

Schedule K-1VT

Vermont Shareholder, Partner, or Member Information



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This schedule is REQUIRED.
Attach to Form BI-471

Entity Name (same as on Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
12345678901234567890123456789012(36)	20211231	123456789

HEADER INFORMATION - REQUIRED ENTRIES

Entity Name (Shareholder, Partner, or Member)			FEIN	
OR 12345678901234567890123456789012(36)			OR 123456789	
Individual Last Name (Shareholder, Partner, or Member)	First Name	Initial	Social Security Number	
12345678901234567	12345678901234567	1	123456789	
Address			Recipient Type (I, C, S, L, P, X, or T)	
12345678901234567890123456789012(36)			1	
Address, Line 2 (if needed)			Residency Status	
12345678901234567890123456789012(36)			<input checked="" type="checkbox"/> Vermont Resident <input checked="" type="checkbox"/> Nonresident	
City	State	ZIP Code		
12345678901234567(21)	12	1234567890		
Foreign Country (if not United States)				
1234567890123456789012345678(32)				

Percentage of Entity's income or loss to this recipient.
Calculate percentage to six places to the right of the decimal point. 123.123456 %

Did this entity pay tax on this income as part of a composite return Yes No

Check here if this is a Unitary Partner

Place an "X" in the box left of the line number to indicate a loss amount Enter all amounts in whole dollars.

- 1. Vermont Business Income ← Check to indicate loss 1. 123456789012345.00
- 2. Capital gains allocated to Vermont ← Check to indicate loss 2. 123456789012345.00
- 3. Other income allocated to Vermont ← Check to indicate loss 3. 123456789012345.00
- 4. Exempt Income - Vermont income not characterized as Unrelated Business Income (UBI) for federal purposes (tax-exempt entities only) 4. 123456789012345.00
- 5. Total annual nonresident estimated payments allocated to this shareholder 5. 123456789012345.00
- 6. Total annual real estate withholding payments allocated to this shareholder 6. 123456789012345.00
- 7. Share of total federal bonus depreciation difference (Enter on Schedule IN-112, Line 4 or Line 8) ← Check to indicate loss 7. 123456789012345.00
- 8. Share of total state and local taxes deducted difference 8. 123456789012345.00