



VT Schedule K-1VT	SHAREHOLDER, PARTNER, OR MEMBER INFORMATION
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**This schedule is REQUIRED.
Attach to Form BI-471**

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

Entity Name (Shareholder, Partner, or Member)			Federal ID Number	
OR Individual Last Name (Shareholder, Partner, or Member)	First Name	MI	OR Social Security Number	
Address			Recipient Type (I, C, S, L, P, X, or T)	
Address, Line 2 (if needed)			Residency Status	
City			<input type="checkbox"/> VT Resident	
State			<input type="checkbox"/> Nonresident	
ZIP Code				
Foreign Country (if not United States)			Percentage of Entity's income or loss to this recipient. Calculate percentage to six places to the right of the decimal point. %	

Did this entity pay tax on this income as part of a composite return? Yes No

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

Enter all amounts in whole dollars.

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|---|--------------------------|----|--------|
| 1. Vermont Business Income | <input type="checkbox"/> | 1. | _____. |
| 2. Capital gains allocated to Vermont | <input type="checkbox"/> | 2. | _____. |
| 3. Other income allocated to Vermont | <input type="checkbox"/> | 3. | _____. |
| 4. Exempt Income - Vermont income <i>not</i> characterized as Unrelated Business
Income (UBI) for Federal purposes (<i>tax-exempt entities only</i>) | <input type="checkbox"/> | 4. | _____. |
| 5. Total annual nonresident estimated payments allocated to this shareholder | <input type="checkbox"/> | 5. | _____. |
| 6. Total annual real estate withholding payments allocated to this shareholder | <input type="checkbox"/> | 6. | _____. |
| 7. Share of total federal bonus depreciation difference
(Enter on IN-111, Line 12b or Line 14c) | <input type="checkbox"/> | 7. | _____. |