

Tax Summary and Instructions for Filing
2017 Federal Individual Income Tax Return

Summary of Federal Information:

Federal adjusted gross income	\$ 25,457.00
.....	
Federal taxable income	\$ 15,057.00
.....	
Payment due IRS	\$ 494.00
.....	

You and each member of your household had either health coverage or an exemption for each month during 2017. Consequently, you do not owe an individual shared responsibility payment under the Affordable Care Act.

Your return will be electronically filed.

Please file Form 1040-V and a check or money order in the amount of \$494.00, payable to "United States Treasury". Write "2017 Form 1040" and your social security number on the check. This is due at your earliest opportunity..

Mail Form 1040-V and your check to:

Internal Revenue Service
P.O. Box 37008
Hartford, CT 06176-7008

Tax Summary and Instructions for Filing
2017 Vermont Individual Income Tax Return

Summary of Form IN-111 Information:

State taxable income	\$ 15,057.00
.....	
State refund	\$ 978.00
.....	

Your Vermont return will be electronically filed.

Your Vermont refund of \$978.00 will be mailed to you automatically by the Vermont Department of Taxes.

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning _____, 2017, ending _____, 20

See separate instructions.

Your first name and initial Nancy J	Last name Dumont	Your social security number 030-64-0942
If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.
60 Henry Street

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Shelburne VT 05482

Foreign country name Foreign province/state/county Foreign postal code

Make sure the SSN(s) above and on line 6c are correct.

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
☐ You ☐ Spouse

Filing Status

1 ☒ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☐ Head of household (with qualifying person). (See instructions.)
If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a

b ☐ **Spouse**

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ☐

d Total number of exemptions claimed

Boxes checked on 6a and 6b 1

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above 1

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 19,982.

8a **Taxable interest.** Attach Schedule B if required 8a

b **Tax-exempt interest.** **Do not** include on line 8a 8b

9a Ordinary dividends. Attach Schedule B if required 9a

b Qualified dividends 9b

10 Taxable refunds, credits, or offsets of state and local income taxes 10

11 Alimony received 11

12 Business income or (loss). Attach Schedule C or C-EZ 12 5,891.

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 13

14 Other gains or (losses). Attach Form 4797 14

15a IRA distributions 15a b Taxable amount 15b

16a Pensions and annuities 16a b Taxable amount 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 0.

18 Farm income or (loss). Attach Schedule F 18

19 Unemployment compensation 19

20a Social security benefits 20a b Taxable amount 20b

21 Other income. List type and amount 21

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ 22 25,873.

Adjusted Gross Income

23 Educator expenses 23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24

25 Health savings account deduction. Attach Form 8889 25

26 Moving expenses. Attach Form 3903 26

27 Deductible part of self-employment tax. Attach Schedule SE 27 416.

28 Self-employed SEP, SIMPLE, and qualified plans 28

29 Self-employed health insurance deduction 29

30 Penalty on early withdrawal of savings 30

31a Alimony paid b Recipient's SSN ▶ 31a

32 IRA deduction 32

33 Student loan interest deduction 33

34 Tuition and fees. Attach Form 8917 34

35 Domestic production activities deduction. Attach Form 8903 35

36 Add lines 23 through 35 36 416.

37 Subtract line 36 from line 22. This is your **adjusted gross income** ▶ 37 25,457.

REV 02/22/18 PRO Form **1040** (2017)

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2017
Attachment
Sequence No. **09**

Name of proprietor Nancy J Dumont		Social security number (SSN) 030-64-0942
A Principal business or profession, including product or service (see instructions) Real Estate Sales	B Enter code from instructions ► 5 3 1 2 1 0	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) ► 706 Mountain Road City, town or post office, state, and ZIP code Stowe, VT 05672		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2017, check here <input type="checkbox"/>		
I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	25,779.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	25,779.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	25,779.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	25,779.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	18 Office expense (see instructions)	18	1,043.
9 Car and truck expenses (see instructions)	9	9,954.	19	
10 Commissions and fees	10	20 Rent or lease (see instructions):	20a	
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20b	
12 Depletion	12	b Other business property	21	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	22	332.
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	23	710.
15 Insurance (other than health)	15	23 Taxes and licenses	24	
16 Interest:		24 Travel, meals, and entertainment:	24a	
a Mortgage (paid to banks, etc.)	16a	Travel	24b	
b Other	16b	Deductible meals and entertainment (see instructions)	25	
17 Legal and professional services	17	25 Utilities	26	
	450.	26 Wages (less employment credits)	27a	6,679.
		27a Other expenses (from line 48)	27b	
		b Reserved for future use	28	19,168.
28 Total expenses before expenses for business use of home. Add lines 8 through 27a			29	6,611.
29 Tentative profit or (loss). Subtract line 28 from line 7				
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: 1100 and (b) the part of your home used for business: 144. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			30	720.
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.			31	5,891.
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input checked="" type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.	

