DUE DATE: April 17, 2018

Please PRINT in BLUE or BLACK INK

2017 VERMONT

Income Tax Return

FORM IN-111



1	Tax	xpayer's Last Name	First Name				Initial	Taxpayer's Social Security Number				
2	Spo	ouse's or CU Partner's Last Name	First Name	First Name				Spouse's or CU Partner's Social Security Number				
ormatio	Ma	iling Address (Number and Street/Road or PC		Taxpayer's Driver's License Number State								
Taxpayer Information	City	у		State ZIP Code				Spouse's/CU's Driver's License Number State				
Tax		an AMENDED return died o	k if taxpayer during 2017		Check if Spouse Partner died dur	ring 2017		Check here if using RECOMPUTED Federal Return information				
	1.	1. VT School District Code 2. 911 street address on 12/31/2017 - Number, street/road name (Do not use "PO Box," "same," or Town name)										
2		FILING STATUS										
			8a . Married 8b . CU			CU P	er Spouse or Partner full name					
Tax Filing Information	011	Household Filing Filing Jointly Jointly	Widow(er) with					r Spouse or CU Partner al Security Number				
Tax Fili	9.	Exemptions Claimed (federal Form 1040–I	Line 6d; 1040A-	-Line 6d;	1040EZ/1040N.	R-EZ-en	iter 0, 1, c	or 2)				
3		Adjusted Gross Income (Federal Form 1040–L					← Checindical loss	10 00				
		Federal Taxable Income (Federal Form 10 1040EZ–Line 6) If the federal amount is -0-	040–Line 43; 10 ·, see instruction	40A–Lind 18	e 27;	[Chec	ck to cate				
ADDITIONS: 12a. Income from Non-Vermont State and Local Obligations (Schedule IN-112, Part I, Line 3) 12a.												
		12b. Bonus Depreciation Allowed under I										
me		12c. Addback of Itemized Deductions (Sc	Chec	ck to								
Taxable Income	13. Federal Taxable Income with Additions (Add Lines 11, 12a, 12b, and 12c)							13				
Taxab		14a. Interest Income from U.S. Obligation						0.0				
		14b. Capital Gains Exclusion (Schedule IV		0.0								
		14d. Tayable refunds of state and lead in						00				
		14d. Taxable refunds of state and local in14e. Add Lines 14a, 14b, 14c, and 14d		00								
	15.	Vermont Taxable Income (Subtract Line 14e from Line 13. If Line 14										
4	16.	Vermont Income Tax from Tax Table or						00				
		(If Line 10 is greater than \$150,000, see inst Additions to Vermont Income Tax (Sched										
ax		Vermont Income Tax with Additions (Add										
VT Income Tax	19.	Subtractions from Vermont Income Tax (Schedule IN-11	2, Part II,	Line 15)			1900				
VTIN	20.	Vermont Income Tax (Subtract Line 19 fro	r -0-)									
	21.	Income Adjustment (Schedule IN-113, Lin	e 39 OR 100.00	1%)								
	22.	Adjusted Vermont Income Tax (Multiply	Line 20 by Line	21)				22.				

Taxpayer's Last Name	Social Security Number	Keep a copy for
		vour records.

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Ente	er an	nount f	from Line 22							7	1 7	1 1	1 1 2	0 0 *
5	23.				.00	+ 24.				.00 = 25	5.			.00
and Use Tax	26.	Other State Credit Vermont Tax Credits (Schedule IN-112, (Schedule IN-117, Line 21) Part IV, Line 5 OR Schedule IN-119)									Total Ve (Add Lin	ermont Cr es 23 and	24)	.00
id U	27.	Use Tax for taxable items on which no sales tax was charged, including online purchases								_	_			.00
Credits an		(see instructions, worksheet, and chart)												00
	28.	Total				•				28	3			.00
18 g		Verm	ont Veterans Fund	d 🗲	Green Up) Vermont	7. N	Nongame W	ildlife Fund	‡Î∯ † Childre	n's Trust Fun	d		
ontio	29a		.00	+ 291	o	.00	+ 29c		.00 -	► 29d.	.00	=	29e.	.00
Contributions			of Vermont Tax				_			30		. —	250	.00
7			From W-2, 1099							0.0				
		31b. l	From Vermont F	Form IN-11	4 Estimate	d Tax for 20	17			0.6	- \			
			and/or Form IN-		_					0.0	-			
edits			Earned Income		ì					0.6	-			
d Cr			Renter Rebate (From Vermont F							.00	<u>!</u>			
ts an			Withholding (se							.00	<u>)</u>			
Payments and Credits]	From Vermont F Payment made Partner, Memb	by Busines	s Entity for	r Nonresidei	nt			.00)			
			Low Income Characteristics							.00)			
	31h	. Total	Payments and	Credits (A	dd Lines 31	a through 31	g)				1			.00
8	32.	Overp	payment If Line	30 is less th	nan Line 31	h, subtract Li	ine 30 from Lin	ne 31h		32	2.			.00
ъ	33a. Refund to be Credited to 2018 Estimated Tax Payment Amount on 31d cannot be credited to 2018 estimated tax payment													
Refund										0.0	-			
œ	The state of the s										-			.00
9	34. REFUND AMOUNT (Subtract Lines 33a and 33b from Line 32)													
	35.	If Line		o o Inte			ine 30. See ins derpayment of		n tax due 37. AMOUN		5			.00
Due	36.						IN-152 or IN-15			s 35 and 36 3	7			.00
	ame		Original refund	received		Refund	due now		Origina	ıl payment		Amount	due now_	
10										hedules and stat				knowledge
	an			e, correct a	na comple	ete. Prepare				r purposes other Date of Birth (MM)				
	Signature					Date Occupation Date of Birth			Date of Birth (Mily)	(וווווטט	relephone	Number		
	Signature. If a joint return, BOTH must sign. Date C						0		DD MAAA	Talaabaa	. Ni saala a a			
es					Date Occupation Date of Birth (Date of Birth (MM	(ווווו טט	Telephone	e Number			
Signatures	Check here if authorizing the Vermont Department of Taxes to discuss this return and attachments with your preparer.													
Sign	Preparer's signature Date										Preparer's			
	Preparer's									SSN or PTIN				
	Us	e Only	Firr	m's name (or	yours if self-	employed) and	d address		ı		EIN			
		545	54								Preparer's	Telephone	Number	