

Vermont Non-Composite Schedule BI-472



* 1 8 4 7 2 1 1 0 0 *

PRINT in BLUE or BLACK INK

ATTACH TO FORM BI-471

Entity Name (same as on Form BI-471)	Fiscal Year Ending (YYYYMMDD) FEIN
--------------------------------------	------------------------------------

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)	<input type="checkbox"/>	1		.00
2. Net Rental Real Estate Income (federal Form 1120S, Schedule K, Line 2, or federal Form 1065, Schedule K, Line 2)	<input type="checkbox"/>	2		.00
3. Other Net Rental Income (federal Form 1120S, Schedule K, Line 3c, or federal Form 1065, Schedule K, Line 3c)	<input type="checkbox"/>	3		.00
4. Guaranteed Payments (Partnership only - federal Form 1065, Schedule K, Line 4)	<input type="checkbox"/>	4		.00
5. Net short term and long term capital gains or losses. (federal Form 1120S, Schedule K, Lines 7 and 8a, or federal Form 1065, Schedule K, Lines 8 and 9a.)	<input type="checkbox"/>	5		.00
6. Net section 1231 gain or loss. (federal Form 1120S, Schedule K, Line 9, or federal 1065, Schedule K Line 10)	<input type="checkbox"/>	6		.00
7. Other income or loss. (federal Form 1120S, Schedule K, Line 10, or federal Form 1065, Schedule K, Line 11.)	<input type="checkbox"/>	7		.00
8. Section 179 Deduction (federal Form 1120S, Schedule K, Line 11 or Federal Form 1065, Schedule K, Line 12)	<input type="checkbox"/>	8		.00
9. Apportionable income (Add Lines 1-7, then subtract Line 8)	<input type="checkbox"/>	9		.00
10. Apportionment percentage (From Schedule BA-402, or 100%)	<input type="checkbox"/>	10		%
11. Business Income Apportioned to Vermont (Multiply Line 9 by Line 10)	<input type="checkbox"/>	11		.00
12. 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.)	<input type="checkbox"/>	12		.00
13. Vermont business income distributed to this entity by a different entity via Schedule K-1VT	<input type="checkbox"/>	13		.00
14. Vermont sourced capital gain distributed to this entity via Schedule K-1VT	<input type="checkbox"/>	14		.00
15. Other Vermont sourced income distributed to this entity by a different entity via Schedule K-1VT	<input type="checkbox"/>	15		.00
16. Total Vermont Net Income (Add Lines 11 through 15)	<input type="checkbox"/>	16		.00
17. Percentage of income from Line 16 passed through to nonresidents	<input type="checkbox"/>	17		%
18. Total income passed through to nonresidents (Multiply Line 16 by Line 17)	<input type="checkbox"/>	18		.00
19. Nonresident estimated payment requirement (Multiply Line 18 by 6.6%)	<input type="checkbox"/>	19		.00