



VT Schedule BI-473	COMPOSITE SCHEDULE
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PRINT in BLUE or BLACK INK

Attach to Form BI-471

Entity Name (same as on Form BI-471)	Fiscal Year Ending (YYYYMMDD)	Federal ID Number
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Place an "X" in the box left of the line number to indicate a loss amount.

Enter all amounts in whole dollars.

1. Ordinary Business Income (Federal Form 1120S, Line 21, or Federal Form 1065, Line 22) 1. _____ .
2. Net Real Estate Income (Federal Form 1120S, Schedule K, Line 2, or Federal Form 1065, Schedule K, Line 2) 2. _____ .
3. Other Net Rental Income (Federal Form 1120S, Schedule K, Line 3, or Federal Form 1065, Schedule K, Line 3) 3. _____ .
4. Guaranteed Payments (Partnership only - Federal Form 1065, Schedule K, Line 4) 4. _____ .
5. Section 179 Deduction (Federal Form 1120S, Schedule K, Line 11, or Federal Form 1065, Schedule K, Line 12) 5. _____ .
6. Deduction for Charitable Contributions (Federal Form 1120S, Schedule K, Line 12a, or Federal Form 1065, Schedule K, Line 13a) 6. _____ .
7. Apportionable income (Add Lines 1-4, then subtract Lines 5 & 6) 7. _____ .
8. Apportionment percentage (From Schedule BA-402, or 100%) 8. _____ . _____ %
9. Business Income apportioned to Vermont (Multiply Line 7 by Line 8) 9. _____ .
10. Income directly allocable to Vermont generated by this entity (capital gain on real estate and physical assets located in Vermont, royalties on property located in Vermont, etc.) 10. _____ .
11. Vermont business income distributed to this entity by a different entity via Schedule K-1VT 11. _____ .
12. Vermont sourced capital gain distributed to this entity by a different entity via Schedule K-1VT 12. _____ .
13. Other Vermont sourced income distributed to this entity by a different entity via Schedule K-1VT 13. _____ .
14. Total Vermont income (Add Lines 9-13) 14. _____ .

(continued on next page)

Entity Name (same as on Form BI-471)	
Federal ID Number	Fiscal Year Ending (YYYYMMDD)



Amount from Line 14 _____

15. Percentage of income from Line 14 passed through to nonresidents15. _____ . _____ %
16. Total nonresident income (Multiply Line 14 by Line 15) 16. _____ .
NOTE: Entities with tax-exempt owners see instructions for mechanism to exclude exempt income.
17. Vermont net operating loss deduction applied.17. _____ .
18. Vermont taxable composite income (Subtract Line 17 from Line 16) 18. _____ .
19. Composite Tax (Multiply Line 18 by 7.8%. If negative, enter 0).19. _____ .
20. Tax credits available for composite shareholders/partners/members
 (Attach BA-404 and BA-406)20. _____ .
NOTE: Line 20 Tax Credits may not reduce your tax liability to less than the minimum tax. Review program guidelines to determine if there are other limitations regarding usage of tax credits.
21. Net Vermont Composite Tax due (Subtract Line 20 from Line 19)21. _____ .