



VT Schedule K-1VT	SHAREHOLDER, PARTNER, OR MEMBER INFORMATION
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For the taxable period beginning _____, 20____ and ending _____, 20____
Month Month

This schedule is REQUIRED.
Attach to Form BI-471

Business Name	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. %	

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