

Vermont Shareholder, Partner, or Member Information Schedule K-1VT



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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)	FEIN
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HEADER INFORMATION - REQUIRED ENTRIES

Entity Name (Shareholder, Partner, or Member)			FEIN
OR Individual Last Name (Shareholder, Partner, or Member)	First Name	MI	Social Security Number
Address			Recipient Type (I, C, S, L, P, X, or T)
Address, Line 2 (if needed)			Residency Status
City	State	ZIP Code	<input type="checkbox"/> Vermont Resident <input type="checkbox"/> Nonresident
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.**

1.	Vermont Business Income	<input type="checkbox"/>	← Check to indicate loss	1	.00
2.	Capital gains allocated to Vermont	<input type="checkbox"/>	← Check to indicate loss	2	.00
3.	Other income allocated to Vermont	<input type="checkbox"/>	← 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)	<input type="checkbox"/>		4	.00
5.	Total annual nonresident estimated payments allocated to this shareholder	<input type="checkbox"/>		5	.00
6.	Total annual real estate withholding payments allocated to this shareholder	<input type="checkbox"/>		6	.00
7.	Share of total federal bonus depreciation difference (Enter on Schedule IN-112, Line 4 or Line 8)	<input type="checkbox"/>	← Check to indicate loss	7	.00