



VERMONT *Business Income Tax Return* **FORM BI-471**

For Partnerships, Subchapter S Corporations, and LLCs

PRINT OR TYPE COMPLETE NAME AND ADDRESS BELOW

Entity Name
Address
City State ZIP Code

- Check here if name or address has changed
Check here if this is an INTERNATIONAL address
Check here if you will be using a computer-generated form next year

A. CHECK APPROPRIATE BOX(ES)
B. Federal ID Number
C. ENTITY'S PRIMARY 6-DIGIT NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) NUMBER
D. FEDERAL TAX RETURN FILED (CHECK BOX):

- E. Were any shareholders, partners, or members nonresidents of Vermont during this reporting tax year?
F. Did this reporting business entity have income or losses derived from Vermont sources and at least one other state?
G. Did this reporting entity have any income and/or real estate withholding (REW) resulting from real estate sales this year?
H. Net adjustment to income resulting from Vermont's disallowance of "bonus depreciation" (IRC 168(k)).

TAX COMPUTATION (see instructions): Enter all amounts in whole dollars.

Check box if exception applies
1. Vermont minimum entity tax (\$250) or above exception (see instructions)
2. If this is a composite return, enter the Vermont Net Income from Form BI-472, Line 12, or Form BI-473, Line 17.
3. Multiply Line 2 by the composite rate of 8.50%.
4. Vermont apportionment of entity level taxes (see instructions)
5. Total entity, composite income, and other tax due (Add Lines 1, 3, and 4)
6. Total tax payments and credits from Side 2, Line 16 of this form
7. Balance Due: If Line 5 is greater than Line 6, enter the difference
8. Overpayment to be Refunded: If Line 5 is less than Line 6, enter the difference.
8a. Overpayment to be credited to next tax year



* 1 1 4 7 1 1 2 0 0 *

SCHEDULE 1: TAX PAYMENTS and CREDITS COMPUTATIONS Enter all amounts in whole dollars.

9. Prior Year Overpayment Applied. 9.

10. Estimated Payments and Payments with Extension 10.

(Use these lines only if a **composite filer**.)

11. NONRESIDENT REAL ESTATE WITHHOLDING (Form RW-171). . . . 11.

12. NONRESIDENT (Form WH-435) payments made for this entity
by another entity 12.

13. TAX CREDITS (Form BA-404, Column C, Line 15).
Attach required documentation 13.

NOTE: Line 13 Tax Credits may not reduce your tax liability to less than the minimum tax or by an amount more than 80% of the original / pre-credit tax liability, depending on the source of the credits.

14. Add Lines 9 and 10, and if a composite filer, Lines 11, 12, and 13. 14.

15. **For Composite entities only:** Total estimated tax payments made with
Form WH-435 on behalf of nonresidents consenting to the composite filing. 15.

16. **TOTAL PAYMENTS and CREDITS** (Add Lines 14 and 15)
(Enter total here and on Side 1, Line 6.) 16.

17. Total payments made with Form WH-435 17.

I. Total number of Shareholders, Partners, or Members. I.

J. How many are VT residents? J.

K. How many are nonresidents?. K.

I hereby certify that I am an officer or authorized agent responsible for the taxpayer's compliance with the requirements of Title 32 of the Vermont Statutes and that this return is true, correct and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration further provides that under 32 V.S.A. §5901, this information has not been and will not be used for any other purpose, or made available to any other person, other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

	Signature of Officer or Authorized Agent	Printed name	Date	Daytime telephone number (optional) ()	May the Dept. of Taxes discuss this return with the preparer shown? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Preparer's printed name	Preparer's Social Security No. or PTIN	
	Firm's name (or yours if self-employed) and address	EIN	
		Preparer's Telephone Number	