



**Nonresidents and Part-Year Residents Must Complete Schedules I and II
Full-Year Residents with Adjustments Complete Schedule 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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SCHEDULE I. Enter figures as they appear on your federal return in Column A and list the VT portion in Column B. See instructions.

	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 & 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.	<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
(See instructions on page 11)		
16. TOTAL INCOME (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

**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 federal tax return and these adjustment schedules to your Vermont return.**



* 0 5 1 1 3 1 2 9 9 *

Carried forward from

	Line 16A		Line 16B	
	A. Federal Amount \$		B. VT Portion \$	
ADJUSTMENTS TO INCOME				
17. IRA/Keogh/SEP/SIMPLE deduction (1040, Line 28):				
Self _____				
Spouse _____	17.	00	17.	00
18. Federal Education Deductions: (Form 1040, Lines 23, 33, & 34; Form 1040A, Lines 16, 18, & 19)	18.	00	18.	00
19. Employee Deductions: Reservists, Performing Artists, Fee-basis gov't officials (1040, Line 24)	19.	00	19.	00
20. Self-Employment Deductions: Tax (1040, Line 27), and Health Insurance (1040, Line 29)	20.	00	20.	00
21. Health Savings Account (1040, Line 25); and Archer MSA, Form 8853	21.	00	21.	00
22. Moving Expenses (1040, Line 26)	22.	00	22.	00
23. Penalty on Early Withdrawal of Savings (1040, Line 30)	23.	00	23.	00
24. Alimony Paid (1040, Line 31a)	24.	00	24.	00
25. Domestic production activities (1040, Line 35)	25.	00	25.	00
26. TOTAL ADJUSTMENTS (Add Lines 17 - 25)	26.	00	26.	00
27. Adjusted Gross Income (Subtract Line 26A from Line 16A)				
				00
28. VT Portion of AGI (Subtract Line 26B from Line 16B)				
				00
29. Non-VT Income (Subtract Line 28 from Line 27. Enter result here and on Schedule II, Line 31 below)				
				00

Dates of VT residency in 2005: From _____ to _____

Name of state(s), Canadian province, or country during non-VT residency: _____

SCHEDULE II. Adjustment for VT Exempt Income

VT EXEMPT INCOME	30. Adjusted Gross Income If Schedule I completed, enter Line 27. Otherwise, enter Line 10 amount from IN-111 Section 2.	<input type="checkbox"/> Check to indicate ← loss	30.	00
	31. Non-Vermont Income (Enter amount from Line 29 above)	<input type="checkbox"/> Check to indicate ← loss	31.	00
	<i>(Part-Year Residents: For Lines 32-37, enter only income included in Line 28, Schedule I)</i>			
	32. Military pay. Number of months on active duty _____ (See instructions)		32.	00
	33. Federal Employment Opportunity income adjustment		33.	00
	34. Railroad Retirement income		34.	00
	35. VT State payments to a family for support of developmentally disabled person(s) (See instructions on page 11)		35.	00
	36. Americans with Disabilities Credit		36.	00
	37. Nonresident Commercial Film Income; or if included in AGI, income earned/received from VT Higher Education Savings Plan		37.	00
	38. Total (Add Lines 31-37)	<input type="checkbox"/> Check to indicate ← loss	38.	00
	39. VT income (Subtract Line 38 from Line 30)	<input type="checkbox"/> Check to indicate ← loss	39.	00
	40. INCOME ADJUSTMENT % (Divide Line 39 by Line 30) Enter here and on Form IN-111, Section 4, Line 21. See instructions		40.	00 %