Clear ALL fields

Vermont Department of Taxes

2025 Form BI-476

Vermont Business Income Tax Return For Resident Only

☐ *25476110 0*

Check Appropriate Box(es) ☐ Name Change ☐ Address Change ☐ Accounting Period Change ☐ Extended Return ☐ Initial Return ☐ Pro Forma - Cannabis ☐ 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)** ☐ 1120S ☐ 1065 ☐ Other	
City	State	ZIP Code		
Foreign Country (if not United States)				

A. Were any shareholders, partners, or members nonresidents of Vermont during this reporting tax year? . . . . . **A.** ☐ Yes ☐ No

B. During this reporting 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 "Yes" to either question, STOP and complete Form BI-471, Business Income Tax Return.

C. Total number of Vermont shareholders, partners, or members . . . . . **C.** _____

VERMONT ADJUSTMENTS (everywhere values) **Enter all amounts in whole dollars.**

1. Bonus depreciation adjustment . . . . . **1.** _____.00

2. Other Additions (include statement) . . . . . **2.** _____.00

3. Other Subtractions (include statement) . . . . . **3.** _____.00

FOR TRUST PARTNERS ONLY

4. SALT Add-back . . . . . **4.** _____.00

IF ANY VALUE REPORTED ON LINES 1 THROUGH 4 ABOVE, PLEASE DISTRIBUTE SHARE OF ADJUSTMENT TO PARTNERS USING SCHEDULE K-1VT AND ATTACH COPY WITH FORM BI-476.

Entity Name	
FEIN	Fiscal Year Ending (YYYYMMDD)

* 2 5 4 7 6 1 2 0 0 *

TAX COMPUTATION (see instructions)

Check box if exception to minimum tax applies: ☐ INVESTMENT CLUB § 5921 ($0) ☐ I.R.C. § 761 ($0)

5. Vermont minimum entity tax ($250).. . . . . **5.** _____.00

6. Payments previously made for this tax year with extension Form BA-403 or credit available through prior year carryforward . . . . . **6.** _____.00

7. Balance Due (If Line 5 is greater than Line 6, Line 5 MINUS Line 6) . . . . . **7.** _____.00

8. Overpayment (If Line 6 is greater than Line 5, Line 6 MINUS Line 5) . . . . . **8.** _____.00

9. Overpayment to be Refunded. . . . . **9.** _____.00

10. Overpayment to be credited to next tax year . . . . . **10.** _____.00

SIGNATURES

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 (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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