

Vermont Business Income Tax Return

Form BI-471



* 1 8 4 7 1 1 1 0 0 *

For Partnerships, Subchapter S Corporations, and LLCs

Entity Name			Check Appropriate Box(es)			
Address			<input type="checkbox"/> COMPOSITE RETURN	<input type="checkbox"/> ACCOUNTING PERIOD CHANGE	<input type="checkbox"/> INITIAL RETURN	<input type="checkbox"/> PUBLIC LAW 86-272 APPLIES
Address, Line 2			<input type="checkbox"/> AMENDED RETURN	<input type="checkbox"/> EXTENDED RETURN	<input type="checkbox"/> FEDERAL EXTENSION REQUESTED	<input type="checkbox"/> FINAL RETURN (CANCELS ACCOUNT)
City State ZIP Code			FEIN	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 Vermont? 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)) Check to indicate loss C .00

D. Total number of Shareholders, Partners, or Members	D	
E. How many are Vermont 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.

TAX COMPUTATION (see instructions):

Enter all amounts in whole dollars.

Check box if exception applies	<input type="checkbox"/> SMALL FARM § 5832(2)(A)(\$75 minimum)	<input type="checkbox"/> INVESTMENT CLUB § 5921 (\$0)
	<input type="checkbox"/> NO VERMONT ACTIVITY / INACTIVE (\$0)	<input type="checkbox"/> IRC SEC. 761 (\$0)

1. Vermont minimum entity tax (\$250) or above exception (see instructions)	1	.00
2. For non-composite entities		
2a. Nonresident estimated payment requirement (Schedule BI-472, Line 19)	2a	.00
2b. Overpayment distributed to owners (Enter the sum of all K-1VT's Lines 5 and 6, minus Schedule BI-472, Line 19)	2b	.00
2c. Enter the sum of Lines 2a and 2b	2c	.00
3. For composite entities, Vermont composite tax due (Schedule BI-473, Line 24)	3	.00
4. Vermont apportionment of entity level taxes (see instructions)	4	.00
5. Use Tax for taxable items on which no sales tax was charged, including online purchases	5	.00
6. Total tax due (Add Lines 1, 2c, 3, 4, and 5)	6	.00

Entity Name	
FEIN	Fiscal Year Ending (YYYYMMDD)



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PAYMENTS AND CREDITS

Enter all amounts in whole dollars.

7. Prior Year Overpayment Applied.	7	.00
8. Payments with Extension	8	.00
9. Real estate withholding paid for this entity with Form RW-171, REW Schedule A	9	.00
10. Real estate withholding distributed to this entity by a different company through a Schedule K-1VT	10	.00
11. Nonresident estimated payments paid by this entity with Form WH-435	11	.00
12. Nonresident estimated payments distributed to this entity by a different company through a Schedule K-1VT	12	.00
13. Total payments (Add Lines 7 through 12)	13	.00

RECONCILIATION

Enter all amounts in whole dollars.

14. Balance Due: If Line 6 is greater than Line 13, enter the difference	14	.00
15. Payment attached to this return	15	.00
16. Overpayment: If Line 6 is less than the sum of Lines 13 and 15, enter the difference	16	.00
17. Overpayment to be credited to the next tax year	17	.00
18. Overpayment to be refunded.	18	.00

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 Responsible Officer		Date (MMDDYY)	Daytime Telephone Number
Printed Name		Email Address (optional)	
Preparer's Signature		Date (MMDDYY)	Check if Self-Employed <input type="checkbox"/>
Preparer's Printed Name		Preparer's SSN or PTIN	
Firm's Name (or yours if self-employed) and address		EIN	Preparer's Telephone Number

May the Department of Taxes Discuss this return with the preparer shown? Yes