Vermont Department of Taxes

Form BI-476



Vermont Business Income Tax Return For Resident Only

Check Appropriate Box(es)	Name Change	Address Change	Accou Period	unting d Change	Extend Return	ed	Initial Return		Forma - nnabis	Final Return (Cancels Account)	
Entity Name (Principal Vermont Corporation)						FEIN			Primary 6-digit NAICS number		
Address						Tax year BEGIN date (YYYYMMDD) Tax ye			Tax year EN	D date (YYYYMMDD)	
A I I - (1 - 2)											
Address (Line 2)						Federal tax return filed (Check one box) 1120S 1065 Other					
	State ZIP Code			(Check one box) 1120S							
City			State ZIP Code					roreign	Journa y		
B. Did this entity	and complete For have income or	orm BI-471, Bus	siness Ind from at l	come Tax Re	eturn e other thai		,		а• ⊔ П./	es No	
C. Total number	of Vermont sha	reholders, partne	ers, or me	embers					C.		
TAX COMPUTA 1. Vermont mini NOTE: If you	mum entity tax	(\$250)						1.		n whole dollars. 250 orting documentation	
NOTE: If you qualify for an exception to the Vermont minimum entity tax, you must complete Form BI-471 and attach supporting documentation. 2. Payments previously made for this tax year with extension Form BA-403 or credit available through prior year carryforward											
3. Balance Due (if Line 1 is grea	ter than Line 2)						3		.00	
4. Overpayment (if Line 2 is greater than Line 1)											
5. Overpayment to be Refunded								5			
6. Overpayment		6		.00							
Statutes and that t declaration further	this return is tr r provides that ther person, otl eparer.	ue, correct, and under 32 V.S.A	l comple l. § 5901	te to the be , this inforn	st of my k	nowledge not beer ess a sep	e. If prepared by and will not be	a person a used for	on other the or any other is signed	tle 32 of the Vermoni an the taxpayer, this er purpose, or made by the taxpayer and	
Printed Name			Email Ac	ldress (optional)						
Chec	k if the Department	of Taxes may discu	ss this retu	rn with the prep	parer shown.						
Signature of Paid Preparer						Date (MN	DDYYYY)		Preparer's Telephone Number		
Preparer's Printed Na	me		Email Ac	Idress (optional)						
Firm's Name (or yours if self-employed)						EIN			Preparer's SSN or PTIN		
Firm's Address (or you	urs if self-employed) (Street, City, State	, ZIP Code)						Check	if self-employed	
Send return Vermont Department of Taxes For Department Use Only 133 State Street									Form BI-476 Page 1 of 1		

5454

Montpelier, VT 05633-1401

Ck. Amt.

Rev. 10/22