



VT Form <b>BI-476</b>	<b>BUSINESS INCOME TAX RETURN</b> For Resident Only
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**For Partnerships, Subchapter S Corporations, and LLCs**

Entity Name			Check appropriate box(es) <input type="checkbox"/> ACCOUNTING PERIOD CHANGE <input type="checkbox"/> INITIAL RETURN		
Address			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 reporting tax year? . . . . .  Yes  No  
 If Yes, **STOP and complete Form BI-471.**
- B.** Did this entity have income or losses derived from at least one state other than VT? . . . . .  Yes  No  
 If Yes, **STOP and complete Form BI-471.**
- C.** Total number of Vermont shareholders, partners, or members. . . . . C. \_\_\_\_\_

<b>TAX COMPUTATION (see instructions)</b>	<b>Enter all amounts in whole dollars.</b>
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- 1.** Vermont minimum entity tax (\$250) . . . . . **1.** 250  
**NOTE:** If you qualify for an exception to the Vermont minimum entity tax, you must complete Form BI-471 and attach supporting documentation.
- 2.** Payments previously made for this tax year with extension Form BA-403 or credit available through prior year carryforward. . . . . **2.** \_\_\_\_\_
- 3. Balance Due** (If Line 1 is greater than Line 2) . . . . . **3.** \_\_\_\_\_
- 4. Overpayment** (If Line 2 is greater than Line 1) . . . . . **4.** \_\_\_\_\_
- 5. Overpayment to be Refunded.** . . . . . **5.** \_\_\_\_\_
- 6. Overpayment to be credited to next tax year** . . . . . **6.** \_\_\_\_\_

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)		

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)

**Paid Preparer's Use Only**