

Schedule FIT-K-1VTF

**Vermont Beneficiary Information
for Fiduciaries**



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

Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY) / /
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HEADER INFORMATION - REQUIRED ITEMS

Entity Name OR Individual Last Name (Beneficiary)			First Name	Initial	Federal ID Number OR Social Security Number
Address					Recipient Type (I, C, S, L, P, X, or T) <input type="checkbox"/>
Address, Line 2 (if needed)					Residency Status <input type="checkbox"/> Vermont Resident <input type="checkbox"/> Nonresident
City	State	ZIP Code		<input type="checkbox"/> Check here if this your FINAL return	
Foreign Country			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 ← Check to indicate loss **1.** _____ **.00**
- 2. Interest / dividends from obligations of other states **2.** _____ **.00**
- 3. Interest / dividends from U.S. obligations **3.** _____ **.00**

VERMONT NONRESIDENT BENEFICIARY

- 4a. Business Income ← Check to indicate loss **4a.** _____ **.00**
- 4b. Capital gain or loss ← Check to indicate loss **4b.** _____ **.00**
- 4c. Partnership, S Corporation, LLC ← Check to indicate loss **4c.** _____ **.00**
- 4d. Rent, royalties, estates, trusts ← Check to indicate loss **4d.** _____ **.00**
- 4e. Farm income ← Check to indicate loss **4e.** _____ **.00**
- 4f. Other income ← Check to indicate loss **4f.** _____ **.00**
- 4g. Total nonresident income ← Check to indicate loss **4g.** _____ **.00**

PAYMENT INFORMATION

- 5. Total annual nonresident estimated payments allocated to this beneficiary **5.** _____ **.00**
- 6. Total annual real estate withholding payments allocated to this beneficiary **6.** _____ **.00**
- 7. Other payments allocated to this beneficiary **7.** _____ **.00**