

Vermont Department of Taxes
2025 Form IN-111
Vermont Income Tax Return

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

DEPT
 USE
 ONLY



Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name		First Name		MI	Social Security Number	<input type="checkbox"/>	Check if Deceased		
A		A			490549999	<input type="checkbox"/>	Deceased		
Spouse's/CU Partner's Last Name		First Name		MI	Social Security Number	<input type="checkbox"/>	Check if Deceased		
						<input type="checkbox"/>	Deceased		
Mailing Address (Number and Street/Road or PO Box)				911/Physical Street Address on 12/31/2025					
City		State	ZIP Code or Foreign Postal Code		Foreign Country				
Vermont School District Code	Vermont Residency Status as of 12/31/2025 (check one)			<input checked="" type="checkbox"/>	RESIDENT	<input type="checkbox"/>	PART-YEAR RESIDENT	<input type="checkbox"/>	NONRESIDENT
000									
Filing Status and Standard Deduction		<input checked="" type="checkbox"/> Single (\$7,650)	<input type="checkbox"/> Married/CU Filing Jointly (\$15,300)	<input type="checkbox"/> Married/CU Filing Separately (\$7,650)	<input type="checkbox"/> Head of Household (\$11,450)	<input type="checkbox"/> Qualifying Widow(er) (\$15,300)			
<input type="checkbox"/> Enter Healthcare Coverage Code (See instructions for code options)	Check all that apply		<input type="checkbox"/> AMENDED Return	<input type="checkbox"/> CANNABIS With Recomputed Federal Return	<input type="checkbox"/> RECOMPUTED Return	<input type="checkbox"/> EXTENDED Return	<input type="checkbox"/> FARMER / FISHERMAN		

- 1. Federal Adjusted Gross Income (federal Form 1040, Line 11a) 1. 60942.00
- 2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 19) 2. -8497.00
- 3. Federal AGI with Modifications (ADD Lines 1 and 2) 3. 52445.00
- 4. 2025 Vermont Standard Deduction from filing status section above 4. 8900.00
 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. <u>1</u>	5b. <u>0</u>	5c. <u>0</u>	5d. <u>1</u>
- 5e. MULTIPLY Line 5d by \$5,300 (2025 Personal Exemption) 5e. 5300.00
- 6. ADD Lines 4 and 5e 6. 14200.00
- 7. Vermont Taxable Income (SUBTRACT Line 6 from Line 3. If less than zero, enter -0-) 7. 38245.00
- 8. Vermont Income Tax from tax table or tax rate schedule 8. 1281.00
 (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. 1281.00

11. Tax-Deductible Charitable Contribution (See instructions) <u>.00</u>	12. Multiply Line 11 by 5% (0.05) <u>.00</u>	13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) <u>.00</u>
--	--	---

- 14. Vermont Income Tax (Line 10 MINUS Line 13. If less than zero, enter -0-) . . . 14. 1281.00
- 15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%) 15. 100.0000 %
- 16. Adjusted Vermont Income Tax (MULTIPLY Line 14 by Line 15) 16. 1281.00

Amount Due (from Line 32) **1281.00**

Taxpayer's Last Name	Social Security Number
A	490549999



Amount from Line 16 **1281.00**

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. 1281.00

21. Child Care Contributions for Self-Employed individuals (see instructions for calculation) 21. .00

22. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart) Check to certify no Use Tax is due. OR 22. .00

23. Total Vermont Taxes (ADD Lines 20 through 22) 23. 1281.00

Vermont Veterans Fund Green Up Vermont Nongame Wildlife Fund Vermont Children's Trust Foundation Total Contributions

24a. .00 + 24b. .00 + 24c. .00 + 24d. .00 = 24e. .00

25. Total of Vermont Taxes and Voluntary Contributions (ADD Lines 23 and 24e) 25. 1281.00

26a. 2025 Vermont Tax Withheld from W-2, 1099 26a. .00

26b. 2025 Estimated Tax payments, amount carried forward from 2024, and/or payment made with 2025 extension. 26b. .00

26c. Refundable Credits (Schedule IN-112, Part II: Full-Year Residents -Line 13; Part-Year Residents -Line 17) 26c. .00

26d. 2025 Vermont Real Estate Withholding from Form RW-171 26d. .00

26e. 2025 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 30. 26e. .00

26f. Total Payments and Credits (ADD Lines 26a through 26e) 26f. .00

27. Overpayment. If Line 25 is less than Line 26f, SUBTRACT Line 25 from Line 26f 27. .00

28a. Refund to be credited to 2026 Estimated Tax Payment. 28a. .00

28b. Refund to be credited to 2026 Property Tax Bill 28b. .00

29. REFUND AMOUNT (SUBTRACT Lines 28a and 28b from Line 27) 29. .00

30. If Line 25 is more than Line 26f, subtract Line 26f from Line 25 See instructions on tax due 30. 1281.00

31. Interest and Penalty on Underpayment of Estimated Tax (Worksheet IN-152 or IN-152A) 31. .00 32. AMOUNT DUE (ADD Lines 30 & 31) 32. 1281.00

For Amended Returns Only:	Original refund received <u>.00</u>	Refund due now <u>.00</u>	Original payment <u>.00</u>	Amount due now <u>.00</u>
---------------------------	-------------------------------------	---------------------------	-----------------------------	---------------------------

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 (MMDDYYYY)	Date of Birth (MMDDYYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MMDDYYYY)	Date of Birth (MMDDYYYY)	Daytime Telephone Number
Paid Preparer's Signature		Date (MMDDYYYY)	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.

Keep a copy for your records.

Form IN-111 Page 2 of 2 Rev. 10/25