

Entity Name	
FEIN	Fiscal Year Ending (YYYYMMDD)



Amount from Line 17

Place an "X" in the box left of the line number to indicate a loss amount.

Enter all amounts in whole dollars.

- 18. Percentage of income from Line 17 passed through to nonresidents 18. _____ %
 - 19. Total nonresident income (Multiply Line 17 by Line 18) ← Check to indicate loss 19. _____ .00
 - 20. Vermont net operating loss deduction applied (attach Vermont NOL statement in PDF format) 20. _____ .00
 - 21. Vermont taxable composite income (Subtract Line 20 from Line 19) ← Check to indicate loss 21. _____ .00
 - 22. Composite Tax (Multiply Line 21 by 7.6%. If negative, enter -0-) 22. _____ .00
 - 23. Tax credits available for composite shareholders/partners/members (attach BA-404 and BA-406) 23. _____ .00
- NOTE:** Line 23 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.
- 24. Vermont Composite Tax due (Subtract Line 23 from Line 22) 24. _____ .00