Vermont Department of Taxes

Form BI-471

* 1 9 4 7 1 1 1 0 0 *

Vermont Business Income Tax Return

for Partnerships, Subchapter S Corporations, and LLCs

	eck propriate x(es)	Composite Return			Accounting Period Change Extended			urn deral	 	Public Law 36-272 Applies Final Return
Enf	tity Name	Return			Return	FEIN	L Ext	ension Requested		Cancels Account) t NAICS number
Ad	dress					Tax ye	ear BEGIN	date (YYYYMMDD)	Tax year END	date (YYYYMMDD)
Ad	dress (Line 2)									
City	у			State	ZIP Code	retur	ral tax n filed ck one	1120S	1065	Other
For	reign Country (if not	United States)				box)		_		_
	Were any share Did this entity h	nave income or	losses derive	ed from at le		_			Yes Yes	No No
C.	If Yes, complet Net adjustment "bonus deprecia	to income resu	lting from Ve	ermont's dis	allowance of			Check to indicate loss C		.00
D.	Total number o	f Shareholders,	Partners, or	Members				D. _		
E.	How many are	Vermont Resid	ents?							
F.	How many are	nonresidents? .								
G.	Check box if § federal new ma	5920(f), (g), or rket tax credit p	(h) applies (a projects, or pu	regarding no ublicly trade	nresident estir d partnerships	nated paymen). Attach autho	ts for affo	ordable housing por documentation	projects, n	G.
TA	X COMPU	ΓΑΤΙΟΝ (s	ee instru	uctions)	:		En	ter all amo	unts in <u>w</u>	hole dollars.
	heck box if e minimum ta		SMALL F. (\$75 mini	ARM § 5832(2) mum)	(A) NO	O VERMONT ACT ACTIVE (\$0)	ΓΙVITY /	INVESTME (\$0)	NT CLUB § 5921	IRC SEC 761 (\$0)
1.	Vermont minim	um entity tax ((\$250) or abo	ve exception	n (see instructi	ons)		1. ₋		.00
2.	For non-compo 2a. Nonr (Scho	esident estimat	ted payment r	requirement		2a			.00	
	2b. Over K-1V	payment distrib T's Lines 5 an	outed to owned to 6, minus So	ers (Enter the chedule BI-4	e sum of all 472, Line 19).	2b			.00	
2c.	Enter the sum o	f Lines 2a and	2b					2c		.00
3.	For composite of	entities, Vermo	nt composite	tax due (Scl	nedule BI-473	, Line 24)		3		.00
4.	Vermont apport	ionment of ent	ity level taxe	s (see instru	ctions)			4. _		.00
5.	Use Tax for tax	able items on v	which no sales	s tax was ch	arged, includir	ng online purc	hases	5		.00
	Total tax due (A									.00

Entity Name	
FEIN	Fiscal Year Ending (YYYYMMDD)



PA	YMENTS AND CREDITS		Enter all amounts in whole dollars.				
7.	Prior Year Overpayment Applied		7		.00		
8.	Payments with Extension		8		.00		
	Real estate withholding paid for this entity wi						
	Real estate withholding distributed to this entithrough a Schedule K-1VT	ity by a different company					
11.	Nonresident estimated payments paid by this	entity with Form WH-435			.00		
12.	Nonresident estimated payments distributed to Schedule K-1VT	this entity by a different com	pany through a12		.00		
13.	Total payments (Add Lines 7 through 12)		13		.00		
RE	CONCILIATION						
14.	Balance Due: If Line 6 is greater than Line 13	, enter the difference	14		.00		
15.	Payment attached to this return		15		.00.		
16.	Overpayment: If Line 6 is less than the sum o	f Lines 13 and 15, enter the dif	ference		.00.		
17.	Overpayment to be credited to the next tax ye	ar	17		.00.		
18.	Overpayment to be refunded		18.		.00		
Verr taxp purp by t	reby certify that I am an officer or authorize nont Statutes and that this return is true, coayer, this declaration further provides that bose, or made available to any other personne taxpayer and retained by the preparer. Institute of Responsible Officer	correct, and complete to the under 32 V.S.A. § 5901, thi	best of my knowledge. If preps information has not been an	ared d w rate	d by a person other than the		
Pri	nted Name	Email Address (optional)					
Pai	Check if the Department of Taxes may discu	ss this return with the preparer shown.	Date (MMDDYYYY)		Preparer's Telephone Number		
Dre	parer's Printed Name	Email Address (optional)					
	•	Email Address (optional)					
Firm's Name (or yours if self-employed)			EIN	F	Preparer's SSN or PTIN		
Fir	n's Address (or yours if self-employed) (Street, City, State	, ZIP Code)	1	\dagger	Check if self-employed		
	Send return Vermont Dep	artment of Taxes			<u> </u>		

Montpelier, VT 05633-1401

For Department Use Only Ck. Amt. Init.

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