

Schedule K-1VT

Vermont Shareholder, Partner, or Member Information



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This schedule is REQUIRED. Attach to Form BI-471

Entity Name (same as on Form BI-471) Fiscal Year Ending (YYYYMMDD) FEIN

HEADER INFORMATION - REQUIRED ENTRIES

Entity Name (Shareholder, Partner, or Member) OR Individual Last Name (Shareholder, Partner, or Member) First Name Initial OR Social Security Number Recipient Type (I, C, S, L, P, X, or T) Residency Status Vermont Resident Nonresident

Percentage of Entity's income or loss to this recipient. Calculate percentage to six places to the right of the decimal point. Did this entity pay tax on this income as part of a composite return

Place an "X" in the box left of the line number to indicate a loss amount Enter all amounts in whole dollars.

- 1. Vermont Business Income
2. Capital gains allocated to Vermont.
3. Other income allocated to Vermont
4. Exempt Income - Vermont income not characterized as Unrelated Business Income (UBI) for Federal purposes (tax-exempt entities only).
5. Total annual nonresident estimated payments allocated to this shareholder
6. Total annual real estate withholding payments allocated to this shareholder
7. Share of total federal bonus depreciation difference (Enter on Schedule IN-112, Line 4 or Line 8)