

2025 Form BI-471**Vermont Business Income Tax Return**

for Partnerships, Subchapter S Corporations, and LLCs



* 2 5 4 7 1 1 0 0 *

**Check
Appropriate
Box(es)**☐ Name
Change☐ Composite
Return☐ Accounting
Period Change☐ Initial
Return☐ Public Law
86-272 Applies☐ Pro Forma -
Cannabis☐ Address
Change☐ Amended
Return☐ Extended
Return☐ Federal
Extension Requested☐ Final Return
(Cancels Account)

Entity Name

FEIN

Primary 6-digit NAICS number

Address

Tax year BEGIN date (YYYYMMDD)

Tax year END date (YYYYMMDD)

Address (Line 2)

City

State

ZIP Code

Foreign Country (if not United States)

**Federal tax
return filed
(Check one
box)**☐ 1120S☐ 1065☐ OtherA. Were any shareholders, partners, or members nonresidents of Vermont during this tax year? A. ☐ Yes ☐ NoB. During the tax year, were any shareholders, partners, or members: a C corporation, an S corporation, a partnership, or a limited liability company? B. ☐ Yes ☐ No**IF YOU ANSWERED "NO" TO BOTH QUESTIONS A AND B,
THIS ENTITY SHOULD FILE FORM BI-476 INSTEAD OF FORM BI-471.**

C. Total number of Shareholders, Partners, or Members C. _____

D. How many are Vermont Residents? D. _____

E. How many are Nonresidents? E. _____

F. How many are a C corporation, an S corporation, a partnership, or a limited liability company? . . F. _____

G. Check box if 32 V.S.A. § 5920(f), (g), or (h) applies (regarding nonresident estimated payments for affordable housing projects, federal new market tax credit projects, or publicly traded partnerships). Attach authorization or documentation . . G. ☐**TAX COMPUTATION (see instructions):****Enter all amounts in whole dollars.****Check box if exception
to minimum tax applies:**☐ NO VERMONT ACTIVITY /
INACTIVE (\$0)☐ INVESTMENT CLUB § 5921
(\$0)☐ I.R.C. § 761
(\$0)

1. Vermont minimum entity tax (\$250) or above exception (See instructions) 1. _____ .00

2. For non-composite entities

2a. Nonresident estimated payment requirement
(Schedule BI-472, Line 6) 2a. _____ .002b. Overpayment distributed to owners (ADD Schedule K-1VT,
Lines 29 through 31 from all schedules, then SUBTRACT
amount from Schedule BI-472, Line 6). 2b. _____ .00

2c. ADD Lines 2a and 2b 2c. _____ .00

3. For composite entities, Vermont composite tax due (Schedule BI-473, Line 11) 3. _____ .00

4. Vermont apportionment of entity level taxes (See instructions) 4. _____ .00

5. Use Tax for taxable items on which no sales tax was charged,
including online purchases 5. _____ .00

6. Total tax due (ADD Lines 1, 2c, 3, 4, and 5) 6. _____ .00

Entity Name	
FEIN	Fiscal Year Ending (YYYYMMDD)



PAYMENTS AND CREDITS

Enter all amounts in whole dollars.

7. Prior Year Overpayment Applied.	7.	_____	.00
8. Payments with Extension (Form BA-403)	8.	_____	.00
9. Real estate withholding paid for this entity (Form REW-171, REW Schedule A)	9.	_____	.00
10. Real estate withholding distributed to this entity by a different company (Schedule K-1VT, Line 31)	10.	_____	.00
11. Nonresident estimated payments paid by this entity (Form WH-435).	11.	_____	.00
12. Nonresident estimated payments distributed to this entity by a different company (Schedule K-1VT, Line 30)	12.	_____	.00
13. Total payments (ADD Lines 7 through 12)	13.	_____	.00

RECONCILIATION

14. Balance Due: If Line 6 is greater than Line 13, subtract Line 13 from Line 6.	14.	_____	.00
15. Payment included with this return. Make check payable to Vermont Department of Taxes	15.	_____	.00
16. Overpayment: If Line 6 is less than the sum of Lines 13 and 15, ADD Lines 13 and 15, then SUBTRACT Line 6.	16.	_____	.00
17. Overpayment to be credited to the next tax year	17.	_____	.00
18. Overpayment to be refunded	18.	_____	.00

SIGNATURE

I hereby certify that I am an officer or authorized agent responsible for the taxpayer's compliance with the requirements of 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 (MMDDYYYY)	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 (MMDDYYYY)	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)			☐ Check if self-employed

**Send return
and check to:** Vermont Department of Taxes
133 State Street
Montpelier, VT 05633-1401

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