## Schedule FIT-K-1VT-F

## Vermont Beneficiary Information for Fiduciaries



## **Include with Form FIT-161**

Name of Estate or Trust					FEIN		Tax Year End Date (MMDDYYYY)		
	HE	ADER INFO	RMATIO	ON - REQUIR	ED ITEM	s			
Entity Name						_	FEIN		
0	Individual Last Name (Beneficiary)	Individual Last Name (Beneficiary) First Name Initia				OR —	Social Secur	L. Ni	
	Individual Last Name (Beneficiary)		FIRST	vame	Initial	-	Social Secur	ity Numb	<u>ər</u>
	Address						Type		
							(I, C, S, L, P, X, or T)		
_	Address, Line 2 (if needed)						Residency Vermont Nonresident		
City			State ZIP Code or Postal Code			Status Resident Nonresident			
	J.,		Otato		, ta. 0000	Che	ck here if this your F	INAL retu	ırn
Foreign Country (if not United States)				tage of Estate's or Tr					
			Calcula	te percentage to two	places to the r	ight of the de	cimal point.		%
VFF	MONT RESIDENT BENEFICIARY								
	Beneficiary's share of distributed net incor	ne allocated to	. Vermo	nf		1			.00
1.	Beneficiary 8 share of distributed not meon	ne unocated to	Vermo			· · · · · · ·			•••
2.	Interest / dividends from obligations of oth	er states				<b>2.</b>			00
2	I. 4 4 / 1''1 - 1 - C II C - 11''					2			.00
3.	Interest / dividends from U.S. obligations.			• • • • • • • • • • • • •	• • • • • • • •	<b>3.</b>			00
VER	MONT NONRESIDENT BENEFICIARY								
	<b>4a.</b> Vermont Business Income		.4a			.00			
	40 C '-1 '- 1 U 1 V		41			00			
	<b>4b.</b> Capital gain or loss allocated to Verm	.4b	40		.00				
	<b>4c.</b> Partnership, S Corporation, LLC			.4c.					
	<b>4d.</b> Rent, royalties, estates, trusts	4d			.00				
	<b>4e.</b> Farm income		4e.			.00			
	1 01111 1110 1110								
	<b>4f.</b> Other income		. 4f			.00			
4g.	Total nonresident income					4g			00
PAY	MENT INFORMATION								
5.	Total annual nonresident estimated paymen	nts allocated to	o this be	neficiary		5			00
_									00
6.	Total annual real estate withholding payments allocated to this beneficiary								00
7.	Other payments allocated to this beneficiary (1099 withholding, estimates paid)								.00
	Share of total federal bonus depreciation difference.								
	Enter on Schedule IN-112, Line 4 or Line 9	9				8			00
9.	Share of total state and local taxes deducted	d on federal fi	ling			9 <b>.</b>			.00