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35
36	Purchases less cost of items withdrawn for personal use 36
37	Cost of labor. Do not include any amounts paid to yourself 37
38	Materials and supplies 38
39	Other costs 39
40	Add lines 35 through 39 40
41	Inventory at end of year 41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ► 04/16/2016
44	Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
a	Business 18,605 b Commuting (see instructions) 6,021 c Other 0
45	Was your vehicle available for personal use during off-duty hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

Dues & Subscriptions	558.
Client Gifts	530.
Client Events	1,885.
Travel	939.
Open House Showings	669.
Postage	105.
Continuing Education	89.
Internet	119.
Telephone & Internet	1,785.
48 Total other expenses. Enter here and on line 27a 48	6,679.

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Nancy J Dumont

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

OMB No. 1545-0074

2017

Attachment
Sequence No. **13**

Your social security number

030-64-0942

Part I **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C** or **C-EZ** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No
B If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

1a	Physical address of each property (street, city, state, ZIP code)				
A	1241 Taber Hill Stowe VT 05672				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties:	A	B	C
3	Rents received	3	16,150.		
4	Royalties received	4			
Expenses:					
5	Advertising	5			
6	Auto and travel (see instructions)	6	600.		
7	Cleaning and maintenance	7	1,725.		
8	Commissions.	8			
9	Insurance	9	618.		
10	Legal and other professional fees	10			
11	Management fees	11			
12	Mortgage interest paid to banks, etc. (see instructions)	12	10,189.		
13	Other interest.	13			
14	Repairs.	14	800.		
15	Supplies	15			
16	Taxes	16	3,987.		
17	Utilities.	17			
18	Depreciation expense or depletion	18	2,793.		
19	Other (list) ▶	19			
20	Total expenses. Add lines 5 through 19	20	20,712.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-4,562.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(0.)	()	()
23a	Total of all amounts reported on line 3 for all rental properties	23a	16,150.		
b	Total of all amounts reported on line 4 for all royalty properties	23b			
c	Total of all amounts reported on line 12 for all properties	23c	10,189.		
d	Total of all amounts reported on line 18 for all properties	23d	2,793.		
e	Total of all amounts reported on line 20 for all properties	23e	20,712.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24			
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(0.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			0.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Go to www.irs.gov/ScheduleSE for instructions and the latest information.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2017

Attachment
Sequence No. **17**

Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)

Nancy J Dumont

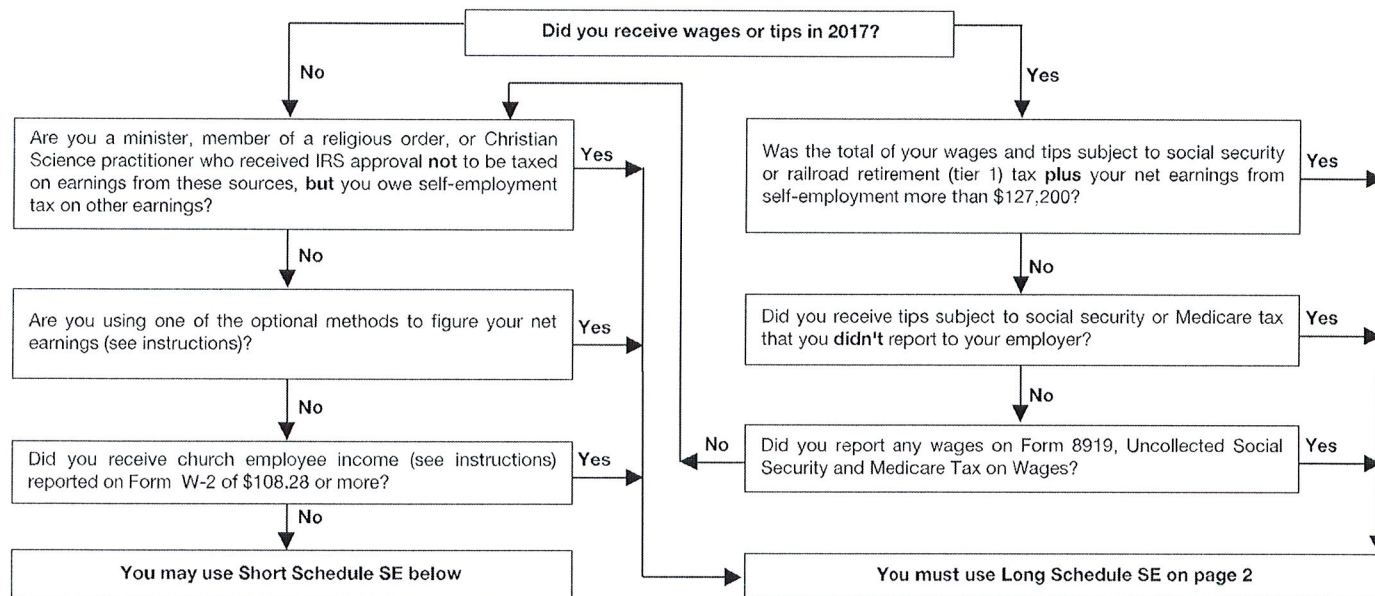
Social security number of person
with **self-employment** income ►

