

2024 Form BI-471

Vermont Business Income Tax Return

for Partnerships, Subchapter S Corporations, and LLCs



Check Appropriate Box(es) section with various checkboxes like Name Change, Composite Return, Accounting Period Change, etc.

Entity information section including Entity Name, FEIN, Primary 6-digit NAICS number, Address, Tax year BEGIN date, Tax year END date, City, State, ZIP Code, and Foreign Country.

Questions A through G regarding shareholders, income sources, net adjustments, and tax credit projects.

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), IRC § 761 (\$0)

Tax computation lines 1 through 6, including Vermont minimum entity tax, non-resident estimated payment requirement, composite entities, apportionment, and total tax due.

Entity Name	
12345678901234567890123456789012 (36)	
FEIN	Fiscal Year Ending (YYYYMMDD)
123456789	20231231



PAYMENTS AND CREDITS

Enter all amounts in whole dollars.

7. Prior Year Overpayment Applied.....	7.	123456789012345	.00
8. Payments with Extension (Form BA-403).....	8.	123456789012345	.00
9. Real estate withholding paid for this entity (Form REW-171, REW Schedule A).....	9.	123456789012345	.00
10. Real estate withholding distributed to this entity by a different company (Schedule K-1VT, Line 12) ...	10.	123456789012345	.00
11. Nonresident estimated payments paid by this entity (Form WH-435).....	11.	123456789012345	.00
12. Nonresident estimated payments distributed to this entity by a different company (Schedule K-1VT, Line 11).....	12.	123456789012345	.00
13. Total payments (ADD Lines 7 through 12).....	13.	123456789012345	.00

RECONCILIATION

14. Balance Due: If Line 6 is greater than Line 13, subtract Line 13 from Line 6.....	14.	123456789012345	.00
15. Payment included with this return. Make check payable to Vermont Department of Taxes	15.	123456789012345	.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.	123456789012345	.00
17. Overpayment to be credited to the next tax year.....	17.	123456789012345	.00
18. Overpayment to be refunded.....	18.	123456789012345	.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
	12 31 2023	802-123-1234
Printed Name	Email Address (optional)	
12345678901234567890123	1234567890123456789012345678901234567890123456	

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
	12 31 2023	802-123-1234
Preparer's Printed Name	Email Address (optional)	
12345678901234567890123	1234567890123456789012345678901234567890123456	
Firm's Name (or yours if self-employed)	EIN	Preparer's SSN or PTIN
1234567980123456789012345678901234567890	123456789	123456789
Firm's Address (or yours if self-employed) (Street, City, State, ZIP Code)		<input checked="" type="checkbox"/> Check if self-employed
12345678901234567890123456789012345678901234567890123456		

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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