



VT Schedule BI-472	NON-COMPOSITE SCHEDULE
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Attach to Form BI-471

PRINT in BLUE or BLACK INK

Entity Name (same as on Form BI-471)	Fiscal Year Ending (YYYYMMDD)	Federal ID Number
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Place an "X" in the box left of the line number to indicate a loss amount.

Enter all amounts in whole dollars.

1. Ordinary Business Income (Federal Form 1120S, Line 21 or Federal Form 1065, Line 22) 1. _____ .
2. Net Real Estate Income (Federal Form 1120S, Schedule K, Line 2 or Federal Form 1065, Schedule K, Line 2) 2. _____ .
3. Other Net Rental Income (Federal Form 1120S, Schedule K, Line 3 or Federal Form 1065, Schedule K, Line 3) 3. _____ .
4. Guaranteed Payments (Partnership only - Federal Form 1065, Schedule K, Line 4) 4. _____ .
5. Section 179 Deduction (Federal Form 1120S, Schedule K, Line 11 or Federal Form 1065, Schedule K, Line 12) 5. _____ .
6. Apportionable income (Add Lines 1-4, then subtract Line 5) 6. _____ .
7. Apportionment percentage (From BA-402, or 100%) 7. _____ . _____ %
8. Business Income apportioned to Vermont (Multiply Line 6 by Line 7) 8. _____ .
9. Income directly allocable to Vermont generated by this entity (Capital gain on real estate and physical assets located in Vermont, royalties on property located in Vermont, etc.) 9. _____ .
10. Vermont business income distributed to this entity by a different entity via Schedule K-1VT 10. _____ .
11. Vermont sourced capital gain distributed to this entity by a different entity via Schedule K-1VT 11. _____ .
12. Other Vermont sourced income distributed to this entity by a different entity via Schedule K-1VT 12. _____ .
13. Total Vermont Net Income (Add Lines 8-12) 13. _____ .
14. Percentage of income from Line 13 passed through to nonresidents 14. _____ . _____ %
15. Total income passed through to nonresidents (Multiply Line 13 by Line 14) 15. _____ .
16. Nonresident estimated payment requirement (Multiply Line 15 by 6.8%) 16. _____ .