VERMONT | Shareholder, Partner, or Member Information | K-1VT



For the taxable period beginning ______, 20____ and ending _____, 20____

This form is REQUIRED. Attach to Form BI-471

	Month	Month	5 1 100
Bus	Business Name		Federal ID Number
HEADER INFORMATION - REQUIRED ENTRIES	Shareholder, Partner, or Member Social Security or Federal ID Number Ent L, F inst	ent Type Filing with Entity's composite return? (See Form BI-471) Type FI, C, S, or T (see ructions) Filing with Entity's composite return? (See Form BI-471)	idency status VT Resident / Exempt Nonresident VT Resident / Nonresident VT Resident / Exempt Nonresident VT Resident / Exempt Nonresident VT Resident / Exempt Nonresident VT Resident / Percentage of Entity's income or loss to this recipient. Calculate percentage to six places to the right of the decimal point. %
EQUIRE	Individual Last Name (Shareholder, Partner or Mem	per) First Name	Initial
10N - R	OR Entity Name (Shareholder, Partner or Member)	<u>'</u>	•
ORMAT	Mailing Address, Line 1		
ER INF	Mailing Address, Line 2		Check here if this is an
HEAD	City	State	ZIP Code INTERNATIONAL address
Transcribe the amounts from Lines 4 and 5, if any, to the Vermont Individual Income Tax Return Enter all amounts in whole dollars.			
1.	• Share of Vermont Net Income (Loss)		
2. Guaranteed Payments (Partnership and LLC only)			
3. VT K-1 income (Add Lines 1 and 2)			
	REW - Schedule A) (Enter on Form IN-	111, Section 7, Line 31e)].
5.	Nonresident Estimated Payments (From 1) (Enter on Form IN-111, Section 7, Line 3)		
6.	 6a. Payroll Tax Credit (32 V.S.A. §5930 6b. Research & Development Tax Credit 6c. Capital Investment Tax Credit (32 V. 6d. Export Tax Credit (32 V.S.A. §5930f 6e. Other EATI credits 	c)	ribe these amounts to Schedules IN-112 or IN-1196a6b6c6d6d.
		redits	6f.
		=	6g. 6h.
	6i. Affordable Housing (32 V.S.A. §593	0u)	
	•		6k.
7.			
8.	_	difference \Box	
9.	. Share of VT-apportioned federal bonus d	enreciation difference 9.	l.