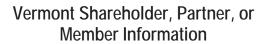
Vermont Department of Taxes

Schedule K-1VT





This schedule is REQUIRED. Attach to Form BI-471

Entity Name (same as on Form BI-4/1)				Fiscal Year En	Fiscal Year Ending (YYYYMMDD)			LIN	
HEADER INFORMATION - REQUIRED ENTRIES									
	Entity Name (Shareholder, Partner, or Member)						FEII	V	
OF	R Individual Last Name (Shareholder, Partner, or Member) First Name Initial					OR —			
	Individual Last Name (Shareholder, Partner, or Member)	Individual Last Name (Shareholder, Partner, or Member) First Name				``` —	Social Security Number		
_	Address					Docinio	ent Type		
						(I, C, S, L, P, X, or T)			
Address, Line 2 (if needed)						Resider	ncy Status		
	City	<u> </u>	State	ZIP Code			Vermont Resident		
						1			
Foreign Country (if not United States)							Nonresident		
Perce	entage of Entity's income or loss to this recipient.								
	Calculate percentage to six places to the right of the	ne decimal point				· · · · · <u> </u>	·	%	
Did this entity pay tax on this income as part of a composite return									
Chec	k here if this is a Unitary Partner					L			
Place an "X" in the box left of the line number to indicate a loss amount Enter all amounts in whole dollars.									
					Che	eck to		.00	
	Vermont Business Income				105	5			
2.	Capital gains allocated to Vermont				Che ind lose	eck to icate 2.		.00	
2	Other income allocated to Vermont				Che	eck to		.00	
	Other income allocated to Vermont				L Tilu	5		00	
	Business Income (UBI) for federal purposes (tax-o		nly)			4.		.00	
_	m . 1		1 11			_		ΩΩ	
5.	Total annual nonresident estimated payments alloc	cated to this shar	eholder .			5		.00	
6.	Total annual real estate withholding payments allo	ocated to this sha	reholder			6		.00	
7.	Share of total federal bonus depreciation difference	e			Chị	eck to		00	
	Share of total federal bonus depreciation difference (Enter on Schedule IN-112, Line 4 or Line 8)				L ← ind los:	7		.00	
8.	Share of total state and local taxes deducted differ	ence				8		.00	