

2024 Form BI-476

Vermont Business Income Tax Return For Resident Only



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

- A. Were any shareholders, partners, or members nonresidents of Vermont during this reporting tax year? A. Yes No
B. Did this entity have income or losses derived from at least one state other than Vermont? B. Yes No
C. Total number of Vermont shareholders, partners, or members C.

TAX COMPUTATION (see instructions)

Enter all amounts in whole dollars.

- 1. Vermont minimum entity tax (\$250) 1. 250.00
NOTE: If you qualify for an exception to the Vermont minimum entity tax, you must complete Form BI-471 and attach supporting documentation.
2. Payments previously made for this tax year with extension Form BA-403 or credit available through prior year carryforward 2. .00
3. Balance Due (If Line 1 is greater than Line 2, Line 1 MINUS Line 2) 3. .00
4. Overpayment (If Line 2 is greater than Line 1, Line 2 MINUS Line 1). 4. .00
5. Overpayment to be Refunded 5. .00
6. Overpayment to be credited to next tax year 6. .00

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

For Department Use Only Ck. Amt. Init.