## Vermont Department of Taxes

## Schedule FIT-K-1VTF





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

Name of Estate or Trust						FEIN			Tax Year End Date (MMDDYYYY)		
									1		
	HEA	ADER INFO	RMATIC	ON - I	REQUIRED	ITEM	S				
	Entity Name							FEIN			
Ol	)					OR —					
Oi	Individual Last Name (Beneficiary)	First Name				Initial	<b>↓</b>	Social Secur	ity Number		
Address							Recipient	J1			
	Address, Line 2 (if needed)						(I, C, S, L,	<u> </u>			
	Address, Line 2	z (II rieeded)					Residency Status	VCITION	Nonreside	nt	
_	City		State		ZIP Code		Status	Resident	IVOTITESIGE		
	O.K.		Otato		Zii Oodo		Chec	ck here if this your F	INAL return		
	Foreign Country (if not United States)		Percent	age of F	Estate's or Trust's	income or				_	
					ntage to two place				0	%	
		Pla	co an "X	(" in t	he hov left o	f the li	na numbe	er to indicate	a loss amo	unt	
VER	MONT RESIDENT BENEFICIARY	i ia	ce all A		ile box left c	i tile ii	ne nambe	or to indicate	a 1033 aiii0	unt	
					Г	Che	eck to				
1.	Beneficiary's share of distributed net incom	e allocated to	Vermoi	nt		← ind los:	icate <b>1.</b>		·	.00	
2							•			00	
2.	Interest / dividends from obligations of othe	r states					2		•	VV	
3. Interest / dividends from U.S. obligations										00	
J.	interest / dividends from 0.5. obligations				• • • • • • • • • •		5•		•	vv	
VER	MONT NONRESIDENT BENEFICIARY	Check	to								
	<b>4a.</b> Business Income	· Indicate	e4a				.00				
	<b>4b.</b> Capital gain or loss	· Indicate loss	e4b				.00				
							0.0				
	<b>4c.</b> Partnership, S Corporation, LLC	· Indicate	<sup>e</sup> 4c				.00				
	41. 7	Check	to				00				
	<b>4d.</b> Rent, royalties, estates, trusts	· loss	<sup>e</sup> 4d				.00				
	<b>4e.</b> Farm income	Check ← indicate	to e 10				.00				
							.00				
	<b>4f.</b> Other income	← indicate	to ie <b>4f</b> .				.00				
4g.	Total nonresident income					← ind	icate <b>4g.</b>		•	00	
Ü					•	103.	, -				
	MENT INFORMATION										
5.	Total annual nonresident estimated payment	ts allocated to	this ber	neficia	ary		5		•	00	
_						_			ΛΛ		
6.	Total annual real estate withholding payments allocated to this beneficiary						<b>6.</b>		•	00	
7	Other payments allocated to this beneficiary					7			00		
/.	Other payments anocated to this beneficiary	· · · · · · · · · · · · · · · · · · ·				• • • • •	· · · · /•		·•	vv	