



<b>VT Form BI-471</b>	<b>BUSINESS INCOME TAX RETURN</b>
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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		
Address			<input type="checkbox"/> AMENDED RETURN <input type="checkbox"/> EXTENDED RETURN <input type="checkbox"/> FINAL RETURN (CANCELS ACCOUNT)		
Federal ID Number			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.**

<b>TAX COMPUTATION (see instructions):</b>	<b>Enter all amounts in whole dollars.</b>
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) .....	<b>1.</b> _____.
<b>2. For non-composite entities</b>	
2a. Nonresident estimated payment requirement (Schedule BI-472, Line 16) .....	<b>2a.</b> _____.
2b. Overpayment distributed to owners (Enter the sum of all K-1VT's, Lines 5 and 6, minus Schedule BI-472, Line 16). ....	<b>2b.</b> _____.
2c. Enter the sum of Lines 2a and 2b. ....	<b>2c.</b> _____.
3. For composite entities, Vermont composite tax due (Schedule BI-473, Line 21) . .	<b>3.</b> _____.
4. Vermont apportionment of entity level taxes (see instructions) .....	<b>4.</b> _____.
5. Total tax due (Add Lines 1, 2c, 3, and 4). ....	<b>5.</b> _____.

**Balance due** (from Line 13) \_\_\_\_\_.

(continued on next page)

Entity Name	
Federal ID Number	Tax Year Ending (YYYYMMDD)



Amount from Line 5 \_\_\_\_\_

<b>PAYMENTS AND CREDITS</b>	<b>Enter all amounts in whole dollars.</b>
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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.** \_\_\_\_\_

<b>RECONCILIATION</b>	<b>Enter all amounts in whole dollars.</b>
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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. **Overpayment to be credited to next tax year** . . . . . **16.** \_\_\_\_\_
- 17. **Overpayment to be refunded** . . . . . **17.** \_\_\_\_\_

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)		

<b>Paid Preparer's Use Only</b>	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)