2017 VERMONT

## Federal Itemized Deductions Addback

SCHEDULE IN-155



You must complete this schedule if you filed Federal Form 1040, Schedule A. Do not file this form if you used the Federal Standard Deduction.

## **INCLUDE WITH FORM IN-111**

## Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name First Na	ime		Initial	Taxpayer's Social Security N	s Social Security Number	
Enter amount of itemized deductions from Federa	al Form 1040, So	chedule A, L	ine 29	1.		.00
2. Enter allowable federal standard deduction for yo						.00
			For those born before Jan. 2, 1953 or blind and entry on Federal Form 1040, Line 39a is			
	Standard		1	2	3	4
Single	6,350		7,900	9,450	n/a	n/a
Married Filing Jointly or Qualifying Widow(er)	12,700	OR [	13,950	15,200	16,450	17,700
Married Filing Separately	6,350		7,600	8,850	10,100	11,350
Head of Household	9,350		10,900	12,450	n/a	n/a
3. Subtract Line 2 from Line 1.				3		.00
4. Enter amount of state and local income taxes from If your itemized deductions are limited, see the IN at www.tax.vermont.gov for further instructions.	N-155 Workshee					.00
5. Enter amount of medical and dental expenses from If your itemized deductions are limited, see the IN at www.tax.vermont.gov for further instructions.	N-155 Workshee					.00
6. Enter amount of gifts to charity from Federal Form If your itemized deductions are limited, see the IN at www.tax.vermont.gov for further instruct	N-155 Workshee					.00
7. Add Lines 4 through 6						.00
8. Subtract Line 7 from Line 1 of this schedule						.00
9. Multiply Line 2 of this schedule by 2.5				9		.00
10. Subtract Line 9 from Line 8. If negative, enter -0	1			10		.00
11. Add the lesser of Line 3 or 4 to Line 10. Enter the	his amount on I	Form IN-11	1. Line 12c.	11.		.00