Vermont Department of Taxes

2019 Form IN-111

Vermont Income Tax Return



FILE YOUR RETURN
ELECTRONICALLY FOR A
FASTER REFUND. GO TO
TAX.VERMONT.GOV FOR
MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

То	vnavaria Last Nama	First Name	LMI	Cooled Cooughty Number	
ıa	xpayer's Last Name	First Name	MI	Social Security Number	Check if Deceased
Sp	ouse's/CU Partner's Last Name	First Name	MI	Social Security Number	Check if Deceased
Ma	ailing Address (Number and Street/Road or PO Box)	1	<u>'</u>	•	
Ci	ty	State ZIP Code or Foreign F	Postal Code	Foreign Country	
Ve	ermont School District Code 911/Physical Street Add	ress on 12/31/2019		Check if AMENDED Return	Check if RECOMPUTED Return
	ling Status and Single (\$6,150)	Filing Jointly Fil	arried/CU ing Separately 6,150)	Head of Household (\$9,200)	Qualifying Widow(er) (\$12,300)
1.	Federal Adjusted Gross Income (Federal F	orm 1040, Line 8b)		← Check to indicate loss 1.	.00
2.	Net Modifications to Federal AGI (Schedu	le IN-112, Part I, Line 15)		Check to indicate loss 2	.00
3.	Federal AGI with Modifications (Add Line	es 1 and 2)	🗌	Check to indicate loss 3	.00
	2019 Vermont Standard Deduction from fi Please see instructions if you or your deduction boxes on federal Form 104 Personal Exemptions:	spouse checked any standard		4	.00
	5a. Enter "1" for yourself if no one can5b. Enter "1" for your jointly filed spot	•		5a	
	claim them as a dependent or if you	are a qualifying widow(er)		5b .	
	5c. Enter number of other dependents of This includes any dependents other		se	5c	
	5d. Add Lines 5a through 5c		• • • • • • • • • • • • • • • • • • • •		5d
5e.	Multiply Line 5d by \$4,250 (2019 Persona	Exemption)		5e	.00
6.	Add Lines 4 and 5e			6	.00
7.	Vermont Taxable Income (Subtract Line 6	from Line 3. If less than zero,	enter -0-)	7	.00
8.	Vermont Income Tax from tax table or tax (If Line 1 is greater than \$150,000, see inst		• • • • • • • • • • • • • • • • • • • •	8	.00
9.	Net Adjustment to Vermont Tax (Schedule	IN-119, Part I, Line 16)		Check to indicate loss 9	.00
10.	Vermont Income Tax with Adjustment (Ad	ld Lines 8 and 9. If less than ze	ero, enter -0-)	10	.00
1	1. Tax-Deductible Charitable Contribution (See instructions)	12. Multiply Line 11 by 5% (0.05)	13. Charitable Con Deduction (Ent	or the leaser	.00
L	00	.00		,000) 13.	
	Vermont Income Tax (Line 10 minus Line				
15.	Income Adjustment (Schedule IN-113, Lin	e 35, or 100.0000%)			
16.	Adjusted Vermont Income Tax (Multiply I	ine 14 by Line 15)			.00
					F INL 444

Taxpayer's Last Name	Social Security Number



		,				mont Tax Credits (Schedule IN-119, Part II) 00 =						Add Lines 17	,			
				+					.00	=		19				00
20.	If Line 19 is	greater tha	ın Line 16, en	ter -0-).								. 20				00
21.	Use Tax for including on	taxable iter line purcha	ms on which inses. (See inst	no sales t ructions,	ax was o worksh	charged, eet, and	chart)		Check to co	ertify is due.	OR	21		· · · · · · · · · · · · · · · · · · ·		00
22.	Total Vermo		Add Lines 20	and 21).								. 22				00
	Nongame Wildli		Children's T												al Contributio	
23a.		VV +	23b	00	+	23c		00	+ 2	3d		00	=	23e		00
24.	Total of Verm	nont Taxes	and Voluntar	y Contrib	outions ((Add Lir	nes 22 ar	nd 23e)				. 24				00
25a.	2019 Vermo	nt Tax Wit	hheld from W	7-2, 1099				25a				.00				
	2019 Estima	ted Tax pa		int carrie	d forwa	rd from 2	2018,									
25c.	Refundable (Credits (Sc	hedule IN-11	2, Part II)			.25c				.00				
25d.	2019 Vermo	nt Real Est	tate Withhold	ing from	Form R	W-171		25d				.00				
25e.	2019 Nonres	ident Estir	nated Tax payng) allocated (ments	ula I/ 1	VT Line	a 5	250				00				
25f.	Total Payme	nts and Cr	edits (Add Li	nes 25a tl	hrough 2	25e)						25f				00
26.	Overpaymen	t. If Line 2	24 is less than	Line 25f	, Subtra	act Line	24 from	Line 2:	5f			. 26				00
27a.	Refund to be	credited to	o 2020 Estima	ated Tax	Paymen	nt		27a				.00				
27b.	Refund to be	credited to	o 2020 Proper	rty Tax B	ill			27b				.00				
28.	REFUND A	MOUNT	(Subtract Line	es 27a an	d 27b fr	om Line	26)					. 28				00
29.	If Line 24 is	more than		tract Lin	e 25f fr	om Line	24.									
30.	Interest and	Penalty of Esti	on imated Tax.					31.	AMOUN	T DUE	,					
	or Amended	Original ref	und received	0.0	Refund o	due now		0.0	1 -	payment		0.0	Amo	unt due now	ı	0.0
	eturns Only:	L		.00				.00				.00				.00
	er penalties of f, they are true														my knowled	lge and
Sigr	nature			<u> </u>			Date			Date of B	irth (MN	/DD/YYYY)		Daytime Tel	lephone Numb	oer
										/	/	1				
Sigr	nature (If a joint re	eturn, BOTH r	must sign.)				Date			Date of B	irth (MN	/DD/YYYY)		Daytime Tel	lephone Numb	er
										/	/	,				
Paid Preparer's Signature							Da			Date			Preparer's Telephone Number			
Firm	n's Name (or your	s if self-emple	oyed) and addres	SS					-+	Preparer's	s SSN c	r PTIN	+	EIN		
	Chec	ck if the Depa	rtment of Taxes i	may discus	s this retu	rn with the	preparer :	shown.	<u> </u> 	Keep a	cop	y for		Form	IN-111	

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your records.

Rev. 10/19