Name of Estate or Trust

Vermont Credit for Tax Paid to Another State or Canadian Province for Fiduciaries 2018 Form FIT-167



Attach to Form FIT-161

Tax Year End Date (MMDDYYYY)

For Residents and Some Part-Year Residents Only

	u must complete a separate Schedule FIT-167 te return. See instructions.	for each sta	ite or Canadian բ	province	and attach a cop	y of the other
1.	Name of state or Canadian province. Use standard two-lett	er abbreviation				1
2.	Enter total income taxed in another state or Canadian province and also subject to Vermont tax	2		.00		
3.	2018 Bonus Depreciation add back taxed in another state or Canadian province AND taxed in Vermont	3		.00		
4.	Non-Vermont state/local obligations taxed in another state or Canadian province AND taxed in Vermont	4		.00		
5.	Add Lines 2 through 4. If negative, enter -0			5		.00
6.	Bonus Depreciation subtracted from income in another state or Canadian province in TY 2018	6		.00		
7.	U.S. Government interest income	7		.00		
8.	Add Lines 6 and 7			8		.00
9.	Modified total income for income taxed in another state or C taxed in Vermont (Line 5 minus Line 8)			9		.00
10.	Total income (from federal Form 1041, Line 9) € Check to indicate loss	10		.00		
11.	Non-Vermont state/local obligations from Form FIT-161, Line 2a	11		.00		
12.	Bonus Depreciation from Form FIT-161, Line 2b	12		.00		
13.	Add Lines 10 through 12. If negative, enter -0			13		.00
14.	U.S. Government interest income from FIT-161, Line 4a	14		.00		
15.	Bonus Depreciation from Form FIT-161, Line 4c	15		.00		
16.	Add lines 14 and 15			16		.00
17.	Line 13 minus Line 16			17		.00

FEIN





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18. Vermont income tax from Form FIT-161, Line 6		18 .00
19. Computed tax credit (Divide Line 9 by Line 17 and multiply re Result cannot be more than 100% of Vermont tax.	esult by Line 18).	
Line 9 Line 17 x Line 18		19 .00
20. Income tax paid to another state or Canadian province based modified total income from Line 9 above		20 .00
21. VERMONT CREDIT for income tax paid to another state or C Enter the <i>lesser</i> of Line 19 or Line 20. Also enter on Form F	·	21 .00