030-64-0942

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A—Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b ()
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	5,891.
3 Combine lines 1a, 1b, and 2	3	5,891.
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b. ►	4	5,440.
Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 Self-employment tax. If the amount on line 4 is: • \$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 • More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5	832.
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	416.

Paid Preparer's Due Diligence ChecklistEarned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC),
and Additional Child Tax Credit (ACTC)

OMB No. 1545-1629

2017Attachment
Sequence No. **70**▶ To be completed by preparer and filed with Form 1040, 1040A, 1040EZ, 1040NR, 1040SS, or 1040PR.
▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

Taxpayer name(s) shown on return

Nancy J Dumont

Taxpayer identification number

030-64-0942

Enter preparer's name and PTIN

Diana J. Sheltra, EA

P00384947

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) claimed on this return and complete the related Parts I-IV for the credit(s) claimed (check all that apply).		EIC <input checked="" type="checkbox"/>	CTC/ACTC <input checked="" type="checkbox"/>	AOTC <input type="checkbox"/>
1	Did you complete the return based on information for tax year 2017 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
2	Did you complete the applicable EIC and/or CTC/ACTC worksheets found in the Form 1040, 1040A, 1040EZ, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following: • Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) • Review information to determine that the taxpayer is eligible to claim the credit(s) and for what amount	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
4	Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing the return, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b	Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of applicable worksheets, a record of how, when, and from whom the information used to prepare Form 8867 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility or to compute the amount for the credit(s) List those documents, if any, that you relied on. _____ _____ _____ _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
a	Did you complete the required recertification Form 8862?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	EIC	CTC/ACTC	AOTC
9a Have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming EIC and does not have a qualifying child.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b Did you explain to the taxpayer that he/she may not claim the EIC if the taxpayer has not lived with the child for over half the year, even if the taxpayer has supported the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tie-breaker rules)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Part III Due Diligence Questions for Returns Claiming CTC and/or ACTC (If the return does not claim CTC or ACTC, go to Part IV.)

10a Did all children for whom the taxpayer is claiming the CTC/ACTC reside with the taxpayer? (If "Yes," go to question 10c; if "No," go to question 10b.) . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b Did you ask if there is an active Form 8332, Release/Revocation of Claim to Exemption for Child by Custodial Parent, or a similar statement in place and, if applicable, did you attach it to the return?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
c Have you determined that the taxpayer has not released the claim to another person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

11 Did the taxpayer provide substantiation such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Part V Credit Eligibility Certification**► You have complied with all due diligence requirements with respect to the credits claimed on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and in what amount(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for all credits claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of Form 8867,
 2. The applicable worksheet(s) or your own worksheet(s) for any credits claimed,
 3. Copies of any taxpayer documents you may have relied upon to determine eligibility for and the amount of the credit(s),
 4. A record of how, when, and from whom the information used to prepare this form and worksheet(s) was obtained, and
 5. A record of any additional questions you may have asked to determine eligibility for and amount of the credits, and the taxpayer's answers.

► If you have not complied with all due diligence requirements for all credits claimed, you may have to pay a \$510 penalty for each credit for which you have failed to comply.

12 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Passive Activity Loss Limitations

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2017Attachment
Sequence No. **88**

Name(s) shown on return

Nancy J Dumont

Identifying number

030-64-0942

Part I 2017 Passive Activity Loss**Caution:** Complete Worksheets 1, 2, and 3 before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

- 1a** Activities with net income (enter the amount from Worksheet 1, column (a))
- b** Activities with net loss (enter the amount from Worksheet 1, column (b))
- c** Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))
- d** Combine lines 1a, 1b, and 1c

1a**1b** ()**1c** ()**1d****Commercial Revitalization Deductions From Rental Real Estate Activities**

- 2a** Commercial revitalization deductions from Worksheet 2, column (a)
- b** Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)
- c** Add lines 2a and 2b

2a ()**2b** ()**2c** ()**All Other Passive Activities**

- 3a** Activities with net income (enter the amount from Worksheet 3, column (a))
- b** Activities with net loss (enter the amount from Worksheet 3, column (b))
- c** Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))
- d** Combine lines 3a, 3b, and 3c

3a 0.**3b** (4,562.)**3c** (9,569.)**3d**

-14,131.

