

2019 Schedule IN-112

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or BLACK INK



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INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
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PART I

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax (Reported on federal Form 1040) . . . 1. _____ .00
- 2. Interest and dividend income from Vermont state and local obligations included in Line 1 2. _____ .00
- 3. Income from Non-Vermont State and Local Obligations (Subtract Line 2 from Line 1) 3. _____ .00
- 4. Bonus Depreciation Allowed under Federal Law for 2019 4. _____ .00
- 5. Total Additions (Add Line 3 and Line 4) 5. _____ .00

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

- 6. Interest Income from U.S. Obligations 6. _____ .00
- 7. Capital Gains Exclusion (Schedule IN-153, Line 21) 7. _____ .00
- 8. Adjustment for Prior Years' Bonus Depreciation 8. _____ .00
- 9. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040) 9. _____ .00
- 10. Medical Expense Deduction (see the worksheet in the instructions) 10. _____ .00
- 11. Social Security Benefits Exempt from Taxation (see the worksheet in the instructions) 11. _____ .00
- 12. Railroad Retirement income 12. _____ .00
- 13. Bond/note interest income from (see below) 13. _____ .00
 - VSAC
 - Build America
 - Vermont Telecom Authority
 - Vermont Public Power Supply Authority
- 14. Total Subtractions (Add Lines 6 through 13) 14. _____ .00

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

- 15. Subtract Line 14 from Line 5. Enter on Form IN-111, Line 2. ← Check to indicate loss 15. _____ .00
This can be a negative number.

Taxpayer's Last Name	Social Security Number
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PART II

REFUNDABLE CREDITS

Line 1 is for FULL-YEAR residents

1. Low Income Child & Dependent Care Credit **1.** _____ **.00**
 If your federal Adjusted Gross Income is \$30,000 (or \$40,000 for Married Filing Jointly) or less, and child care services are provided by a Vermont accredited daycare provider, enter 50% of federal Form 2441, Line 11. If you are not a Vermont resident or your daycare provider is not accredited, use Schedule IN-119, Part I, Line 8. See instructions if your providers are both accredited and not accredited.

VERMONT EARNED INCOME TAX CREDIT

For FULL-YEAR residents and PART-YEAR residents

ELIGIBILITY QUESTIONS MUST BE ANSWERED

A. Enter number of qualifying children **A.** _____
B. Enter number of qualifying children under the age of 18 **B.** _____
C. Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at the end of 2019? **C.** Yes No
If you answered "No" and do not have any qualifying children, you do not qualify for Earned Income Tax Credit

FULL-YEAR RESIDENTS

Answer eligibility questions above and complete Lines 2 and 3

2. Earned income tax credit (Reported from federal Form 1040) **2.** _____ **.00**
3. Vermont Earned Income Tax Credit (Multiply Line 2 by 36%) **3.** _____ **.00**

PART YEAR RESIDENTS

Answer eligibility questions above and complete Lines 4 through 10

A. Federal Amount \$

Enter figures in Column A from your federal EITC worksheet and Schedule IN-113

B. Vermont Portion \$

For Vermont Portion, enter income earned while a Vermont resident as shown on Schedule IN-113, Column B, Lines 1, 8, 10, and 11

4. Wages, salaries, tips, etc. (Schedule IN-113, Line 1)	4A. _____ .00	4B. _____ .00
5. Other earned income (Schedule IN-113, Lines 8, 10, and 11)	<input type="checkbox"/> 5A. _____ .00 <small>Check to indicate loss</small>	<input type="checkbox"/> 5B. _____ .00 <small>Check to indicate loss</small>
6. Total earned income (Add Lines 4 and 5)	6A. _____ .00	6B. _____ .00
7. Earned income tax credit adjustment (Divide Line 6B by Line 6A and enter here, but not more than 100%)	7. _____ %	
8. Earned income tax credit (Reported on federal Form 1040)	8. _____ .00	
9. Multiply Line 8 by 36% and enter the result here	9. _____ .00	
10. Vermont Earned Income Tax Credit (Multiply Line 9 by Line 7)	10. _____ .00	

11. TOTAL REFUNDABLE CREDITS (Add Line 1 to Line 3 or Line 10. Enter this amount on the IN-111, Line 25c) **11.** _____ **.00**