



Nonresidents and Part-Year Residents Must Complete Parts I and II
Full-Year Residents with Adjustments Complete only Part II

Please PRINT in BLUE or BLACK INK

ATTACH TO FORM IN-111

Taxpayer's Last Name	First Name	Initial	Taxpayer's Social Security Number
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PART I. Enter figures as they appear on your federal return or recomputed federal return in Column A and list the Vermont portion in Column B. See instructions.

Dates of Vermont residency in 2015		Name of state(s), Canadian province or country during non-Vermont residency (use standard 2-character abbreviation)
From (MM DD YYYY)	To (MM DD YYYY)	

	A. Federal Amount \$	B. Vermont Portion \$
INCOME	1. Wages, salaries, tips, etc. 1. _____ .00	1. _____ .00
	2. Taxable interest 2. _____ .00	2. _____ .00
	3. Ordinary dividends 3. _____ .00	3. _____ .00
	4. Taxable refunds of state and local income taxes 4. _____ .00	4. _____ .00
	5. Alimony received 5. _____ .00	5. _____ .00
	6. Business income or loss <input type="checkbox"/> ← Check to indicate loss 6. _____ .00	<input type="checkbox"/> ← Check to indicate loss 6. _____ .00
	7. Capital gain or loss <input type="checkbox"/> ← Check to indicate loss 7. _____ .00	<input type="checkbox"/> ← Check to indicate loss 7. _____ .00
	8. Taxable IRA distributions 8. _____ .00	8. _____ .00
	9. Taxable pensions and annuities 9. _____ .00	9. _____ .00
	10. Partnerships/S Corporations, and LLCs <input type="checkbox"/> ← Check to indicate loss 10. _____ .00	<input type="checkbox"/> ← Check to indicate loss 10. _____ .00
	11. Rents, royalties, estates, trusts, etc. <input type="checkbox"/> ← Check to indicate loss 11. _____ .00	<input type="checkbox"/> ← Check to indicate loss 11. _____ .00
	12. Farm income or loss <input type="checkbox"/> ← Check to indicate loss 12. _____ .00	<input type="checkbox"/> ← Check to indicate loss 12. _____ .00
	13. Unemployment compensation 13. _____ .00	13. _____ .00
	14. Taxable social security 14. _____ .00	14. _____ .00
	15. Other: Specify <input type="checkbox"/> ← Check to indicate loss (See instructions) 15. _____ .00	<input type="checkbox"/> ← Check to indicate loss 15. _____ .00
	16. TOTAL INCOME (Add Lines 1–15) <input type="checkbox"/> ← Check to indicate loss 16. _____ .00	<input type="checkbox"/> ← Check to indicate loss 16. _____ .00

Taxpayer's Last Name	Social Security Number
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Carried forward from

	Line 16A		Line 16B	
	A. Federal Amount \$		B. Vermont Portion \$	
ADJUSTMENTS TO INCOME	17. IRA (1040-Line 32; 1040A-Line 17); Keogh/SEP/SIMPLE (1040- Line 28): Self _____ Spouse _____	17. .00	17. .00	
	18. Student Loan Interest (1040-Line 33; 1040A-Line 18)	18. .00	18. .00	
	19. Employee Deductions: Reservists, Performing Artists, Fee-basis Gov't Officials (1040-Line 24)	19. .00	19. .00	
	20. Self-Employment Deductions: Tax (1040-Line 27), and Health Insurance (1040-Line 29)	20. .00	20. .00	
	21. Health Savings Account (1040-Line 25)	21. .00	21. .00	
	22. Moving Expenses (1040-Line 26)	22. .00	22. .00	
	23. Penalty on Early Withdrawal of Savings (1040-Line 30)	23. .00	23. .00	
	24. Alimony Paid (1040-Line 31a)	24. .00	24. .00	
	25. Domestic Production Activities (1040-Line 35)	25. .00	25. .00	
	26. Educator Expenses (1040-Line 23; 1040A-Line 16), and Tuition & Fees (1040-Line 34; 1040A-Line 19)	26. .00	26. .00	
	27. Deductions not listed above but included on 1040-Line 36	27. .00	27. .00	
	28. TOTAL ADJUSTMENTS (Add Lines 17 – 27)	28. .00	28. .00	
	29. Adjusted Gross Income (Subtract Line 28A from Line 16A)	<input type="checkbox"/> ← Check to indicate loss	29. .00	
	30. Vermont Portion of AGI (Subtract Line 28B from Line 16B)	<input type="checkbox"/> ← Check to indicate loss	30. .00	
	31. Non-Vermont Income (Subtract Line 30 from Line 29). Also enter on Part II, Line 33 below	<input type="checkbox"/> ← Check to indicate loss	31. .00	

PART II. Adjustment for Vermont Exempt Income

VERMONT EXEMPT INCOME	32. Adjusted Gross Income If Part I completed, enter Line 29 amount. Otherwise, enter amount from Form IN-111, Line 10.	<input type="checkbox"/> ← Check to indicate loss	32. .00	
	33. Non-Vermont Income (Line 31 above)	<input type="checkbox"/> ← Check to indicate loss	33. .00 (Full-year Vermont residents enter zero (0) on Line 33)	
	Part-Year Residents: For Lines 34-37, enter only income included in Part I, Line 30			
	34. Military pay. Number of months on active duty _____ (See instructions)		34. .00	
	35. Railroad Retirement income		35. .00	
	36. Americans with Disabilities Credit		36. .00	
	37. Bond/note interest income from		37. .00	
	<input type="checkbox"/> VSAC <input type="checkbox"/> Build America <input type="checkbox"/> Vermont Telecom Authority <input type="checkbox"/> Vermont Public Power Supply Authority			
	38. Total (Add Lines 33-37)	<input type="checkbox"/> ← Check to indicate loss	38. .00	
	39. Vermont income (Subtract Line 38 from Line 32)	<input type="checkbox"/> ← Check to indicate loss	39. .00	
40. INCOME ADJUSTMENT % (Divide Line 39 by Line 32). Also enter on Form IN-111, Line 21. (See instructions)		→ 40. . %		