- 4** Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used

4

-14,131.

If line 4 is a loss and:

- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.**Part II Special Allowance for Rental Real Estate Activities With Active Participation****Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

- 5** Enter the **smaller** of the loss on line 1d or the loss on line 4
- 6** Enter \$150,000. If married filing separately, see instructions
- 7** Enter modified adjusted gross income, but not less than zero (see instructions)

6**7****Note:** If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.

- 8** Subtract line 7 from line 6
- 9** Multiply line 8 by 50% (0.50). **Do not** enter more than \$25,000. If married filing separately, see instructions
- 10** Enter the **smaller** of line 5 or line 9

8**9****10**

0.

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

- 11** Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions
- 12** Enter the loss from line 4
- 13** Reduce line 12 by the amount on line 10
- 14** Enter the **smallest** of line 2c (treated as a positive amount), line 11, or line 13

11**12****13****14****Part IV Total Losses Allowed**

- 15** Add the income, if any, on lines 1a and 3a and enter the total
- 16** **Total losses allowed from all passive activities for 2017.** Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return

15

0.

16

0.

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.**Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶					

Worksheet 2—For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b ▶			

Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
1241 Taber Hill	0.	4,562.	9,569.		14,131.
Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶	0.	4,562.	9,569.		

Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total ▶			1.00		

Worksheet 5—Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
1241 Taber Hill	E Ln 22	14,131.	1.00000000	14,131.
Total ▶		14,131.	1.00	14,131.

Worksheet 6—Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
1241 Taber Hill	E Ln 22	14,131.	14,131.	0.
Total		14,131.	14,131.	0.

Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Total ▶			1.00		



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2017
VERMONT**Income Tax Return****FORM**
IN-111

Taxpayer Information

Tax Filing Information

Taxable Income

VT Income Tax

VT Income Tax

VT Income Tax

1 Taxpayer's Last Name DUMONT		First Name NANCY		Initial J	Taxpayer's Social Security Number 030-64-0942	
Spouse's or CU Partner's Last Name		First Name		Initial	Spouse's or CU Partner's Social Security Number	
Mailing Address (Number and Street/Road or PO Box) 60 HENRY STREET					Taxpayer's Driver's License Number 92065138	
City SHELBURNE					State VT	ZIP Code 05482
Check here if this is an AMENDED return <input type="checkbox"/>		Check if taxpayer died during 2017 <input type="checkbox"/>		Check if Spouse or CU Partner died during 2017 <input type="checkbox"/>		Check here if using RECOMPUTED Federal Return information <input type="checkbox"/>
1. VT School District Code 183		2. 911 street address on 12/31/2017 - Number, street/road name (Do not use "PO Box," "same," or Town name) 60 HENRY STREET				

2 FILING STATUS						
<input checked="" type="checkbox"/> 3. Single	<input type="checkbox"/> 4. Head of Household	<input type="checkbox"/> 5. Married Filing Jointly	<input type="checkbox"/> 6. CU Partner Filing Jointly	<input type="checkbox"/> 7. Qualifying Widow(er) with dependent children	<input type="checkbox"/> 8a. Married Filing Separately	<input type="checkbox"/> 8b. CU Filing Separately
					Enter Spouse or CU Partner full name _____ Enter Spouse or CU Partner Social Security Number _____	
9. Exemptions Claimed (federal Form 1040-Line 6d; 1040A-Line 6d; 1040EZ/1040NR-EZ-enter 0, 1, or 2) 9. 1						

