

Taxpayer's Last Name

Vermont Capital Gain Exclusion Calculation 2018 Schedule IN-153

First Name

INCLUDE WITH FORM IN-111
Please PRINT in BLUE or BLACK INK

MI Taxpayer's Social Security Number

.00
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Taxpayer's Last Name	Social Security Number

PART II. PERCENTAGE EXCLUSION

(Use this section only if you have eligible gains. See Technical Bulletin 60 for more information or continue on to Part III.)

Enter the amount of net adjusted capital gain from the sale of the following assets held for more than three years

Effet the amount of het adjusted capital gain from the sale of the following assets	i i i ciu i	of more than three years
13a. Real estate or portion of real estate used as a primary or nonprimary home	13a	00
13b. Depreciable personal property (except for farm property or standing timber)	13b	00
13c. Stocks or bonds publicly traded or traded on an exchange or any other financial instruments	13c	.00
14. Add Lines 13a through 13c	14	.00
Subtract Line 14 from Line 12; enter result here. Entry cannot be less than zero. This is the amount of net adjusted capital gain eligible for exclusion	15	00

Line 16 Federal Form 4952 information. If no investment interest expense for ineligible assets was reported on Federal Form 4952, enter Line 7 from Part I of this form. Otherwise, you may need to recompute Federal Form 4952 to reflect only investment interest income for assets eligible for the capital gain exclusion.

16. Enter amount from Part I, Line 7 or recomputed Federal Form 4952	.00
17. Subtract Line 16 from Line 15	.00
18. Multiply Line 17 by 40%; enter result here	.00
PART III. CAPITAL GAIN EXCLUSION	
19. Enter the greater of Line 9 or Line 18	.00
Multiply x 40% and enter result here Inter the smaller of Line 19 or Line 20. This is your capital gain exclusion. Enter on Form IN-112, Part I, Line 7	.00
	.00

