Vermont Department of Taxes

2021 Form FIT-161





Name of Estate or Trust		FEIN	Date of Death (MMDDYYYY)			
			1 1			
	Name of Fiduciary	Title of Fiduciary	Tax year BEGIN date (MMDDYYYY)			
	Mailing Address of Fiduciary (Number and Street/Deed or DO Day)		Tay year FND data (MMDD)//////			
	Mailing Address of Fiduciary (Number and Street/Road or PO Box)	State of Domicile at Death and/or Creation of Trust	Tax year END date (MMDDYYYY)			
	Additional Line for Mailing Address of Fiduciary, if needed	Check ONE	1 1			
	Additional Enterto, Manning Addition of Anadold III in the addition		rruptcy Grantor Irrevocable Trust			
	City State ZIP Code	LStar	le liust liust			
		Check here if this — Chec	ck here if this — Check here if this			
	Foreign Country	is an EXTENDED is an return	AMENDED is your FINAL return			
		Totalii Totali	Totalii			
			Δ Yes No			
A.	Were any distributions reported on federal Form 1041, Line 18, made to non		A. 🔲 103			
В.	Did the estate or trust have non-Vermont municipal bond income? If "Yes," Line 2a and Schedule FIT-166, Part I		R. Yes No			
	Ellie 2a and Schedule III-100, I art I					
C.	Are any present or future trust beneficiaries skip persons?					
D.	Is this return for a Qualified Settlement Fund (federal Form 1120-SF)?		D. Yes			
1.	Federal taxable income from Form 1041, Line 23, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF)					
	Qualified Settlement Fund (from federal Form 1120-517)	····· loss 1•_				
2a.	Income from Non-Vermont state and local obligations (from Schedule FIT-1	66, Part I, Line 3) 2a. _	.00			
2b.	Bonus Depreciation allowed under federal law for 2021	2b	.00			
•	C		.00			
2c.	State and local income taxes included on federal Form 1041, Line 11. (See in					
3.	Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.)	← Check to indicate	.00			
	Todata Tanasa meome with Haditions (Had Emes 1, 24, 26, and 26.)	IOSS 3.=	•••			
4a.	Interest income from U.S. Obligations		.00			
			0.0			
4b.	Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero,	enter -0) 4b. _	.00			
1.	Adiabatic and for an income ? Danier Danier inti-	4.	.00			
4c.	Adjustment for prior years' Bonus Depreciation					
4d.	Add Lines 4a, 4b, and 4c.		.00			
	· · · · · · · · · · · · · · · · · · ·					
5.	Vermont taxable income (Line 3 minus Line 4d)	Check to indicate loss 5	.00.			
			0.0			
6.	Vermont Tax from the tax rate schedule on page 2 of this form		.00			
7.	Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c)	7	.00			
/•	Additions to verificing flax (from Schedule 111-100, 1 art II, Ellie 1e)		••••			
8.	Subtractions from Vermont Tax (from Schedule FIT-166, Part II, Line 2d) .		.00.			
9.	Vermont Tax with Additions and Subtractions (Add Lines 6 and 7, then subt	ract Line 8)	.00			
4.0			0/			
10.	Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%)		10			
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11.	Adjusted tax (Multiply Line 9 by Line 10)	11.	.00
12.	Other states credit (from Schedule FIT-167, Line 21)	12.	.00
13.	Total Vermont taxes (Line 11 minus Line 12)	13.	.00
14.	Payment 14a. Vermont Tax Withheld on 109914a.		
	14b. Estimated Tax or Extension Payments	.00	
	14c. Vermont Real Estate Withholding	.00	
	14d. Nonresident Payments from Form WH-435 14d.	.00	
	14e. 2020 Overpayment Applied	.00	
14f.	Total Payments (Add Lines 14a, 14b, 14c, 14d, and 14e)	14f.	.00
15.	Overpayment: If Line 13 is less than Line 14f, subtract Line 13 from Line 14f	15.	.00
16.	Amount of overpayment to be credited to 2022 taxes	16.	.00
17.	Amount of overpayment to be REFUNDED (Line 15 minus Line 16)	17.	.00
18.	BALANCE DUE: If Line 14f is less than Line 13, subtract Line 14f from Line 13	18.	.00

Vermont 2021 Tax Schedule						
If Taxable income is over	But not over	The Vermont Tax is	of the amount over			
\$0	\$2,750	3.35%	\$0			
\$2,750	\$6,450	\$92.00 + 6.60%	\$2,750			
\$6,450	\$9,850	\$336.00 + 7.60%	\$6,450			
\$9,850		\$595.00 + 8.75%	\$9,850			

If filing for a Qualified Settlement Fund, tax is 8.95% of taxable income.

File this return no later than the 15th day of the fourth month following the close of the operating or income year. Attach a legible copy of the federal Form 1041, U.S. Income Tax Return for Estates and Trusts, or federal Form 1120-SF for the same taxable period.

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration further provides under 32 V.S.A. §§ 5901-5903 that this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

retained by the preparer.					
Signature of Responsible Officer		Date	Daytime Telephone Number		
Printed Name	Email Address (optional)				
Paid Preparer's Signature	Check if	Date	Preparer's Telephone Number		
	Check if self-employed				
Preparer's Printed Name Preparer's Email Addre		ss (optional)			
Firm's Name (or yours if self-employed) and address	•	Preparer's SSN or PTIN	FEIN		
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Check if the Department of Taxes may discuss this return with the preparer shown.

For Department Use Only Ck. Amt. Init.

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