3		10. Adjusted Gross Income (Federal Form 1040-Line 37; 1040A-Line 21; 1040EZ-Line 4) 10. 25457.00	
		11. Federal Taxable Income (Federal Form 1040-Line 43; 1040A-Line 27; 1040EZ-Line 6) If the federal amount is -0-, see instructions. 11. 15057.00	
ADDITIONS:			
12a. Income from Non-Vermont State and Local Obligations (Schedule IN-112, Part I, Line 3) 12a.		0.00	
12b. Bonus Depreciation Allowed under Federal law for 2017 12b.		0.00	
12c. Addback of Itemized Deductions (Schedule IN-155, Line 11) 12c.		0.00	
13. Federal Taxable Income with Additions (Add Lines 11, 12a, 12b, and 12c) 13.		15057.00	
SUBTRACTIONS:			
14a. Interest Income from U.S. Obligations 14a.		0.00	
14b. Capital Gains Exclusion (Schedule IN-153, Line 21) 14b.		0.00	
14c. Adjustment for Prior Years' Bonus Depreciation 14c.		0.00	
14d. Taxable refunds of state and local income taxes (Federal Form 1040-Line 10) 14d.		0.00	
14e. Add Lines 14a, 14b, 14c, and 14d 14e.		0.00	
15. Vermont Taxable Income (Subtract Line 14e from Line 13. If Line 14e is more than Line 13, enter -0-.) 15.		15057.00	

4		16. Vermont Income Tax from Tax Table or Tax Rate Schedule on Line 15 amount 16. 534.00	
		(If Line 10 is greater than \$150,000, see instructions)	
17. Additions to Vermont Income Tax (Schedule IN-112, Part II, Line 7) 17.		0.00	
18. Vermont Income Tax with Additions (Add Lines 16 & 17) 18.		534.00	
19. Subtractions from Vermont Income Tax (Schedule IN-112, Part II, Line 15) 19.		0.00	
20. Vermont Income Tax (Subtract Line 19 from Line 18. If Line 19 is more than Line 18, enter -0-) 20.		534.00	
21. Income Adjustment (Schedule IN-113, Line 39 OR 100.00%) 21.		100.00 %	
22. Adjusted Vermont Income Tax (Multiply Line 20 by Line 21) 22.		534.00	

1555

REV 01/17/18 PRO

Continued on back

Form IN-111

Taxpayer's Last Name DUMONT	Social Security Number 030-64-0942
---------------------------------------	--

Keep a copy for
your records.



* 1 7 1 1 1 1 2 7 3 *

Enter amount from Line 22 534

23. <u>0.00</u> + 24. <u>0.00</u> = 25. <u>0.00</u>		
Other State Credit (Schedule IN-117, Line 21)	Vermont Tax Credits (Schedule IN-112, Part IV, Line 5 OR Schedule IN-119)	Total Vermont Credits (Add Lines 23 and 24)

26. <u>534.00</u>
Vermont Income Tax after Credits (Subtract Line 25 from Line 22. If Line 25 is more than Line 22, enter -0-.)

27. <u>0.00</u>
Use Tax for taxable items on which no sales tax was charged, including online purchases (see instructions, worksheet, and chart).

☒ Check here to certify you have completed the worksheet in the instructions and no Use Tax is due.

Please note: Act 73 of 2017 requires vendors to report to the Department of Taxes certain transactions on which no sales tax was paid.

28. <u>534.00</u>
Total Vermont Taxes (Add Lines 26 and 27)

29a. <u>0.00</u> + 29b. <u>0.00</u> + 29c. <u>0.00</u> + 29d. <u>0.00</u> = 29e. <u>0.00</u>			
Vermont Veterans Fund	Green Up Vermont	Nongame Wildlife Fund	Children's Trust Fund

30. <u>534.00</u>
Total of Vermont Taxes and Voluntary Contributions (Add Lines 28 and 29e)

31a. <u>603.00</u>
From W-2, 1099, etc. Vermont Tax Withheld

31b. <u>0.00</u>
From Vermont Form IN-114 Estimated Tax for 2017 and/or Form IN-151, Extension with payment

31c. <u>0.00</u>
Earned Income Tax Credit (Schedule IN-112, Part III)

31d. <u>909.00</u>
Renter Rebate (Form PR-141, Line 9)

31e. <u>0.00</u>
From Vermont Form RW-171 Vermont Real Estate Withholding (see instructions)

31f. <u>0.00</u>
From Vermont Form WH-435 Estimated Income Tax Payment made by Business Entity for Nonresident Partner, Member, or Shareholder

31g. <u>0.00</u>
Low Income Child & Dependent Care Credit (see instructions)

31h. <u>1512.00</u>
Total Payments and Credits (Add Lines 31a through 31g)

32. <u>978.00</u>
Overpayment If Line 30 is less than Line 31h, subtract Line 30 from Line 31h

33a. <u>0.00</u>
Refund to be Credited to 2018 Estimated Tax Payment Amount on 31d cannot be credited to 2018 estimated tax payment

33b. <u>0.00</u>
Refund to be Credited to 2018 Property Tax Bill

34. <u>978.00</u>
REFUND AMOUNT (Subtract Lines 33a and 33b from Line 32)

35. <u>0.00</u>
If Line 30 is more than Line 31h, subtract Line 31h from Line 30. See instructions on tax due.

