2013	VERMONT					For office use only		
	Individual Income Tax Declaration		ctronic Fi	ling		Date received		
Form 8879-VT	(SEE INSTRUCTIONS IN THE VT FED/S	VT FED/STATE E-FILE HANDBOOK)						
Part I	Last Name	First Name and Initial				Enter Social Security Number (SSN)		
Remember to write in	Spouse's Last Name (if different and joint return)	int return) First Name and Initia				Enter Spouse's SSN, if joint return		
your Social Security Number	urrent Mailing Address			E-mail address				
	City or Town	nwo		Zip Code		Telephone Number		
Part II T	ax Return Information (whole dollars	only)	•		1			
1. Federal Tax	able Income (Form IN-111, Section 3, Line 11)					1.		
	nont Taxable Income (Form IN-111, Section 3, Line 15)							
	ed VT Income Tax (Form IN-111, Section 4, Line 22)							
4. Vermont Income Tax Withheld (Form IN-111, Section 7, Line 31a)								
5. Vermont Earned Income Tax Credit (Form IN-111, Schedule 7, Line 31c)						5 .		
6. Refund credited to 2014 estimated tax (Form IN-111, Section 8, Line 33a)						6 .		
7. Refund credited to 2014 property tax bill (Form IN-111, Section 8, Line 33b)								
8. Refund Amount (Form IN-111, Section 8, Line 34) (check applicable box) Amount Due (Form IN-111, Section 9, Line 37)								
Amount Due (Form IN-111, Section 9, Line 37)								
				IRED ATTACH	IMENTS ON	FILE FOR 3 YEARS	+	
	orm HS-122 For Vermont Residents O	nly (che	ck box)					
	ere if Property Tax Adjustment Claim filed			Φ.		Dayway Data	2011	
Part IV		-	nt Amount	_	h = 01 thus	Payment Date	2014	
Routing transit n	· · · · ·	ne first two	numbers of		ri e	gh 12 or 21 through 3		
	nt number (DAN)	D			of account:	Savings Che	ecking	
Part V D	eclaration of Taxpayer	By sign	ling belov	v, you agre	e tnat:			
with the a	nalties of perjury, I declare the information I provide mounts shown on the corresponding lines of my 20 a. accurate and complete.							
 If making an ACH Debit Payment, I authorize the Department to withdraw funds from my account in the amount and on the date specified. 								
_	to have the ERO forward my return, including this			-		·		
	ipon the Department's request.			, ,		•	·	
 If the Vern 	nont Department of Taxes does not receive full an	d timely pa	yment of the	amount due,	l am liable fo	r the tax and any app	licable charges.	
Please								
Sign Here	Your Signature	D	ate Spo	use's Signatur	e (if joint retu	ırn, BOTH must sign)	Date	
Part VI D	eclaration of Electronic Return Origin	ator (ER	O) Only					
	n not responsible for review of the taxpayer's return before I submitted the return. I will give the taxpay						kpayer(s)	
			Date		Check if:	paid preparer		
Electronic	ERO's					self-employed		
Return	signature							
Originator's					EIN			
Use Only	yours if self-employed)				Phone Nur	mber		
	and address E-mail address:							
Part VII D	eclaration of Paid Preparer							
	of perjury, I declare that I have examined the about belief, they are true, correct and complete. This de						e best of my	
			Date		Check if	_		
Paid Preparer's	Preparer's signature				self-employed			
Use Only	Firm's name (or		<u> </u>		EIN			
,	yours if				Phone Nur	mber		
	self-employed) and address							
	E-mail address:							