

Vermont Beneficiary Information for Fiduciaries Schedule K-1VT-F



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For the taxable period beginning _____, 20____, and ending _____, 20____.

**This schedule is REQUIRED
Attach to Form FIT-161**

Estate or Trust's Name	FEIN
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HEADER INFORMATION - REQUIRED ITEMS

Entity Name			FEIN	
OR Individual Last Name (Beneficiary)	First Name	MI	OR Social Security Number	
Address			Recipient Type (I, C, S, L, P, X, or T)	
Address, Line 2 (if needed)			Residency Status	
City			<input type="checkbox"/> VT Resident	<input type="checkbox"/> Nonresident
State		ZIP Code		
Foreign Country (if not United States)			Check here if this is your FINAL return	
Percentage of Estate's or Trust's income or loss to this recipient. Calculate percentage to two places to the right of the decimal point.			%	

Place an "X" in the box left of the line number to indicate a loss amount.

VERMONT RESIDENT BENEFICIARY

1. Beneficiary's share of distributed net income allocated to Vermont	<input type="checkbox"/>	1	.00
2. Interest / dividends from obligations of other states	<input type="checkbox"/>	2	.00
3. Interest / dividends from U.S. obligations	<input type="checkbox"/>	3	.00

VERMONT NONRESIDENT BENEFICIARY

4a. Interest income	<input type="checkbox"/>	4a	.00
4b. Dividend Income	<input type="checkbox"/>	4b	.00
4c. Business Income	<input type="checkbox"/>	4c	.00
4d. Capital gain or loss	<input type="checkbox"/>	4d	.00
4e. Partnership, S Corporation, LLC	<input type="checkbox"/>	4e	.00
4f. Rent, royalties, estates, trusts	<input type="checkbox"/>	4f	.00
4g. Farm income	<input type="checkbox"/>	4g	.00
4h. Other income	<input type="checkbox"/>	4h	.00
4i. Total nonresident income	<input type="checkbox"/>	4i	.00

PAYMENT INFORMATION

5. Total annual nonresident estimated payments allocated to this beneficiary	<input type="checkbox"/>	5	.00
6. Total annual real estate withholding payments allocated to this beneficiary	<input type="checkbox"/>	6	.00
7. Other payments allocated to this beneficiary	<input type="checkbox"/>	7	.00