36. <u>0.00</u>	Interest and Penalty on Underpayment of Estimated Tax (Worksheet IN-152 or IN-152A)	37. <u>0.00</u>	AMOUNT DUE Add Lines 35 and 36
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For amended returns only	Original refund received <u>0.</u>	Refund due now <u>0.</u>	Original payment <u>0.</u>	Amount due now <u>0.</u>
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature 	Date <u>10/15/18</u>	Occupation <u>REALTOR</u>	Date of Birth (MM DD YYYY) <u>03 05 1973</u>	Telephone Number
Signature. If a joint return, BOTH must sign.	Date	Occupation	Date of Birth (MM DD YYYY)	Telephone Number

☒ Check here if authorizing the Vermont Department of Taxes to discuss this return and attachments with your preparer.

Preparer's signature 	Date	Preparer's SSN or PTIN <u>P00384947</u>
Firm's name (or yours if self-employed) and address <u>SHELTRA TAX & ACCOUNTING, LLC</u> <u>76 PEARL STREET SUITE 207</u> <u>ESSEX JUNCTION VT 05452</u>	EIN <u>56-2287007</u>	Preparer's Telephone Number <u>802-878-0990</u>



* 1 7 1 4 4 1 1 7 3 *

For the year Jan. 1–Dec. 31, 2017

CHECK IF AMENDING

Please PRINT in BLUE or BLACK INK

☐ FORM HS-122 OR ☐ FORM PR-141

This schedule must be included with the 2017 Renter Rebate Claim (Form PR-141) OR the 2018 Property Tax Adjustment Claim (Form HS-122) UNLESS you are filing an AMENDED HI-144. Please read instructions before completing schedule.

Claimant's Last Name DUMONT	First Name NANCY	Initial J	Claimant's Social Security Number 030-64-0942
Spouse's or CU Partner's Last Name	First Name	Initial	Claimant's Date of Birth 03/05/1973

List the names and Social Security Numbers of all other persons (other than a Spouse or CU Partner) who had income and lived with you during 2017. Include their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Other Person #1 Last Name	First Name	Initial	Other Person #1 Social Security Number
Other Person #2 Last Name	First Name	Initial	Other Person #2 Social Security Number

	Totals of ALL members of the household	1. Claimant and jointly filed spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
a. Cash public assistance and relief a.	0.00	0.00	0.00	0.00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable b.	0.00	0.00	0.00	0.00
c. Unemployment compensation/worker's compensation c.	0.00	0.00	0.00	0.00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.) d.	19982.00	0.00	0.00	0.00
e. Interest and dividends e.	0.00	0.00	0.00	0.00
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable f.	0.00	0.00	0.00	0.00
g. Alimony, support money, child support, cash gifts g.	0.00	0.00	0.00	0.00
h. Business income. If the amount is a loss, enter -0-. See instructions for offsetting a loss. h.	5891.00	0.00	0.00	0.00
i. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-. See instructions for offsetting a loss. i.	0.00	0.00	0.00	0.00
j. Taxable pensions, annuities, IRA and other retirement fund distributions. See instructions. j.	0.00	0.00	0.00	0.00
k. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss. k.	0.00	0.00	0.00	0.00
l. Farm/partnerships/S corporations/LLC/ Estate or Trust income. If the amount is a loss, enter -0-. See Line i instructions for only exception to offset a loss. l.	0.00	0.00	0.00	0.00
m. Other income (See instructions for examples of other income). Please specify. m.	0.00	0.00	0.00	0.00
n. Total Income: Add Lines a through m. n.	25873.00	0.00	0.00	0.00

INCOME



* 1 7 1 4 4 1 2 7 3 *

**1. Claimant and jointly
filed spouse**

**2. Filing separately
Spouse or CU Partner**

3. Other Persons

\$ **25873**

\$ **0**

\$ **0**

1. Amount from Line n, Column 1

2. Amount from Line n, Column 2

3. Amount from Line n, Column 3

o. See instructions Enter Social Security and Medicare tax withheld on wages claimed on Line d. **Self-Employed:** Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE if not included with income tax filing. **o.**

2361.00

0.00

0.00

p. Child support paid. You must include proof of payment. See instructions. **p.**

