

## 2023 Form IN-111

## Vermont Income Tax Return

DEPT  
USE  
ONLY

\* 2 3 1 1 1 1 0 0 \*

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

Please PRINT in BLUE or BLACK INK

|                                                       |  |                                                                                                                                                                                                                                                                                                    |  |                                      |                                           |                                                                                                                                                                                                       |                                            |
|-------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Taxpayer's Last Name                                  |  | First Name                                                                                                                                                                                                                                                                                         |  | MI                                   | Social Security Number                    |                                                                                                                                                                                                       | <input type="checkbox"/> Check if Deceased |
| Spouse's/CU Partner's Last Name                       |  | First Name                                                                                                                                                                                                                                                                                         |  | MI                                   | Social Security Number                    |                                                                                                                                                                                                       | <input type="checkbox"/> Check if Deceased |
| Mailing Address (Number and Street/Road or PO Box)    |  |                                                                                                                                                                                                                                                                                                    |  |                                      | 911/Physical Street Address on 12/31/2023 |                                                                                                                                                                                                       |                                            |
| City                                                  |  |                                                                                                                                                                                                                                                                                                    |  |                                      | State                                     | ZIP Code or Foreign Postal Code                                                                                                                                                                       | Foreign Country                            |
| Vermont School District Code                          |  | <input type="checkbox"/> Enter Healthcare Coverage Code<br>(See instructions for code options)                                                                                                                                                                                                     |  | Check all that apply                 |                                           | <input type="checkbox"/> AMENDED Return<br><input type="checkbox"/> CANNABIS With Recomputed Federal Return<br><input type="checkbox"/> RECOMPUTED Return<br><input type="checkbox"/> EXTENDED Return |                                            |
| Filing Status and Standard Deduction                  |  | <input type="checkbox"/> Single (\$7,000)<br><input type="checkbox"/> Married/CU Filing Jointly (\$14,050)<br><input type="checkbox"/> Married/CU Filing Separately (\$7,000)<br><input type="checkbox"/> Head of Household (\$10,550)<br><input type="checkbox"/> Qualifying Widow(er) (\$14,050) |  |                                      |                                           |                                                                                                                                                                                                       |                                            |
| Vermont Residency Status as of 12/31/2023 (check one) |  |                                                                                                                                                                                                                                                                                                    |  |                                      |                                           |                                                                                                                                                                                                       |                                            |
| <input type="checkbox"/> RESIDENT                     |  | <input type="checkbox"/> PART-YEAR RESIDENT                                                                                                                                                                                                                                                        |  | <input type="checkbox"/> NONRESIDENT |                                           |                                                                                                                                                                                                       |                                            |

1. Federal Adjusted Gross Income (federal Form 1040, Line 11) ..... 1. \_\_\_\_\_ .00
2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 18) ..... 2. \_\_\_\_\_ .00
3. Federal AGI with Modifications (ADD Lines 1 and 2) ..... 3. \_\_\_\_\_ .00
4. 2023 Vermont Standard Deduction from filing status section above. .... 4. \_\_\_\_\_ .00  
Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.
5. Personal Exemptions:
- |                                                                   |                                                                                                   |                                                                   |                                                |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------|
| 5a. Enter "1" for yourself if no one can claim you as a dependent | 5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent | 5c. Enter number of OTHER dependents claimed on federal Form 1040 | 5d. Total Exemptions (ADD Lines 5a through 5c) |
| 5a. _____                                                         | 5b. _____                                                                                         | 5c. _____                                                         | 5d. _____                                      |
- 5e. MULTIPLY Line 5d by \$4,850 (2023 Personal 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 rate schedule ..... 8. \_\_\_\_\_ .00  
(If Line 1 is greater than \$150,000, see instructions)
9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 15). .... 9. \_\_\_\_\_ .00
10. Vermont Income Tax with Adjustment (ADD Lines 8 and 9. If less than zero, enter -0-). .... 10. \_\_\_\_\_ .00
- |                                                                         |                                             |                                                                                                    |
|-------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------|
| 11. Tax-Deductible Charitable Contribution (See instructions) ..... .00 | 12. Multiply Line 11 by 5% (0.05) ..... .00 | 13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) ..... 13. _____ .00 |
|-------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------|
14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) ..... 14. \_\_\_\_\_ .00
15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%) ..... 15. \_\_\_\_\_ %
16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15). .... 16. \_\_\_\_\_ .00

|                      |                        |
|----------------------|------------------------|
| Taxpayer's Last Name | Social Security Number |
|                      |                        |



|                     |     |
|---------------------|-----|
| Amount from Line 16 | .00 |
|---------------------|-----|

