Settlement Fund (Form 1120-SF)	<input type="checkbox"/> ← Check to indicate loss	1. _____
2a. Income from Non-VT state and local obligations (from Schedule FIT-166, Part I, Line 3)		2a. _____
2b. Bonus Depreciation allowed under Federal law for 2015		2b. _____
2c. State and local income taxes included on Form 1041, Line 11 (see instructions)		2c. _____
3. Federal Taxable Income with Additions (add Lines 1, 2a, 2b, and 2c.)	<input type="checkbox"/> ← Check to indicate loss	3. _____
4a. Interest income from U.S. obligations		4a. _____
4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21)		4b. _____
4c. Adjustment for prior years' Bonus Depreciation		4c. _____
4d. Add Lines 4a, 4b, and 4c		4d. _____
5. VT taxable income (subtract Line 4d from Line 3)	<input type="checkbox"/> ← Check to indicate loss	5. _____
6. VT tax from the tax rate schedule on page 2 of this form		6. _____
7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c)		7. _____
8. Subtractions to Vermont Tax (from Schedule FIT-166, Part II, Line 2d)		8. _____
9. Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8) ..		9. _____
10. Income adjustment (from FIT-166, Part III, Line 10, or 100.00%)		10. _____ %

(continued on next page)

Name of Estate or Trust
Federal ID Number



Percentage from Line 10 _____ %

11.	Adjusted tax (multiply Line 9 by Line 10).....	11.	
12.	Other states credit (from FIT-167, Line 21).....	12.	
13.	Total VT taxes (subtract Line 12 from Line 11).....	13.	
14.	Payments		
14a.	Vermont Tax Withheld on 1099.....	\$	
14b.	Estimated Tax or Extension payments	\$	
14c.	VT Real Estate Withholding. Attach copy of Form RW-171 or Sch. K-1VT... \$		
14d.	Nonresident Payments from Form WH-435	\$	
14e.	2014 Overpayment Applied.....	\$	
14f.	Total Payments (add Lines 14a, 14b, 14c, 14d, and 14e).....	14f.	
15.	Overpayment: If Line 13 is less than Line 14f, subtract Line 13 from Line 14f	15.	
16.	Amount of overpayment to be credited to 2016 taxes	16.	
17.	Amount of overpayment to be REFUNDED: Line 15 less Line 16	17.	
18.	BALANCE DUE: If Line 14f is less than Line 13, subtract Line 14f from Line 13	18.	
Make check payable to Vermont Department of Taxes			

VT 2015 Tax Rate Schedule			
If Taxable Income is Over	But Not Over	the VT Tax is	of the amount over
\$0	\$2,500	3.55%	\$0
\$2,500	\$5,900	\$89.00 + 6.80%	\$2,500
\$5,900	\$9,050	\$320.00 + 7.80%	\$5,900
\$9,050	\$12,300	\$566.00 + 8.80%	\$9,050
\$12,300	---	\$852.00 + 8.95%	\$12,300

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 U.S. Income Tax Return for Estates and Trusts, Form 1041; 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 (optional) ()	May the Dept. of Taxes discuss this return with the preparer shown? <input type="checkbox"/> Yes <input type="checkbox"/> No
Printed name	E-mail address (optional)		

**Paid
Preparer's
Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
Preparer's printed name	Preparer's Social Security No. or PTIN	
Firm's name (or yours if self-employed) and address		
EIN	Preparer's Telephone Number ()	Preparer's e-mail address (optional)

Send return and check to:

VT Department of Taxes
PO Box 1700
Montpelier, VT 05601-1700

Form FIT-161 (2015)
(formerly FI-161)
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Rev. 10/15