0.00

0.00

0.00

Support paid to: Last Name

First Name

Initial

Social Security Number

q. Allowable adjustments from Federal Form 1040 or 1040A

q1. Business Expenses for Reservists (1040, Line 24) **q1.**

0.00

0.00

0.00

q2. Alimony paid (1040, Line 31a) **q2.**

0.00

0.00

0.00

q3. Tuition and fees (1040, Line 34 or 1040A, Line 19) **q3.**

0.00

0.00

0.00

q4. Self-employed health insurance deduction (1040, Line 29) **q4.**

0.00

0.00

0.00

q5. Health Savings Account deduction (1040, Line 25) **q5.**

0.00

0.00

0.00

r. Add Lines o, p and total of Lines q1 to q5 for each column **r.**

2361.00

0.00

0.00

s. Subtract Line r from Line n of each column. If a negative amount, enter -0- **s.**

23512.00

0.00

0.00

t. Add all three amounts from Line s. If a negative amount, enter -0- **t.**

23512.00

u. Complete if born Jan. 1, 1953, and after. Enter interest and dividend income from Lines e and f. **u.**

0.00

0.00

0.00

v. Add all three amounts from Line u. **v.**

0.00

w. **w.**

10000.00

x. Subtract Line w from Line v. If Line w is more than Line v, enter -0- **x.**

0.00

y. HOUSEHOLD INCOME. Add Line t and Line x. **y.**

23512.00

ADJUSTMENTS TO INCOME

RENTERS:

If Line y Household Income is \$47,000 or less, you may be eligible for a renter rebate. Complete Form PR-141. This schedule must be filed with the Renter Rebate Claim. Claims are due April 17, 2018, but can be filed up to Oct. 15, 2018.

If Household Income is more than \$47,000, you do not qualify for a renter rebate.

HOMEOWNERS:

Form HS-122, Property Tax Adjustment Claim, must be filed each year.

Homeowners with Household Income up to \$147,500 on Line y should complete Form HS-122, Section B. You may be eligible for a property tax adjustment. This schedule must be filed with the HS-122.

Form HS-122 Due Date - April 17, 2018. Homeowners filing a property tax adjustment, Forms HS-122 and HI-144, between April 18 and Oct. 15, 2018, may still qualify for a property tax adjustment. A \$15 late filing fee will be deducted from the adjustment.



* 1 6 9 2 1 1 1 0 0 *

VT Form
TAX-921

**Additional Information
FORM**

Name of Taxpayer (Individual or Entity): NANCY DUMONT	Letter ID Number: L0906711552
	Taxpayer ID PIT10220471

IMPORTANT INSTRUCTIONS

For prompt processing, please include this document with your response.

For faster processing, you can submit your information to us on our website at www.myvtax.vermont.gov and click 'Respond to Correspondence'.

Mail this form with supporting documents and information to:

VT Department of Taxes
PO Box 1900
Montpelier, VT 05601-1900

For Department use only

[]



PAYER'S name, address, ZIP/postal code, country & phone no. NEW ENGLAND LANDMARK REALTY LTD 26 N MAIN STREET SUITE 2 WATERBURY VT 05676 (866) 324-2427	
PAYER'S federal ID number 26-1285371	RECIPIENT'S ID number XXX-XX-0942
RECIPIENT'S name, address, ZIP/postal code & country NANCY DUMONT 60 HENRY STREET #202 SHELBURNE VT 05482	
Account number 958578620431	1 Rents
2 Royalties	3 Other income
4 Fed. income tax withheld	5 Fishing boat proceeds
6 Medical & health care pymts.	7 Nonemployee comp. 23978.60
8 Substitute payments in lieu of dividends or interest	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>
10 Crop insurance proceeds	11
12	13 Excess golden parachute payments
14 Gross proceeds paid to an attorney	15a Section 409A deferrals
15b Section 409A income	16 State tax withheld
17 State/Payer's state no.	18 State income
1099-MISC Miscellaneous Income 2017 Copy 2 - To be filed with Recipient's State Tax Return CORRECTED (if checked) <input type="checkbox"/> FATCA filing requirement <input type="checkbox"/> Dept. of Treasury - IRS OMB No. 1545-0115	

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PAYER'S federal ID number 26-1285371	RECIPIENT'S ID number XXX-XX-0942
RECIPIENT'S name, address, ZIP/postal code & country NANCY DUMONT 60 HENRY STREET #202 SHELBURNE VT 05482	
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8 Substitute payments in lieu of dividends or interest	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>
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12	13 Excess golden parachute payments
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17 State/Payer's state no.	18 State income
1099-MISC Miscellaneous Income 2017 Copy B - For Recipient CORRECTED (if checked) <input type="checkbox"/> FATCA filing requirement <input type="checkbox"/> Dept. of Treasury - IRS OMB No. 1545-0115	

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Instructions for Recipient

Recipient's taxpayer identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

FATCA filing requirement. If FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8938.

