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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 on page 12.**

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

INCOME

**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 8 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. <b>Employee Deductions:</b> Reservists, Performing Artists, Fee-basis Gov't Officials (1040-Line 24)	19.							00
	20. <b>Self-Employment Deductions:</b> 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. <b>TOTAL ADJUSTMENTS</b> (Add Lines 17 - 27)	28.							00
	29. <b>Adjusted Gross Income</b> (Subtract Line 28A from Line 16A)								00
	30. <b>VT Portion of AGI</b> (Subtract Line 28B from Line 16B)								00
	31. <b>Non-VT Income</b> (Subtract Line 30 from Line 29). Enter result here and on Part II, Line 33 below								00

Dates of VT residency in 2008: 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, Section 2, Line 10.	32.							00	
	33. Non-VT Income (Line 31 above)	33.							00	
	<b>Part-Year Residents: For Lines 34-40, enter only income included in Part I, Line 30</b>									
	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 44).	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. <b>INCOME ADJUSTMENT %</b> (Divide Line 42 by Line 32) Enter here and on Form IN-111, Section 4, Line 21. (See instructions)	43.								%	