

For office use only	
Date received	

Part I Remember to write in your Social Security Number	Last Name DUMONT		First Name and Initial NANCY J		Enter Social Security Number (SSN) 030 - 64 - 0942	
	Spouse's Last Name (if different and joint return)		First Name and Initial		Enter Spouse's SSN, if joint return - -	
	Current Mailing Address 1241 TABER HILL ROAD				E-mail Address	
	City or Town STOWE		State VT	Zip Code 05672	Telephone Number	

Part II *Tax Return Information (whole dollars only)*

- | | | | |
|----|--|----|------------|
| 1. | Federal Taxable Income | 1. | <u>396</u> |
| 2. | Vermont Taxable Income | 2. | <u>0</u> |
| 3. | Adjusted VT Income Tax | 3. | <u>15</u> |
| 4. | Vermont Income Tax Withheld | 4. | <u>120</u> |
| 5. | Vermont Earned Income Tax Credit | 5. | <u>103</u> |
| 6. | Refund credited to next years estimated tax | 6. | <u>0</u> |
| 7. | Refund credited to property tax bill | 7. | <u>0</u> |
| 8. | <input checked="" type="checkbox"/> Refund Amount (check applicable box) | | |
| | <input type="checkbox"/> Amount Due | 8. | <u>208</u> |

→ DO NOT MAIL THIS FORM -- KEEP THIS FORM AND REQUIRED ATTACHMENTS ON FILE FOR 3 YEARS ←

Part III *Form HS-122 For Vermont Residents Only (check box)*

- ☒
- Check here if Property Tax Adjustment Claim filed

Part IV ☐ Direct Deposit of Refund

☐ **ACH Debit Payment** Amount \$ 0 Payment Date

Routing transit number (RTN) | | | | | | | | | The first two numbers of the RTN must be 01 through 12 or 21 through 32.

Depositor account number (DAN) | | | | | | | | | | | | | | | | Type of account: ☐ Savings ☐ Checking

Part V Declaration of Taxpayer By signing below, you agree that:

- Under penalties of perjury, I declare the information I provided to my Electronic Return Originator (ERO) and the amounts shown in Part II agree with the amounts shown on the corresponding lines of my Vermont Corporate or Business Income tax return noted above, and is, to the best of my knowledge and belief, true, 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.
- I consent to have the ERO forward my return, including this declaration and accompanying schedules and statements, to the Vermont Department of Taxes upon the Department's request.
- If the Vermont Department of Taxes does not receive full and timely payment of the amount due, I am liable for the tax and any applicable charges.

Please Sign
Here

Your Signature: Nancy du Mont Date: 4/26/19

Spouse's Signature (if joint return, BOTH must sign)

Date _____

Part VI Declaration of Electronic Return Originator (ERO) Only

As an ERO, I am not responsible for review of the taxpayer's return but declare this form accurately reflects the data on the return. The taxpayer(s) signed this form before I submitted the return. I will give the taxpayer a copy of all forms and information to be filed with Vermont.

**Electronic
Return
Originator's
Use Only**

ERO's
signature

Date _____

Check if: ☒ paid preparer ☐ self-employed

Firm's name (or yours if self-employed) and address

SHELTRA TAX & ACCOUNTING, LLC

EIN	562287007
-----	-----------

76 PEARL STREET, SUITE 207 ESSEX JUN

Phone Number	8028780990
--------------	------------

E-mail address: DIANA@SHELTRATAX.COM

Part VII Declaration of Paid Preparer

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statement. To the best of my knowledge and belief, they are true, correct and complete. This declaration is based on all information of which I have knowledge.

**Paid
Preparer's
Use Only**

Preparer's
signature

Date

Check if self-employed ☐

Firm's name (or yours if self-employed) and address

SHELTRA TAX & ACCOUNTING, LLC

EIN	562287007
-----	-----------

76 PEARL STREET, SUITE 207 ESSEX JUN

Phone Number	8028780990
--------------	------------

E-mail address:

IRS e-file Signature Authorization

OMB No. 1545-0074

2018Department of the Treasury
Internal Revenue Service

▶ Return completed Form 8879 to your ERO. (Don't send to the IRS.)

▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name

Nancy J Dumont

Social security number

030-64-0942

Spouse's name

Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2018 (Whole dollars only)

1	Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	396.
2	Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	118.
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	442.
4	Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	609.
5	Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize Sheltra Tax & Accounting, LLC to enter or generate my PIN

ERO firm name

4 0 9 4 2

Enter five digits, but
don't enter all zeros

as my signature on my tax year 2018 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶

Nancy J Dumont

Date ▶

4/26/19

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN

ERO firm name

Enter five digits, but
don't enter all zeros

as my signature on my tax year 2018 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶

Date ▶

Practitioner PIN Method Returns Only—continue below**Part III Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

0 3 0 4 0 6 0 5 4 5 4

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶

Nancy J Dumont

Date ▶

4/26/19

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Taxpayer Last Name
DUMONT

Social Security Number
030640942



* 1 8 1 1 1 1 2 7 3 *

17. 0 .00 + 18. 0 .00 = 19. 0 .00
Other State Credit Vermont Tax Credits Total Vermont Credits
(Schedule IN-117, Line 21) (Schedule IN-119, Part II) (Add Lines 17 and 18)

20. Vermont Income Tax after credits (Subtract Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-) 20 15 .00
21. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart) 21 0 .00 X Check here to certify no Use Tax is due.
22. Total Vermont Taxes (Add Lines 20 and 21) 22 15 .00

Contributions
23a. Green Up Vermont 0 .00 + 23b. Nongame Wildlife Fund 0 .00 + 23c. Children's Trust Fund 0 .00 + 23d. Vermont Veterans Fund 0 .00 = 23e. Total Contributions 0 .00
24. Total of Vermont Taxes and Voluntary Contributions (Add Lines 22 and 23e) 24 15 .00

25a. 2018 Vermont Tax Withheld from W-2, 1099 25a 120 .00
25b. 2018 Estimated Tax payments, amount carried forward from 2017, and payment made with 2018 extension 25b 0 .00
25c. Refundable Credits (Schedule IN-112, Part II) 25c 103 .00
25d. 2018 Vermont Real Estate Withholding from Form RW-171 25d 0 .00
25e. 2018 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5. 25e 0 .00
25f. Total Payments and Credits (Add Lines 25a through 25e) 25f 223 .00
26. Overpayment. If Line 24 is less than Line 25f, Subtract Line 24 from Line 25f 26 208 .00
27a. Refund to be credited to 2019 Estimated Tax Payment 27a 0 .00
27b. Refund to be credited to 2019 Property Tax Bill 27b 0 .00
28. REFUND AMOUNT (Subtract Lines 27a and 27b from Line 26) 28 208 .00
29. If Line 24 is more than Line 25f, Subtract Line 25f from Line 24. See instructions on tax due 29 0 .00
30. Interest and Penalty on Underpayment of Estimated Tax (Worksheet IN-152, or IN-152A) 0
31. AMOUNT DUE Add Lines 29 and 30 31 0 .00

For Amended Returns Only: Original refund received 0 Refund due now 0 Original Payment 0 Amount Due Now 0

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 Nancy Dumont 4/26/19

Date

03 05 1973
Date of Birth (MMDDYYYY)

8027931430
Telephone Number

Signature (If a joint return, BOTH must sign)

Date

Date of Birth (MMDDYYYY)

Telephone Number

Preparer's Signature

Date

P00384947
Preparer's SSN or PTIN

802-878-09
Telephone Number

SHELTRA TAX & ACCOUNTING, LLC 76 PEARL STREET SUITE 2
Firm's Name (or your name if self-employed) and address

562287007
EIN

May the Department of Taxes contact your preparer? YES X

Keep a copy for your records.

1555

Page 2 of 2 REV 02/08/19 PRO

Form IN-111, Rev. 10/18