



* 1 6 1 5 5 1 1 0 0 *

You must complete this schedule if you filed Federal Form 1040, Schedule A .

INCLUDE WITH FORM IN-111

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name	Initial	Taxpayer's Social Security Number
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PART A 2016 State and Local Income Tax Addback

1. Enter amount of itemized deductions from Federal Form 1040, Schedule A, Line 29. 1. _____ **.00**
2. Enter allowable federal standard deduction for your filing status. 2. _____ **.00**

	Standard
Single	6,300
Married Filing Jointly or Qualifying Widow(er)	12,600
Married Filing Separately	6,300
Head of Household	9,300

OR

For those born before Jan. 2, 1952 or blind and entry on Federal Form 1040, Line 39a is			
1	2	3	4
7,850	9,400	n/a	n/a
13,850	15,100	16,350	17,600
7,550	8,800	10,050	11,300
10,850	12,400	n/a	n/a

3. Subtract Line 2 from Line 1. 3. _____ **.00**
4. Enter amount of state and local income taxes from Federal Form 1040, Schedule A, Line 5a 4. _____ **.00**
 If your itemized deductions are limited, see the IN-155 Worksheet for Limited Itemized Deductions (Lines 4 and 10) at www.tax.vermont.gov for further instructions.

Adjustment for Recapture of Excess 2015 Addback

5. Enter amount from your 2016 Federal Form 1040, Line 10. If entry is -0-, enter the *lesser* amount of Line 3 or Line 4 on Form IN-111, Line 12c and continue to page 2 of this schedule. 5. _____ **.00**
6. Enter the *lesser* amount from 2015 Vermont Schedule IN-155, Line 3 or Line 4. 6. _____ **.00**
7. Enter the *lesser* of Line 5 or Line 6. 7. _____ **.00**

Adjusted 2016 Addback

8. Subtract Line 7 from the lesser of Line 3 or Line 4. This is the 2016 addback amount. ← Check to indicate negative number 8. _____ **.00**
 If the difference is less than zero, check the box to indicate a negative number.

Enter this amount on Form IN-111, Line 12c.
If the difference is less than zero, check the box on Form IN-111, Line 12c to indicate a negative number.

(continued on next page)

Taxpayer's Last Name	Social Security Number
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* 1 6 1 5 5 1 2 0 0 *

Enter amount from Line 1 _____

Enter amount from Line 2 _____

PART B Deductions above two and a half (2.5) times the Federal Standard Deduction

9. Enter amount of medical and dental expenses from Federal Form 1040, Schedule A, Line 4.	9.	_____	.00
10. Enter amount of gifts to charity from Federal Form 1040, Schedule A, Line 19. If your itemized deductions are limited, see the IN-155 Worksheet for Limited Itemized Deductions (Lines 4 and 10) at www.tax.vermont.gov for further instructions.	10.	_____	.00
11. Enter the amount of state and local income taxes from Line 4 of this schedule.	11.	_____	.00
12. Add Lines 9 through 11	12.	_____	.00
13. Subtract Line 12 from Line 1 of this schedule	13.	_____	.00
14. Multiply Line 2 of this schedule by 2.5	14.	_____	.00
15. Subtract Line 14 from Line 13. If negative, enter -0- Enter this amount on Form IN-111, Line 12d.	15.	_____	.00