Vermont Business Income Tax Return
For Resident Only
Form BI-476

184761100

Entity Name				Check Appropriate Box(es)	☐ Accounting Period Change	☐ Initial Return
					☐ Extended Return	☐ Final Return (Cancels Account)
Address				FEIN		
Address, Line 2				Tax year BEGIN DATE (YYYYMMDD)		Tax year END DATE (YYYYMMDD)
City		State	ZIP Code	Entity's Primary 6-digit NAICS Number		
Foreign Country (if not United States)				Federal tax return filed (check one box)		
				☐ 1120S	☐ 1065	☐ Other:

A. Were any shareholders, partners, or members nonresidents of Vermont during this reporting tax year? . . . .   ☐ Yes ☐ No
If Yes, STOP and complete Form BI-471, Business Income Tax Return

B. Did this entity have income or losses derived from at least one state other than Vermont?. . . . .   ☐ Yes ☐ No
If Yes, STOP and complete Form BI-471, Business Income Tax Return

C. Total number of Vermont shareholders, partners, or members . . . .   C ☐

TAX COMPUTATION (see instructions)

Enter all amounts in whole dollars.

1.	Vermont minimum entity tax ($250) . . . . NOTE: If you qualify for an exception to the Vermont minimum entity tax, you must complete Form BI-471 and attach supporting documentation	1	250 .00
2.	Payments previously made for this tax year with extension Form BA-403 or credit available through prior year carryforward	2	.00
3.	Balance Due (If Line 1 is greater than Line 2).	3	.00
4.	Overpayment (If Line 2 is greater than Line 1)	4	.00
5.	Overpayment to be Refunded	5	.00
6.	Overpayment to be credited to next tax year	6	.00

I hereby certify that I am an officer or authorized agent responsible for the taxpayer's compliance with the requirements of Title 32 of the Vermont Statutes and that this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration further provides that under 32 V.S.A. § 5901, this information has not been and will not be used for any other purpose, or made available to any other person, other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

Signature of Responsible Officer	Date (MMDDYY)	Daytime Telephone Number
Printed Name	Email Address (optional)	
Preparer's Signature	Date (MMDDYY)	Check if Self-Employed
Preparer's Printed Name	Email Address (optional)	Preparer's SSN or PTIN
Firm's Name (or yours if self-employed) and address	FEIN	Preparer's Telephone Number

5454

May the Department of Taxes discuss this return with the preparer shown?   Yes ☐

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Rev. 10/18