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must report the amounts on the proper line of their tax returns.

Form 1099-MISC incorrect? If this form is incorrect or has been issued in error, contact the payer. If you cannot get this form corrected, attach an explanation to your tax return and report your income correctly.

Box 1. Report rents from real estate on Schedule E (Form 1040). However, report rents on Schedule C (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business.

Box 2. Report royalties from oil, gas, or mineral properties, copyrights, & patents on Schedule E (Form 1040). However, report payments for a working interest as explained in box 7 inst. For royalties on timber, coal, and iron ore, see Pub. 544.

Box 3. Generally, report this amount on the "Other income" line of Form 1040 (or Form 1040NR) and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525. If it is trade or business income, report this amount on Schedule C or F (Form 1040).

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number. See Form W-9 and Pub. 505 for more information. Report this amount on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C (Form 1040). See Pub. 334.

Box 6. For individuals, report on Schedule C (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040 (or Form 1040NR).

Box 9. If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 10. Report this amount on Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 (or Form 1040NR) instructions for where to report.

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15a. May show current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A, plus any earnings on current and prior year deferrals.

Box 15b. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040 (or Form 1040NR). See "Total Tax" in the Form 1040 (or Form 1040NR) instructions.

Boxes 16-18. Shows state or local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-MISC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099misc.

Copy B To Be Filed With Employee's Federal Tax Return		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	
030-64-0942	8978.47	1017.14	
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld	
81-3991100	9198.36	571.23	
	5 Medicare wages and tips	6 Medicare tax withheld	
	9198.36	133.60	
c Employer's name, address, and ZIP code			
CHAMPLAIN VALLEY SCHOOL DISTRICT 5420 SHELBURNE ROAD STE 300 SHELBURNE, VT 05482			
d Control number			
e Employee's name, address, and ZIP code Suff.			
NANCY J DUMONT 60 HENRY STREET NUMBER 202 SHELBURNE, VT 05482			
7 Social security tips	8 Allocated tips	9 Verification code	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other RETIREMENT 219.89	12b Code	
Retirement plan X		12c Code	
Third-party sick pay		12d Code	
VT	SUT10859356002	8978.47	280.78
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2017 Dept. of the Treasury -- IRS
This information is being furnished to the Internal Revenue Service www.irs.gov/efile

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	
030-64-0942	8978.47	1017.14	
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld	
81-3991100	9198.36	571.23	
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NANCY J DUMONT 60 HENRY STREET NUMBER 202 SHELBURNE, VT 05482			
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Retirement plan X		12c Code	
Third-party sick pay		12d Code	
VT	SUT10859356002	8978.47	280.78
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2017 Dept. of the Treasury -- IRS

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)		41-0852411 OMB No. 1545-0008	
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81-3991100	9198.36	571.23	
	5 Medicare wages and tips	6 Medicare tax withheld	
	9198.36	133.60	
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d Control number			
e Employee's name, address, and ZIP code Suff.			
NANCY J DUMONT 60 HENRY STREET NUMBER 202 SHELBURNE, VT 05482			
7 Social security tips	8 Allocated tips	9 Verification code	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other RETIREMENT 219.89	12b Code	
Retirement plan X		12c Code	
Third-party sick pay		12d Code	
VT	SUT10859356002	8978.47	280.78
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2017 Dept. of the Treasury -- IRS
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If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

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a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	
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18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2017 Dept. of the Treasury -- IRS
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Copy B--To Be Filed With Employee's FEDERAL Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no. 030-64-0942	1 Wages, tips, other comp. 11004.00	2 Federal income tax withheld 1115.76	
b Employer ID number (EIN) 03-0213990	3 Social security wages 11275.11	4 Social security tax withheld 699.05	
	5 Medicare wages and tips 11275.11	6 Medicare tax withheld 163.51	
c Employer's name, address, and ZIP code CHITTENDEN SOUTH SUPERVISORY U SUITE 300 5420 SHELBURNE ROAD SHELBURNE VT 05482			
d Control number 383			
e Employee's name, address, and ZIP code Suff. NANCY J DUMONT 60 HENRY STREET NUMBER 202 SHELBURNE VT 05482			
7 Social security tips 0.00	8 Allocated tips	9 Verification code	
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a Code See inst. for box 12	
13 Statutory employee	14 Other 414 (H)	12b Code	
Retirement plan X	271.11	12c Code	
Third-party sick pay		12d Code	
VT 430030213990F01	11004.00	321.66	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement
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18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

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Dept. of the Treasury -- IRS

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Dept. of the Treasury -- IRS

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