

2024 Schedule K-1VT

Vermont Shareholder, Partner, or Member Information



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This schedule is REQUIRED. Include with Form BI-471

Table with 3 columns: Entity Name (same as on Form BI-471), Fiscal Year Ending (YYYYMMDD), FEIN

HEADER INFORMATION - REQUIRED ENTRIES

Form with multiple sections for header information including Entity Name, Individual Last Name, First Name, Initial, Address, City, State, ZIP Code, Foreign Country, FEIN, Social Security Number, Recipient Type, and Residency Status.

PART I PASS-THROUGH ENTITY INFORMATION

- 1. Ownership percentage ... 1. _____ . _____ %
2. Profit percentage ... 2. _____ . _____ %
3. Loss percentage ... 3. _____ . _____ %
4. Disregarded entity (single-member LLC or Qualified Subchapter S subsidiary)? ... 4. [] Yes [] No
5. Is this entity a unit of a Series LLC? ... 5. [] Yes [] No
6. Did this entity pay tax on this income as part of a composite return? ... 6. [] Yes [] No

PART II DISTRIBUTIONS TO OWNERS

Enter all amounts in whole dollars.

- 7. Vermont Business Income ... 7. _____ .00
8. Capital gains allocated to Vermont ... 8. _____ .00
9. Other income allocated to Vermont ... 9. _____ .00
10. Exempt Income - Vermont income not characterized as Unrelated Business Income (UBI) for federal purposes (tax-exempt entities only) ... 10. _____ .00
11. Total annual nonresident estimated payments allocated to this shareholder ... 11. _____ .00
12. Total annual real estate withholding payments allocated to this shareholder ... 12. _____ .00
13. Share of total federal bonus depreciation difference. Enter on Schedule IN-112, Line 4 or Line 9. ... 13. _____ .00
14. Share of total state and local taxes deducted difference ... 14. _____ .00

(continued on next page)

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



PART III DISTRIBUTIVE SHARE OF APPORTIONMENT FACTORS

	A. Everywhere	B. Vermont
15. Sales.....	15A. _____ .00	15B. _____ .00
16. Payroll.....	16A. _____ .00	16B. _____ .00
17. Property.....	17A. _____ .00	17B. _____ .00