

Schedule BI-473

Vermont Composite



\* 2 2 4 7 3 1 1 0 0 \*

Attach to Form BI-471

PRINT in BLUE or BLACK INK

Entity Name (same as on Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN

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

Enter all amounts in whole dollars.

- 1a. Ordinary Business Income (federal Form 1120S, Line 21 or federal Form 1065, Line 22)  ← Check to indicate loss 1a. \_\_\_\_\_ .00
- 1b. Net adjustment to income resulting from Vermont's disallowance of "bonus depreciation" (IRC 168(k))  ← Check to indicate loss 1b. \_\_\_\_\_ .00
- 1c. Ordinary Business Income with disallowance of "bonus depreciation" (Add Lines 1a and 1b)  ← Check to indicate loss 1c. \_\_\_\_\_ .00
- 2. Net Rental Real Estate Income (federal Form 1120S, Schedule K, Line 2, or federal Form 1065, Schedule K, Line 2)  ← Check to indicate loss 2. \_\_\_\_\_ .00
- 3. Other Net Rental Income (federal Form 1120S, Schedule K, Line 3c, or federal Form 1065, Schedule K, Line 3c)  ← Check to indicate loss 3. \_\_\_\_\_ .00
- 4. Guaranteed Payments (Partnership only - federal Form 1065, Schedule K, Line 4)  ← Check to indicate loss 4. \_\_\_\_\_ .00
- 5. Net short term and long term capital gains or losses (federal Form 1120S, Schedule K, Lines 7 and 8a, or federal Form 1065, Schedule K, Lines 8 and 9a.)  ← Check to indicate loss 5. \_\_\_\_\_ .00
- 6. Net section 1231 gain or loss (federal Form 1120S, Schedule K, Line 9, or Federal 1065, Schedule K Line 10)  ← Check to indicate loss 6. \_\_\_\_\_ .00
- 7. Other income or loss (federal Form 1120S, Schedule K, Line 10, or federal Form 1065, Schedule K, Line 11.)  ← Check to indicate loss 7. \_\_\_\_\_ .00
- 8. Section 179 Deduction (federal Form 1120S, Schedule K, Line 11 or federal Form 1065, Schedule K, Line 12)  ← Check to indicate loss 8. \_\_\_\_\_ .00
- 9. Deduction for Charitable Contributions (federal Form 1120S, Schedule K, Line 12a, or federal Form 1065, Schedule K, Line 13a)  ← Check to indicate loss 9. \_\_\_\_\_ .00
- 10. Apportionable income (Add Lines 1c through 7, then subtract Lines 8 and 9)  ← Check to indicate loss 10. \_\_\_\_\_ .00
- 11. Apportionment percentage (from Schedule BA-402, or 100%)  ← Check to indicate loss 11. \_\_\_\_\_ %
- 12. Business Income Apportioned to Vermont (Multiply Line 10 by Line 11)  ← Check to indicate loss 12. \_\_\_\_\_ .00
- 13. 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.)  ← Check to indicate loss 13. \_\_\_\_\_ .00
- 14. Vermont business income distributed to this entity by a different entity via Schedule K-1VT.  ← Check to indicate loss 14. \_\_\_\_\_ .00
- 15. Vermont-sourced capital gain distributed to this entity via Schedule K-1VT  ← Check to indicate loss 15. \_\_\_\_\_ .00
- 16. Other Vermont-sourced income distributed to this entity by a different entity via Schedule K-1VT.  ← Check to indicate loss 16. \_\_\_\_\_ .00
- 17. Total Vermont Net Income (Add Lines 12 through 16)  ← Check to indicate loss 17. \_\_\_\_\_ .00

Entity Name (same as on Form BI-471)	
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 Schedules 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