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**Nonresidents and Part-Year Residents Must Complete Parts I and II
Full-Year Residents with Adjustments Complete Part II only**

PRINT in BLUE or BLACK INK

ATTACH TO FORM IN-111

Taxpayer's Last Name	First Name	Initial
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Taxpayer's Social Security Number

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**PART I. Enter figures as they appear on your federal return or recomputed federal return in Column A and list the VT portion in Column B.
See instructions starting on page 13.**

	A. Federal Amount \$	B. VT Portion \$
INCOME		
1. Wages, salaries, tips, etc. 1.	[][] , [][] , [][] . 00	1. [][] , [][] , [][] . 00
2. Taxable interest 2.	[][] , [][] , [][] . 00	2. [][] , [][] , [][] . 00
3. Ordinary dividends 3.	[][] , [][] , [][] . 00	3. [][] , [][] , [][] . 00
4. Taxable refunds of state and local income taxes ... 4.	[][] , [][] , [][] . 00	4. [][] , [][] , [][] . 00
5. Alimony received 5.	[][] , [][] , [][] . 00	5. [][] , [][] , [][] . 00
6. Business income or loss <input type="checkbox"/> Check to indicate loss ← 6.	[][] , [][] , [][] . 00	<input type="checkbox"/> Check to indicate loss ← 6. [][] , [][] , [][] . 00
7. Capital gain or loss <input type="checkbox"/> Check to indicate loss ← 7.	[][] , [][] , [][] . 00	<input type="checkbox"/> Check to indicate loss ← 7. [][] , [][] , [][] . 00
8. Taxable IRA distributions 8.	[][] , [][] , [][] . 00	8. [][] , [][] , [][] . 00
9. Taxable pensions and annuities 9.	[][] , [][] , [][] . 00	9. [][] , [][] , [][] . 00
10. Partnerships/S Corporations, and LLCs <input type="checkbox"/> Check to indicate loss ← 10.	[][] , [][] , [][] . 00	<input type="checkbox"/> Check to indicate loss ← 10. [][] , [][] , [][] . 00
11. Rents, royalties, estates, trusts, etc. <input type="checkbox"/> Check to indicate loss ← 11.	[][] , [][] , [][] . 00	<input type="checkbox"/> Check to indicate loss ← 11. [][] , [][] , [][] . 00
12. Farm income or loss <input type="checkbox"/> Check to indicate loss ← 12.	[][] , [][] , [][] . 00	<input type="checkbox"/> Check to indicate loss ← 12. [][] , [][] , [][] . 00
13. Unemployment compensation 13.	[][] , [][] , [][] . 00	13. [][] , [][] , [][] . 00
14. Taxable social security 14.	[][] , [][] , [][] . 00	14. [][] , [][] , [][] . 00
15. Other: Specify _____ <input type="checkbox"/> Check to indicate loss ← 15. (See instructions on page 13)	[][] , [][] , [][] . 00	<input type="checkbox"/> Check to indicate loss ← 15. [][] , [][] , [][] . 00
16. TOTAL INCOME (Add Lines 1-15) <input type="checkbox"/> Check to indicate loss ← 16.	[][] , [][] , [][] . 00	<input type="checkbox"/> Check to indicate loss ← 16. [][] , [][] , [][] . 00

**Be sure to put your name and Social Security number at the top of this page.
Attach copies of pages 1 and 2 of your filed or recomputed federal tax return and this schedule to your VT return.**



* 0 9 1 1 3 1 2 0 0 *

Carried forward from

	Line 16A				Line 16B				
	A. Federal Amount \$				B. VT Portion \$				
ADJUSTMENTS TO INCOME	17. IRA (1040-Line 32; 1040A-Line 17); Keogh/SEP/SIMPLE (1040-Line 28): Self _____ Spouse _____	17.							00
	18. Student Loan Interest (1040-Line 33; 1040A-Line 18)	18.							00
	19. Employee Deductions: Reservists, Performing Artists, Fee-basis Gov't Officials (1040-Line 24)	19.							00
	20. Self-Employment Deductions: Tax (1040-Line 27), and Health Insurance (1040-Line 29)	20.							00
	21. Health Savings Account (1040-Line 25)	21.							00
	22. Moving Expenses (1040-Line 26)	22.							00
	23. Penalty on Early Withdrawal of Savings (1040-Line 30)	23.							00
	24. Alimony Paid (1040-Line 31a)	24.							00
	25. Domestic Production Activities (1040-Line 35)	25.							00
	26. Educator Expenses (1040-Line 23; 1040A-Line 16), and Tuition & Fees (1040-Line 34; 1040A-Line 19)	26.							00
	27. Deductions not listed above but included on 1040-Line 36	27.							00
	28. TOTAL ADJUSTMENTS (Add Lines 17 - 27)	28.							00
	29. Adjusted Gross Income (Subtract Line 28A from Line 16A)								00
	30. VT Portion of AGI (Subtract Line 28B from Line 16B)								00
	31. Non-VT Income (Subtract Line 30 from Line 29). Also enter on Part II, Line 33 below								00

Dates of VT residency in 2009: From _____ to _____ Name of state(s), Canadian province or country during non-VT residency: _____

PART II. Adjustment for VT Exempt Income

VT EXEMPT INCOME	32. Adjusted Gross Income If Part I completed, enter Line 29. Otherwise, enter amount from Form IN-111, Line 10	32.							00	
	33. Non-VT Income (Line 31 above)	33.							00	
	Part-Year Residents: For Lines 34-40, enter only income included in Part I, Line 30									
	34. Military pay. Number of months on active duty _____ (See instructions)	34.								00
	35. Federal Employment Opportunity income adjustment	35.								00
	36. Railroad Retirement income	36.								00
	37. VT State payments to a family for support of developmentally disabled person(s) (See instructions on page 43)	37.								00
	38. Americans with Disabilities Credit	38.								00
	39. Nonresident Commercial Film Income	39.								00
	40. VT Telecommunication Authority bond/note interest	40.								00
41. Total (Add Lines 33-40)	41.								00	
42. VT income (Subtract Line 41 from Line 32)	42.								00	
43. INCOME ADJUSTMENT % (Divide Line 42 by Line 32) Also enter on Form IN-111, Line 21. (See instructions)	43.								%	