	'	Ta	axpayer's Last N	lame	Social Secu	ırity Number					
	Amount Line 16			.00				* 2 2	1 1 1	L 1 2 0 0 ³	*
		•	edule IN-117, Lir	,		Tax Credits (S		' '		ermont Credits (Add Lir	,
	Vermo	nt Income T	ax after credi	ts (SUBTRA	CT Line 19 f	rom Line 10	5.				
21.									. 20		00
21,	includi	ng online pu	rchases. (See	instructions,	ax was charge worksheet, an	d chart)	Check to	o certify Tax is due. OR	21		00.
22.	Total V	ermont Tax	es (ADD Lin	nes 20 and 21)				. 22		00.
	Green Up	Vermont	Nong	ame Wildlife Fur	nd	Vermont Childr Trust Foundate	ren's tion	Vermont Vete	erans Fund	Total Co	ntributions
23a.		00	+ 23b	0	00 + 23c	•	00 +	23d	00	= 23e	00.
24.	Total of	Vermont Ta	xes and Volu	ıntary Contril	outions (ADD	Lines 22 an	d 23e)		. 24		00
25a.	2022 V	ermont Tax	Withheld fro	om W-2, 1099	١	2:	5a		.00		
	2022 E	stimated Tax	k payments, a	mount carrie	d forward fron	n 2021,					
25c.	Refund	able Credits	(Schedule II	N-112, Part II	, Line 17)		5c		.00		
					Form RW-171	1 2	5d		.00		
25e.	2022 N (nonres	onresident E sident withho	Estimated Tax olding) alloca	k payments ited on Sched	ule K-1VT, Li	ne 5 2	5e		.00		
25f.	Total P	ayments and	l Credits (AE	DD Lines 25a	through 25e)				25f.		.00
26.											
											00
27a.	Refund	to be credit	ed to 2023 E	stimated Tax	Payment	2'	7a		.00		
27b.	Refund	to be credit	ed to 2023 Pr	operty Tax B	ill	2'	7 b.		.00		
28.	REFUN	ND AMOUN	T (SUBTRA	ACT Lines 27	7a and 27b fro	om Line 26)			. 28		.00
29.					Line 25f from				. 29.		.00
30.	Interes	and Penal	ty on				31. AMOU	UNT DUE			.00
	(Works	sheet IN-152	or IN-152A	ax 30)		00	(ADD	Lines 29 and 30) 31		00
F	or Amend	ed Origina	al refund receive		Refund due now	1		nal payment		Amount due now	
	eturns On		1 -11 41	.00	!		.00		.00	4 - 4h - h 4 - f l	.00
								oses other than		to the best of my kr eturns.	nowledge and
Sigr	nature					Date (MM/	/DD/YYYY)	Date of Birth (MN	M/DD/YYYY)	Daytime Telephon	e Number
Signature (If a joint return, BOTH must sign.)						Date (MM/	/DD/YYYY)	/ / / Date of Birth (MM/DD/YYYY) Daytime Telephone Nur		e Number	
	`	•					,	1	/		
Paid _	ı Preparer	's Signature						Date / /		Preparer's Telephone Number	
Firm	n's Name (or yours if self-	employed) and a	address				Preparer's SSN (or PTIN	FEIN	
	Г	Chook if the	Jonari T	avon mou dies	a this rations with the	ho proposes slee	own	Keep a cop	v for	Form IN-11	
	. L	5454	pepartitient of 1	axes may discus	s this return with the	JWII.	your record	-	Page 2 of Rev. 10/2		

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