Form BI-471
Vermont Business Income Tax Return
for Partnerships, Subchapter S Corporations, and LLCs

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

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

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**PAYMENTS AND CREDITS**

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

**RECONCILIATION**

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

**SIGNATURE**

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.

<table>
<thead>
<tr>
<th>Signature of Responsible Officer</th>
<th>Date (MMDDYYYY)</th>
<th>Daytime Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name</td>
<td>Email Address (optional)</td>
<td></td>
</tr>
</tbody>
</table>

- **Check if the Department of Taxes may discuss this return with the preparer shown.**

<table>
<thead>
<tr>
<th>Paid Preparer's Signature</th>
<th>Date (MMDDYYYY)</th>
<th>Preparer's Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparer's Printed Name</td>
<td>Email Address (optional)</td>
<td></td>
</tr>
<tr>
<td>Firm's Name (or yours if self-employed)</td>
<td>EIN</td>
<td>Preparer's SSN or PTIN</td>
</tr>
<tr>
<td>Firm's Address (or yours if self-employed) (Street, City, State, ZIP Code)</td>
<td></td>
<td>Check if self-employed</td>
</tr>
</tbody>
</table>

**Send return and check to:**

Vermont Department of Taxes
133 State Street
Montpelier, VT 05633-1401

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