



VT Form BI-471	BUSINESS INCOME TAX RETURN
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For Partnerships, Subchapter S Corporations, and LLCs

Entity Name			Check appropriate box(es) <input type="checkbox"/> COMPOSITE RETURN <input type="checkbox"/> ACCOUNTING PERIOD CHANGE <input type="checkbox"/> INITIAL RETURN <input type="checkbox"/> AMENDED RETURN <input type="checkbox"/> EXTENDED RETURN <input type="checkbox"/> FINAL RETURN (CANCELS ACCOUNT)		
Address			Federal ID Number		
			Tax year BEGIN date (YYYYMMDD)		Tax year END date (YYYYMMDD)
City	State	ZIP Code	Entity's Primary 6-digit NAICS number		
Foreign Country (if not United States)			Federal tax return filed (check one box) <input type="checkbox"/> 1120S <input type="checkbox"/> 1065 <input type="checkbox"/> Other _____		

- A.** Were any shareholders, partners, or members nonresidents of Vermont during this tax year? Yes No
- B.** Did this entity have income or losses derived from at least one state other than VT?
 If Yes, complete and attach Schedule BA-402. Yes No
- C.** Net adjustment to income resulting from Vermont's disallowance of "bonus depreciation" (IRC 168(k)) **C.** _____.
- D.** Total number of Shareholders, Partners, or Members **D.** _____
- E.** How many are VT residents? **E.** _____
- F.** How many are nonresidents? **F.** _____
- G.** Check box if § 5920(f), (g), or (h) applies (regarding nonresident estimated payments for affordable housing projects, federal new market tax credit projects, or publicly traded partnerships). Attach authorization or documentation. **G.**

TAX COMPUTATION (see instructions):	Enter all amounts in whole dollars.
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- Check box if exception applies SMALL FARM § 5832(2)(A) (\$75 minimum) INVESTMENT CLUB § 5921 (\$0)
 NO VERMONT ACTIVITY / INACTIVE (\$0) IRC Sec. 761 (\$0)

- 1.** Vermont minimum entity tax (\$250) or above exception (see instructions) **1.** _____.
- 2.** For **non-composite entities**, nonresident estimated payment requirement (Schedule BI-472, Line 16) **2.** _____.
- 3.** For **composite entities**, Vermont composite tax due (Schedule BI-473, Line 21) **3.** _____.
- 4.** Vermont apportionment of entity level taxes (see instructions) **4.** _____.
- 5.** Total tax due (Add Lines 1-4) **5.** _____.

Balance due (from Line 13) _____.

(continued on next page)

Entity name
Federal ID Number



Amount from Line 5 _____

PAYMENTS AND CREDITS	Enter all amounts in whole dollars.
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- 6. Prior Year Overpayment Applied. **6.** _____
- 7. Payments with Extension. **7.** _____
- 8. Real estate withholding paid for this entity with Form RW-171,
REW Schedule A **8.** _____
- 9. Real estate withholding distributed to this entity by a different company
through a Schedule K-1VT **9.** _____
- 10. Nonresident estimated payments paid by this entity with Form WH-435. **10.** _____
- 11. Nonresident estimated payments distributed to this entity by a different
company through a Schedule K-1VT **11.** _____
- 12. Total payments (Add Lines 6-11) **12.** _____

RECONCILIATION	Enter all amounts in whole dollars.
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- 13. **Balance due:** If Line 5 is greater than Line 12, enter the difference **13.** _____
- 14. Payment attached to this return **14.** _____
- 15. **Overpayment:** If Line 5 is less than the sum of Lines 12 and 14,
enter the difference **15.** _____
- 16. **For non-composite entities only: Overpayment distributed to owners via
Schedule K-1VT (NOTE: Overpayments generated by real estate withholding
payments must be distributed to owners).** **16.** _____
- 17. **Overpayment to be credited to next tax year** **17.** _____
- 18. **Overpayment to be refunded** **18.** _____

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	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
Printed name	E-mail address (optional)		

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 ()	Preparer's e-mail address (optional)