Form BI-476

Rev. 10/21

Vermont Business Income Tax Return For Resident Only

For Resident Only						
Check Appropriate Box(es) X Name		X Accounting Period Change	X Extended Return	X Initial Return	(Carice	els Account)
Entity Name (Principal Vermont Corporation) 12345678901234567890123456789012 (36)			FEIN 1 2 2 4 5 6 7 9 0		Primary 6-digit NAICS number	
			123456789 Tax year BEGIN date (YYYYMMDD)		123456	
Address 12345678901234567890123456789012(36)			20210101		Tax year END date (YYYYMMDD) 20211231	
Address (Line 2)						
12345678901234567890123456789012(36)			Federal tax return f (Check one box)	1120S	X 1065	X Other
City State ZIP Code			Foreign Country			
12345678901234567(21)	12 1234567890 12345678901234567890123456					5678(32)
A. Were any shareholders, partners, or members nonresidents of Vermont during this reporting tax year? A. X Yes 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. X Yes If Yes, STOP and complete Form BI-471, Business Income Tax Return						
C. Total number of Vermont shareholders, partners, or members						
TAX COMPUTATION (see instructions)	Enter all amounts in whole dollars.					
1. Vermont minimum entity tax (\$250)		1.		250.		
NOTE: If you qualify for an exception to the V	ermont i	minimum entity tax, yo	ou must complete F	orm BI-471 and	attach supporting	documentation.
2. Payments previously made for this tax year was credit available through prior year carryforward						
3. Balance Due (if Line 1 is greater than Line 2)	3. 123456789012345 .00					
4. Overpayment (if Line 2 is greater than Line 1)		4. <u>123456789012345</u> .00				
5. Overpayment to be Refunded						
	6. <u>123456789012345</u> .00					
I hereby certify that I am an officer or authorized agent responsible for the taxpayer's compliance with the requirements of Title 32 of the Vermont Statutes 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
			12312020)	802-123	-1234
Printed Name 1234567890123		dress (optional) 45678901234	5678901234	456789012		
X Check if the Department of Taxes may discus	ss this retur	rn with the preparer shown.				
Paid Preparer's Signature			Date (MMDDYYYY) Preparer's Telephone Number		e Number	
			12212020	<u> </u>	000 10	2_1224
Propagaria Drintod Nama	Email A-l	dross (ontional)	12312020	J	802-12	5-1234
Preparer's Printed Name Email Address (optional) 12345678901234567890123 1234567890124567890124567890124567890100000000000000000000000000000000000						
Firm's Name (or yours if self-employed) 1234567980123456789012345	123456	EIN Preparer's SSN or PTIN 123456789 123456789				
Firm's Address (or yours if self-employed) (Street, City, State, ZIP Code) 12345678901234567890123456789012345678901234567890123456						mployed
Send return Verm and check to: 133 S	partment of Taxes	For Departm	ent Use Only	Form BI-476 Page 1 of 1		

Ck. Amt.

Montpelier, VT 05633-1401

5454