

2020 Form HS-122

Vermont Homestead Declaration AND Property Tax Credit Claim



Under Act 51, effective July 1, 2019, the Property Tax Adjustment has been changed to the Property Tax Credit.

DUE DATE: April 15, 2020. You may file up to Oct. 15, 2020, but the town may assess a penalty. For details on late filing, see the instructions.

How to file a Homestead Declaration: Please complete Section A of this form, sign in the signature section at the bottom of page 2, and send the form to the Vermont Department of Taxes

How to file a Property Tax Credit Claim: To be considered for a Property Tax Credit, you must file a 1) Homestead Declaration (Section A of this form), 2) Property Tax Credit Claim (Section B of this form), and 3) Schedule HI-144, Household Income. Sign this form in the signature section at the bottom of page 2 and send the forms to the Department.

Tired of paper forms? It's fast and convenient to file your claim online at myVTax.vermont.gov.

Annual Vermont Homestead Declaration

This form must be filed each year by every Vermont resident whose property meets the definition of a homestead. A Vermont homestead is the principal dwelling and parcel of land surrounding the dwelling, owned and occupied by a resident individual as the individual's domicile on April 1, 2020. If your homestead is leased to a tenant on April 1, 2020, you may still claim it as a homestead if it is not leased for more than 182 days in the 2020 calendar year.

SECTION A.

Please PRINT in BLUE or BLACK INK

Form with fields for Claimant's Last Name, First Name, MI, Social Security Number, Spouse's/Partner's info, Mailing Address, City, State, ZIP Code, Location of Homestead, and Filing Status options.

A1. Business Use of Dwelling ..... A1. \_\_\_\_\_ %

A2. Rental Use of Dwelling ..... A2. \_\_\_\_\_ %

A3. Business or Rental Use of Improvements or Other Buildings
Not including the dwelling, are improvements or other buildings located on your parcel used for business or rented? ... A3. [ ] Yes [ ] No

A4-A7 Special Situations (see instructions for more information). Check the following if it applies:

- A4. Grantor and sole beneficiary of a revocable trust owning the property
A5. Life estate holder of the property
A6. Homestead property crosses town boundaries (File a declaration for each town.)
A7. Residing in a dwelling on the homestead parcel owned by a related farmer.

Please continue to Page 2, Part B, for property tax credit. Sign on Page 2.

Mail to: Vermont Department of Taxes
PO Box 1881
Montpelier, VT 05601-1881

Claimant's Last Name	Social Security Number
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\* 2 0 1 2 2 1 2 B B \*

**DUE DATE:** April 15, 2020. Claims accepted up to Oct. 15, 2020.

**SECTION B. PROPERTY TAX CREDIT CLAIM**  
For Household Income up to \$138,250. Complete and attach Schedule HI-144.

To qualify, you must meet the requirements for filing a homestead declaration in addition to the following requirements. ALL eligibility questions must be answered.

- B1. Were you domiciled in Vermont all of calendar year 2019?  Yes, Go to Line B2.  No, STOP.
- B2. Were you claimed as a dependent in 2019 by another taxpayer?  Yes, STOP.  No, Go to Line B3.
- B3. Do you anticipate selling this Vermont housesite on or before April 1, 2020?  Yes, STOP.  No, Continue

Amounts for Lines B4-B6 are found on the 2019/2020 property tax bill. Round amounts to the nearest dollar.

- B4. Housesite Value ..... B4. \_\_\_\_\_ .00
- B5. Housesite Education Tax ..... B5. \_\_\_\_\_ .00
- B6. Housesite Municipal Tax ..... B6. \_\_\_\_\_ .00
- B7. Ownership Interest ..... B7. \_\_\_\_\_ %
- B8. Household Income (Schedule HI-144, Line z).  
You MUST attach Schedule HI-144. .... B8. \_\_\_\_\_ .00  Check here if amended Schedule HI-144, Household Income, is included.

Complete the following **ONLY if applicable**. See instructions for details.

**Lot Rent**

- B9. E-file Certificate Number (From Form LC-142) ..... B9. \_\_\_\_\_
- B10. Mobile Home Lot Rent (Allocable Rent from Form LC-142 - include Form LC-142 with claim.) ..... B10. \_\_\_\_\_ .00

**OR Allocated Property Tax from Land Trust, Cooperative, or Nonprofit Mobile Home Park**

- B11. Allocated Education Tax ..... B11. \_\_\_\_\_ .00
- B12. Allocated Municipal Tax ..... B12. \_\_\_\_\_ .00

**OR Property Tax from contiguous property if housesite has less than 2 acres (see instructions.)**

- B13. Contiguous property Education Tax ..... B13. \_\_\_\_\_ .00
- B14. Contiguous property Municipal Tax ..... B14. \_\_\_\_\_ .00

**MAXIMUM CREDIT AMOUNT IS \$8,000.**

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 (MMDDYYYY)	Daytime Telephone Number
Signature (if a joint return, BOTH must sign.)	Date (MMDDYYYY)	Daytime Telephone Number
Paid Preparer's Signature	Date (MMDDYYYY)	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address	Preparer's SSN or PTIN	EIN

Check if the Department of Taxes may discuss this return with the preparer shown.

2019 Schedule HI-144

Household Income

For the year Jan 1 - Dec 31, 2019



\* 1 9 1 4 4 1 1 B B \*

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2019 Renter Rebate Claim (Form PR-141) OR the 2020 Property Tax Credit Claim (Form HS-122) UNLESS you are filing an AMENDED HI-144. Please read instructions before completing schedule.

Claimant's Last Name	First Name	MI	Claimant's Social Security Number
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY)

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2019. Include both 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	MI	Other Person #1 Social Security Number
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly 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. . . . .00	. . . . .00	. . . . .00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable . . . . .	b. . . . .00	. . . . .00	. . . . .00
c. Unemployment compensation/worker's compensation. . . . .	c. . . . .00	. . . . .00	. . . . .00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.) . . . . .	d. . . . .00	. . . . .00	. . . . .00
e. Interest and dividends . . . . .	e. . . . .00	. . . . .00	. . . . .00
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable . . . . .	f. . . . .00	. . . . .00	. . . . .00
g. Alimony and support money . . . . .	g. . . . .00	. . . . .00	. . . . .00
h. Child support and cash gifts			
Please specify . . . . .	h. . . . .00	. . . . .00	. . . . .00
i. Business income. If the amount is a loss, enter -0-. See instructions for offsetting a loss . . . . .	i. . . . .00	. . . . .00	. . . . .00
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-. See instructions for offsetting a loss . . . . .	j. . . . .00	. . . . .00	. . . . .00
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions . . . . .	k. . . . .00	. . . . .00	. . . . .00
l. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss . . . . .	l. . . . .00	. . . . .00	. . . . .00
m. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0-. See Line m instructions for only exception to offset a loss . . . . .	m. . . . .00	. . . . .00	. . . . .00
n. Other income (see instructions for examples of other income)			
Please specify . . . . .	n. . . . .00	. . . . .00	. . . . .00
<b>o. Total Income: Add Lines a through n . . . . .</b>	<b>o. . . . .00</b>	<b>. . . . .00</b>	<b>. . . . .00</b>

