

**Stop: Do not use for Tax Year 2022**

**2022 Form HS-122 and 2021 Form HI-144 can only be used for 2021 tax returns. The form will not be accepted for 2022 personal income tax filings.**

**2022 Form HS-122****Vermont Homestead Declaration AND  
Property Tax Credit Claim****DUE DATE:** April 18, 2022. You may file up to Oct. 17, 2022, 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****SECTION A.**

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, 2022. If your homestead is leased to a tenant on April 1, 2022, you may still claim it as a homestead if it is not leased for more than 182 days in the 2021 calendar year.

Please PRINT in BLUE or BLACK INK

|                                                                                                                                                                                                                  |  |            |          |    |                                                         |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|----------|----|---------------------------------------------------------|--|
| Claimant's Last Name                                                                                                                                                                                             |  | First Name |          | MI | Claimant's Social Security Number                       |  |
|                                                                                                                                                                                                                  |  |            |          |    |                                                         |  |
| Spouse's/CU Partner's Last Name                                                                                                                                                                                  |  | First Name |          | MI | Spouse's or CU Partner's Social Security Number         |  |
|                                                                                                                                                                                                                  |  |            |          |    |                                                         |  |
| Mailing Address (Number and Street/Road or PO Box)                                                                                                                                                               |  |            |          |    | Claimant's Date of Birth (MM/DD/YYYY)                   |  |
|                                                                                                                                                                                                                  |  |            |          |    | / /                                                     |  |
| City                                                                                                                                                                                                             |  | State      | ZIP Code |    |                                                         |  |
|                                                                                                                                                                                                                  |  |            |          |    |                                                         |  |
| Location of Homestead (Use a number, street/road name. Do not use a PO Box or "same.")                                                                                                                           |  |            |          |    | City/Town of Legal Residence on April 1, 2022 and State |  |
|                                                                                                                                                                                                                  |  |            |          |    |                                                         |  |
| <b>Federal Filing Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married/CU Filing Jointly <input type="checkbox"/> Married/CU Filing Separately <input type="checkbox"/> Head of Household |  |            |          |    |                                                         |  |

**A1.** SPAN - REQUIRED (from the 2021/2022 property tax bill). . . . . **A1.** \_\_\_\_\_ - \_\_\_\_\_**A2.** Business Use of Dwelling. . . . . **A2.** \_\_\_\_\_ %**A3.** Rental Use of Dwelling. . . . . **A3.** \_\_\_\_\_ %**A4.** 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? . . . **A4.** ☐ Yes ☐ No**A5-A8 Special Situations** (See instructions for more information). Check the following if it applies:☐ **A5.** Grantor and sole beneficiary of a revocable trust owning the property☐ **A7.** Homestead property crosses town boundaries (File a declaration for each town.)☐ **A6.** Life estate holder of the property☐ **A8.** 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**Form HS-122**

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|                      |                        |
|----------------------|------------------------|
| Claimant's Last Name | Social Security Number |
|                      |                        |



**DUE DATE:** April 18, 2022. Claims accepted up to Oct. 17, 2022.

## SECTION B.

### PROPERTY TAX CREDIT CLAIM

For Household Income up to \$136,900. 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 2021? . . . . . ☐ Yes, Go to Line B2. ☐ No, STOP.
- B2.** Were you claimed as a dependent in 2021 by another taxpayer? . . . ☐ Yes, STOP. ☐ No, Go to Line B3.
- B3.** Do you anticipate selling this Vermont housesite on or before April 1, 2022? . . . . . ☐ Yes, STOP. ☐ No, Continue

Amounts for Lines B4-B6 are found on the 2021/2022 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.

