Vermont Department of Taxes

Form BI-476

Vermont Business Income Tax Return For Resident Only

*	2	3	4	7	6	1	1	0	0	*

	ror Resid	ent Only										
Check Appropriate Box(es)	Change	Address Change e (Principal Verm		Change	Extend Return		Initial Return		Forma -	(Car	Return	
	Entity Nam	<u>e (Principal verm</u>	ont Corporation				FEIN		Primary	6-digit NAIC	55 number	
Address							Tax year BEGIN date (YYYYMMDD) Tax year END date (YYYYMMDD)					
Address (Line 2)							Federal tax return filed (Check one box) 1120S 1065					
City State ZIP Code						(Check on	e dox)	Foreign				
	,							V				
A. Were any sha	areholders, part					g this report	ting tax year	?	A	Yes	No	
	and complete	Form BI-471,	Business Inc	ome Tax R	leturn.				ь. ப	Yes	∐No	
C. Total number	of Vermont sh	nareholders, pa	artners, or me	mbers					С			
TAX COMPUT	ATION (see	instruction	ns)				Eı	nter all a	nounts	in <u>whol</u>	le dollars.	
1. Vermont min NOTE: If yo	imum entity ta ou qualify for ar										250.00 ocumentation	
2. Payments pre credit availab	eviously made following the state of the sta							2			.00	
3. Balance Due	(If Line 1 is gr	eater than Lin	e 2, Line 1 M	INUS Line	2)			3			.00	
4. Overpayment	t (If Line 2 is g	reater than Lir	ne 1, Line 2 N	AINUS Lin	e 1)			4			00	
5. Overpayment	5. Overpayment to be Refunded							5	.00			
6. Overpayment	t to be credited	to next tax ye	ar					6			.00	
hereby certify the Annotated, Title 3 taxpayer, this decored made available and retained by the state of the	32, and that th laration furthe to any other p	is return is to r provides the	rue, correct, at under 32 \	and comp /.S.A. § 590	lete to the 1, this info	best of my rmation ha	/ knowledge s not been a	e. If prepa and will not	red by a post of the red for t	person of or any ot	ther than the her purpose	
Signature of Responsible Officer							Date (MM/DD/YYYY)			Daytime Telephone Number		
						/ /						
Printed Name			Email Ad	dress (optiona	al)							
Che	eck if the Vermor	it Department o	f Taxes may di	scuss this re	eturn with the	preparer sh	own.					
Signature of Paid Preparer						Date (MM/DD/YYYY)			Preparer's Telephone Number			
						/	/					
Preparer's Printed N	ame		Email Ad	dress (optiona	al)		•					
Firm's Name (or yours if self-employed)						EIN			Preparer's SSN or PTIN			
Firm's Address (or yo	ours if self-employe	ed) (Street, City, S	State, ZIP Code)						Chec	k if self-emp	oloyed	
Send return Vermont Department of Ta and check to: 133 State Street Montpelier VT 05633-149						For Ck. Amt.	Department U	se Only Init.	F	m BI-47 Page 1 of Rev. 10/2	1	