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VERMONT *Shareholder, Partner,
or Member Information* **SCHEDULE
K-1VT**

For the taxable period beginning _____, 20____ and ending _____, 20____
 Month Month

This form is REQUIRED.
 Attach to Form BI-471

Business Name _____

Federal ID Number _____

| | | | | | |
|--|---|---|--|---|--|
| HEADER INFORMATION - REQUIRED ENTRIES | Shareholder, Partner, or Member Social Security or Federal ID Number _____ | Recipient Type <input type="checkbox"/> Enter I, C, S, L, P, or T (see instructions) | Filing with Entity's composite return? (See Form BI-471) <input type="checkbox"/> YES <input type="checkbox"/> NO | Residency status <input type="checkbox"/> VT Resident / Exempt <input type="checkbox"/> Nonresident | Percentage of Entity's income or loss to this recipient. Calculate percentage to six places to the right of the decimal point. _____. _____ % |
| | Individual Last Name (Shareholder, Partner or Member) | | First Name | | Initial |
| | OR Entity Name (Shareholder, Partner or Member) | | | | |
| | Mailing Address, Line 1 | | | | |
| | Mailing Address, Line 2 | | | | |
| City | | | State | ZIP Code | <input type="checkbox"/> Check here if this is an INTERNATIONAL address |

Transcribe the amounts from Lines 4 and 5, if any, to the Vermont Individual Income Tax Return

Enter all amounts in whole dollars.

1. Share of Vermont Net Income (Loss) 1. _____.
 2. Guaranteed Payments (Partnership and LLC only) 2. _____.
 3. VT K-1 income (Add Lines 1 and 2) 3. _____.
 4. Real Estate Withholding (REW) (From Form RW-171, REW - Schedule A) (Enter on Form IN-111, Section 7, Line 31e) 4. _____.
 5. Nonresident Estimated Payments (From Form WH-435) (Enter on Form IN-111, Section 7, Line 31f) (Do NOT enter on Line 31a!) .5. _____.
6. Your share of pass-through credits: Transcribe these amounts to Schedules IN-112 or IN-119
- 6a. Payroll Tax Credit (32 V.S.A. §5930c) 6a. _____
 - 6b. Research & Development Tax Credit (32 V.S.A. §5930d) 6b. _____
 - 6c. Capital Investment Tax Credit (32 V.S.A. §5930g) 6c. _____
 - 6d. Export Tax Credit (32 V.S.A. §5930f) 6d. _____
 - 6e. Other EATI credits 6e. _____
 - 6f. Historic Rehabilitation (32 V.S.A. §§5930n, 5930p, and 5930cc(a) and Flood Recovery (§5930bb(d)) Tax Credits 6f. _____
 - 6g. Facade Improvement Tax Credits (32 V.S.A. §§5930q and 5930cc(b)) 6g. _____
 - 6h. Code Improvements Tax Credits (32 V.S.A. §§5930r and 5930cc(c)) 6h. _____
 - 6i. Affordable Housing (32 V.S.A. §5930u) 6i. _____
 - 6j. Business Solar Tax Credit (32 V.S.A. §§5822(d) and 5930z) 6j. _____
 - 6k. Other credits not listed above 6k. _____
- Name of credit: _____
7. Credit Total (Add Lines 6a through 6k) 7. _____.
 8. Share of total federal bonus depreciation difference (Enter on IN-111, Line 12b or Line 14c) 8. _____.
 9. Share of VT-apportioned federal bonus depreciation difference 9. _____.

NOTE: If Line 3 above is a positive number over \$100, then you have a statutory individual (or corporate) filing requirement in Vermont.