- B9.** Lot Rent (Allocable Rent from Form LRC-147) . . . . . **B9.** \_\_\_\_\_ .00

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

- B10.** Allocated Education Tax. . . . . **B10.** \_\_\_\_\_ .00
- B11.** Allocated Municipal Tax. . . . . **B11.** \_\_\_\_\_ .00

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

- B12.** Contiguous property Education Tax . . . . . **B12.** \_\_\_\_\_ .00
- B13.** Contiguous property Municipal Tax . . . . . **B13.** \_\_\_\_\_ .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 | FEIN                        |

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

**Form HS-122**  
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**2021 Schedule HI-144****Household Income**

For the year Jan 1 - Dec 31, 2021

Please PRINT in BLUE or BLACK INK



\* 2 1 1 4 4 1 1 0 0 \*

This schedule must be included with the 2022 Property Tax Credit Claim (Form HS-122). 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 2021. 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 /Claimant and jointly filed Spouse | 2. Filing separately Spouse or CU Partner | 3. Other Persons |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|------------------|
| a. Cash public assistance and relief (See instructions for exclusions) . . .                                                                                              | 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>       |

|                      |                        |
|----------------------|------------------------|
| Claimant's Last Name | Social Security Number |
|                      |                        |



Carried forward from Line o . . . . . **.00** **.00** **.00**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                |                                                                           |                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------|
| <p><b>p.</b> 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 . . . . . <b>p.</b> <b>.00</b></p> <p><b>q.</b> Child support paid. You must include proof of payment. See instructions . . . . . <b>q.</b> <b>.00</b></p> | <p><b>1.</b> Claimant /Claimant and jointly filed Spouse</p> <p><b>.00</b></p> | <p><b>2.</b> Filing separately Spouse or CU Partner</p> <p><b>.00</b></p> | <p><b>3.</b> Other Persons</p> <p><b>.00</b></p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------|

|                            |            |    |                        |
|----------------------------|------------|----|------------------------|
| Support paid to: Last Name | First Name | MI | Social Security Number |
|                            |            |    |                        |

**r. Allowable adjustments from Federal Form 1040**

|                                                                                                                      |            |            |
|----------------------------------------------------------------------------------------------------------------------|------------|------------|
| <b>r1.</b> Business expenses for Reservists . . . <b>r1.</b> <b>.00</b>                                              | <b>.00</b> | <b>.00</b> |
| <b>r2.</b> Alimony paid . . . . . <b>r2.</b> <b>.00</b>                                                              | <b>.00</b> | <b>.00</b> |
| <b>r3.</b> Self-employed health insurance deduction . . . . . <b>r3.</b> <b>.00</b>                                  | <b>.00</b> | <b>.00</b> |
| <b>r4.</b> Health Savings Account deduction . . . <b>r4.</b> <b>.00</b>                                              | <b>.00</b> | <b>.00</b> |
| <b>r5.</b> Tuition and Fees as reported on federal Form 8917 . . . . . <b>r5.</b> <b>.00</b>                         | <b>.00</b> | <b>.00</b> |
| <b>s.</b> ADD Lines p, q, and total of Lines r1 through r5 for each column . . . . . <b>s.</b> <b>.00</b>            | <b>.00</b> | <b>.00</b> |
| <b>t.</b> SUBTRACT Line s from Line o of each column. If a negative amount, enter -0- . . . . . <b>t.</b> <b>.00</b> | <b>.00</b> | <b>.00</b> |

**u.** ADD all three amounts from Line t. If a negative amount, enter -0- . . . . . **u.** **.00**

|                                                                                                                                               |            |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|
| <p><b>v.</b> Complete if born Jan. 1, 1957 and after. Enter interest and dividend income from Lines e and f. . . . . <b>v.</b> <b>.00</b></p> | <b>.00</b> | <b>.00</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|

**w.** ADD all three amounts from Line v. . . . . **w.** **.00**

**x.** Asset Adjustment of Interest and Dividend Income (Lines e and f). Per 32 V.S.A. § 6061E . . . . . **x.** **10,000.00**

**y.** SUBTRACT Line x from Line w. If Line x is more than Line w, enter -0- . . . . . **y.** **.00**

**z.** HOUSEHOLD INCOME. ADD Line u and Line y . . . . . **z.** **.00**

**HOMEOWNERS** Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year.

Homeowners with Household Income up to 136,900 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. This schedule must be filed with Form HS-122.

Form HS-122 The due date to file is April 18, 2022. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 19 and Oct. 17, 2022, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.