



<b>VT Schedule K-1VT</b>	<b>SHAREHOLDER, PARTNER, OR MEMBER INFORMATION</b>
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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)	Federal ID Number
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**HEADER INFORMATION - REQUIRED ENTRIES**

Entity Name (Shareholder, Partner, or Member)			Federal ID Number	
<b>OR</b> Individual Last Name (Shareholder, Partner, or Member)	First Name	MI	<b>OR</b> 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
Foreign Country (if not United States)			<input type="checkbox"/> VT Resident <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.	
			<b>%</b>	

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"/> | 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 <i>not</i> characterized as Unrelated Business<br>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<br>(Enter on IN-111, Line 12b or Line 14c) .....  | <input type="checkbox"/> | 7. | _____. |