

Schedule K-1VT

Vermont Shareholder, Partner, or Member Information



* 2 1 K 1 V 1 1 0 0 *

This schedule is REQUIRED.
Attach to Form BI-471

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

HEADER INFORMATION - REQUIRED ENTRIES

Entity Name (Shareholder, Partner, or Member)			FEIN		
OR	Individual Last Name (Shareholder, Partner, or Member)	First Name	Initial	OR	Social Security Number
	Address				Recipient Type (I, C, S, L, P, X, or T) <input type="checkbox"/>
Address, Line 2 (if needed)			Residency Status		
City	State	ZIP Code	<input type="checkbox"/> Vermont Resident		
Foreign Country (if not United States)			<input type="checkbox"/> Nonresident		

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

Check here if this is a Unitary Partner

Place an "X" in the box left of the line number to indicate a loss amount Enter all amounts in whole dollars.

- 1. Vermont Business Income ← Check to indicate loss 1. _____ .00
- 2. Capital gains allocated to Vermont. ← Check to indicate loss 2. _____ .00
- 3. Other income allocated to Vermont ← Check to indicate loss 3. _____ .00
- 4. Exempt Income - Vermont income not characterized as Unrelated Business Income (UBI) for federal purposes (tax-exempt entities only) 4. _____ .00
- 5. Total annual nonresident estimated payments allocated to this shareholder 5. _____ .00
- 6. Total annual real estate withholding payments allocated to this shareholder 6. _____ .00
- 7. Share of total federal bonus depreciation difference (Enter on Schedule IN-112, Line 4 or Line 8) ← Check to indicate loss 7. _____ .00
- 8. Share of total state and local taxes deducted difference 8. _____ .00