|                                                                                                                                                                                                                    |     |                                                |          |                                             |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------------------------------------------|----------|---------------------------------------------|-----------|
| Other State Credit (Schedule IN-117, Line 21)                                                                                                                                                                      |     | Vermont Tax Credits (Schedule IN-119, Part II) |          | Total Vermont Credits (Add Lines 17 and 18) |           |
| 17.                                                                                                                                                                                                                | .00 | +                                              | 18.      | .00                                         | = 19. .00 |
| 20. Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-). . . . . 20. .00                                                                               |     |                                                |          |                                             |           |
| 21. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). . . <input type="checkbox"/> Check to certify no Use Tax is due. OR 21. .00 |     |                                                |          |                                             |           |
| 22. Total Vermont Taxes (ADD Lines 20 and 21) . . . . . 22. .00                                                                                                                                                    |     |                                                |          |                                             |           |
| Nongame Wildlife Fund                                                                                                                                                                                              |     | Vermont Children's Trust Foundation            |          | Vermont Veterans Fund                       |           |
|                                                                                                                                                                                                                    |     |                                                |          | Green Up Vermont                            |           |
| 23a. .00                                                                                                                                                                                                           |     | +                                              | 23b. .00 | +                                           | 23c. .00  |
|                                                                                                                                                                                                                    |     |                                                |          | +                                           | 23d. .00  |
|                                                                                                                                                                                                                    |     |                                                |          | =                                           | 23e. .00  |
| 24. Total of Vermont Taxes and Voluntary Contributions (ADD Lines 22 and 23e) . . . . . 24. .00                                                                                                                    |     |                                                |          |                                             |           |
| 25a. 2023 Vermont Tax Withheld from W-2, 1099 . . . . . 25a. .00                                                                                                                                                   |     |                                                |          |                                             |           |
| 25b. 2023 Estimated Tax payments, amount carried forward from 2022, and/or payment made with 2023 extension. . . . . 25b. .00                                                                                      |     |                                                |          |                                             |           |
| 25c. Refundable Credits (Schedule IN-112, Part II: Full-Year Residents-Line 8; Part-Year Residents-Line 12) . . . . . 25c. .00                                                                                     |     |                                                |          |                                             |           |
| 25d. 2023 Vermont Real Estate Withholding from Form RW-171 . . . . . 25d. .00                                                                                                                                      |     |                                                |          |                                             |           |
| 25e. 2023 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 . . . . 25e. .00                                                                                        |     |                                                |          |                                             |           |
| 25f. Total Payments and Credits (ADD Lines 25a through 25e) . . . . . 25f. .00                                                                                                                                     |     |                                                |          |                                             |           |
| 26. Overpayment. If Line 24 is less than Line 25f, SUBTRACT Line 24 from Line 25f . . . . . 26. .00                                                                                                                |     |                                                |          |                                             |           |
| 27a. Refund to be credited to 2024 Estimated Tax Payment . . . . . 27a. .00                                                                                                                                        |     |                                                |          |                                             |           |
| 27b. Refund to be credited to 2024 Property Tax Bill . . . . . 27b. .00                                                                                                                                            |     |                                                |          |                                             |           |
| 28. REFUND AMOUNT (SUBTRACT Lines 27a and 27b from Line 26) . . . . . 28. .00                                                                                                                                      |     |                                                |          |                                             |           |
| 29. If Line 24 is more than Line 25f, subtract Line 25f from Line 24. See instructions on tax due . . . . . 29. .00                                                                                                |     |                                                |          |                                             |           |
| 30. Interest and Penalty on Underpayment of Estimated Tax. . 30. .00                                                                                                                                               |     |                                                |          |                                             |           |
| 31. AMOUNT DUE (ADD Lines 29 and 30) 31. .00                                                                                                                                                                       |     |                                                |          |                                             |           |

|                           |                              |                    |                      |                    |
|---------------------------|------------------------------|--------------------|----------------------|--------------------|
| For Amended Returns Only: | Original refund received .00 | Refund due now .00 | Original payment .00 | Amount due now .00 |
|---------------------------|------------------------------|--------------------|----------------------|--------------------|

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

|                                                     |                   |                                |                             |
|-----------------------------------------------------|-------------------|--------------------------------|-----------------------------|
| Signature                                           | Date (MM/DD/YYYY) | Date of Birth (MM/DD/YYYY) / / | Daytime Telephone Number    |
| Signature (If a joint return, BOTH must sign.)      | Date (MM/DD/YYYY) | Date of Birth (MM/DD/YYYY) / / | Daytime Telephone Number    |
| Paid Preparer's Signature                           |                   | Date (MM/DD/YYYY) / /          | Preparer's Telephone Number |
| Firm's Name (or yours if self-employed) and address |                   | Preparer's SSN or PTIN         | FEIN                        |

☐ Check if the Department of Taxes may discuss this return with the preparer shown.  
5454

Keep a copy for your records.