	' [7	axpayer'	s Last Nar	ne	S	ocial Secur	ity Number	7					
	Amount	from			.00						* 2	3 1 1	1 1 2	0 0 *
		e Credit (Sch			21)				•	e IN-119, Par	,			lits (Add Lines 17 and 18)
17. 20.		t Income T			+ (SURTR					.00	=	19		.00
20.	If Line 1	9 is greate	r than I	Line 16,	enter -0-)							20		.00
21.	Use Tax includin	for taxable g online pu	e items irchase	on which s. (See in	h no sales nstruction	s tax was s, works	s charged sheet, and	, l chart)		Check to certi o Use Tax is	ify due. OR	21		.00
22.	Total Ve	ermont Tax	es (AD	D Lines	s 20 and 2	21)						22		.00
	ongame Wile			Verm	ont Children t Foundation	ı's					Green Up			Total Contributions
23a.		00	+ 2	23b	•	.00	+ 23c.		00	+ 2	3d	00.	= 23	3e00
24.	Total of V	Vermont Ta	axes an	d Volun	tary Conti	ributions	s (ADD I	ines 22 a	nd 23e)		24		.00
25a.	2023 Ve	rmont Tax	Withh	eld from	W-2, 109	99			25a			.00		
	2023 Es	timated Ta ayment ma	x navm	ents, am	ount carr	ied forw	ard from	2022.						
25c.	Refunda	ble Credits ar Resider	S (Sche	dule IN-	112, Part	II:								
254		rmont Rea												
	2023 No	nresident]	Estimat	ed Tax 1	avments									
	(nonresi	dent withh	olding)	allocate	d on Sche	edule K-	1VT, Lin	ie 5	.25e			00		
25f.	Total Pa	yments an	d Credi	ts (ADD	Lines 25	sa throu	gh 25e).	• • • • • •				. 25f		.00
26.	Overpay	ment. If L	ine 24 i	is less th	an Line	25f, SU	BTRACT	Γ Line 24	from I	ine 25f		26		.00
27a.	Refund	to be credit	ted to 2	024 Esti	mated Ta	x Payme	ent		27a			.00		
27b.	Refund	to be credit	ted to 2	024 Proj	perty Tax	Bill			27b			.00		
28.	REFUN	D AMOU	NT (SU	BTRAC	CT Lines	27a and	l 27b fro	m Line 20	6)			28		.00
29.	If Line 2 See instr	24 is more ructions on	than I	ine 25f,	subtract	Line 25	5f from I	ine 24.				29		.00
30.	Interest and Penalty on Underpayment of Estimated Tax 30.									31. AMOUNT D		OUE 29 and 30)31.		.00
	(Worksh	neet IN-152	2 or IN-	152A)				00	(,	IDD Line	25 27 and c			
ı	or Amende	u ı ı	al refund	received	0.0	1	d due now		0.0	Original pa	yment	0.0	Amount due	
	eturns Only		امماء	ava that l	.00	-	ia vatuva	and accou	.00		an and ata	.00	d 40 4ha haa	.00.
												preparing r		t of my knowledge and
Sigr	nature							Date (M	M/DD/YY	YY) Da	ate of Birth (N	MM/DD/YYYY)	Daytim	e Telephone Number
Sigr	Signature (If a joint return, BOTH must sign.)								M/DD/YY	// // // // // // // Date of Birth (I		/ ////////////////////////////////////	Daytim	e Telephone Number
Paid Preparer's Signature								/ /		Da	Date (MM/DD/YYYY)		Prepar	er's Telephone Number
Firm's Name (or yours if self-employed) and address									Prep			parer's SSN or PTIN		
	- (-		1 .70										FEIN	
		Check if the 5454	Departm	ent of Tax	es may discu	uss this re	turn with th	e preparer s	shown.		eep a co our recor		Р	r m IN-111 rage 2 of 2 Rev. 10/23