2016	_VERMONT				For office use only		
Form 8879-VT	Individual Income Tax Declaration for Electronic Filing (SEE INSTRUCTIONS IN THE VT FED/STATE E-FILE HANDBOOK)				Date received		
Part I	Last Name	First Name		<u> </u>		Security Number (SSN)	
	Converse Loot Name (if different and inject actum)	Jisint satura)					
Remember to write in	Spouse's Last Name (if different and joint return) First Name and Initial			Enter Spouse's SSN, if joint return			
your Social	Current Mailing Address E-mail Address						
Security Number	Ch. sa Taun				I Talanhana Niv	Telephone Number	
Nullibel	City or Town		State	Zip Code	()	
Part II Ta.	x Return Information (whole	dollars only)		<u> </u>	l		
1. Federal Taxable Income (Form IN-111, Section 3, Line 11)							
2. Vermont Taxable Income (Form IN-111, Section 3, Line 15)							
	djusted VT Income Tax (Form IN-111, Section 4, Line 22)						
	Vermont Income Tax Withheld (Form IN-111, Section 7, Line 31a)						
5. Vermont Earned Income Tax Credit (Form IN-111, Section 7, Line 31c)							
6. Refund credited to 2017 estimated tax (Form IN-111, Section 8, Line 33a)							
7. Refund credited to 2017 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)							
→ DO NOT MAIL THIS FORM KEEP THIS FORM AND REQUIRED ATTACHMENTS ON FILE FOR 3 YEARS ←							
					CHMENTS ON FI	LE FOR 3 YEARS	
	form HS-122 For Vermont R here if Property Tax Adjustment Claim f		(check bo	ox)			
Part IV	Direct Deposit of Refund	ACH Debit Pa	yment A	mount \$	Paymer	nt Date / /	
Routing transit						n 12 or 21 through 32.	
Depositor accou	ant number (DAN)				ype of account:	Savings Checking	
Part V De	claration of Taxpayer By	signing below,	, you agr	ee that:			
with the ar	alties of perjury, I declare the information nounts shown on the corresponding line , accurate and complete.						
	an ACH Debit Payment, I authorize the I	Department to withd	lraw funds f	rom my account	in the amount and	on the date specified.	
of Taxes up	o have the ERO forward my return, inclusion the Department's request.			. , .		•	
• If the Verm	ont Department of Taxes does not receiv	e full and timely pay	yment of the	amount due, I a	m liable for the tax a	and any applicable charges.	
Please Sign							
Here	Your Signature	Date		ouse's Signature (if joint re	turn, BOTH must sign)	Date	
As an ERO, I a	eclaration of Electronic Return m not responsible for review of the taxp a before I submitted the return. I will give	ayer's return but de	eclare this fo	orm accurately re			
Electronic Return	ERO's signature				Date	Check if: paid preparer self-employed	
Originator's	Firm's name (or				EIN		
Use Only	yours if self-employed)				Phone Number		
	and address E-mail address:						
	Declaration of Paid Preparer						
	of perjury, I declare that I have examine belief, they are true, correct and complete						
<i>Q w</i> -	Preparer's	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			Date	Check if	
Paid	signature					self-employed	
Preparer's	Firm's name (or				EIN		
Use Only	yours if self-employed)				Phone Number		
	and address E-mail address:						
	L maii addicos.						