

Form BI-476

**Vermont Business Income Tax Return
For Resident Only**



Check Appropriate Box(es)	<input type="checkbox"/> Name Change	<input type="checkbox"/> Address Change	<input type="checkbox"/> Accounting Period Change	<input type="checkbox"/> Extended Return	<input type="checkbox"/> Initial Return	<input type="checkbox"/> Pro Forma - Cannabis	<input type="checkbox"/> Final Return (Cancels Account)
Entity Name (Principal Vermont Corporation)				FEIN		Primary 6-digit NAICS number	
Address				Tax year BEGIN date (YYYYMMDD)		Tax year END date (YYYYMMDD)	
Address (Line 2)				Federal tax return filed (Check one box)			
				<input type="checkbox"/> 1120S		<input type="checkbox"/> 1065	
				<input type="checkbox"/> Other			
City		State	ZIP Code		Foreign Country		

- A. Were any shareholders, partners, or members nonresidents of Vermont during this reporting tax year? **A.** 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? **B.** 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) **2.** 250.00
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 **2.** _____ **.00**
3. Balance Due (If Line 1 is greater than Line 2, Line 1 MINUS Line 2) **3.** _____ **.00**
4. Overpayment (If Line 2 is greater than Line 1, Line 2 MINUS 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 Vermont Statutes Annotated, Title 32, 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 (MM/DD/YYYY)	Daytime Telephone Number
		/ /	
Printed Name	Email Address (optional)		

Check if the Vermont Department of Taxes may discuss this return with the preparer shown.

Signature of Paid Preparer		Date (MM/DD/YYYY)	Preparer's Telephone Number
		/ /	
Preparer's Printed Name	Email Address (optional)		
Firm's Name (or yours if self-employed)	EIN	Preparer's SSN or PTIN	
Firm's Address (or yours if self-employed) (Street, City, State, ZIP Code)			<input type="checkbox"/> Check if self-employed

Send return and check to:

Vermont Department of Taxes
133 State Street
Montpelier, VT 05633-1401

For Department Use Only	
Ck. Amt.	Init.

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