	Verr	mont Department of Ta	axes			
\mathbb{H}		Form BI-476				
V	rmont 5	Business Income 1	Tay Return	* 1 9 4 7	6 1 1 0 0 *	
V C		For Resident Only				
	Appropriate	Accounting	Extended	77 1915	y Final Return	
Box(es	Name (Principal Vermont Corporation)		Return	X Initial Return X Final Return FEIN Primary 6-digit NAICS numb		₩
12345678901234567890123456789012 (36				123456789	123456	
Address 12345678901234567890123456789012 (36			02456700010(26)	Tax year BEGIN date (YYYYMMD		П
	2 3 4 5 6 7 8 ss (Line 2)	39012345678901 	.23456789012(36)	20190101	20191231	+
		39012345678901	23456789012 (36)	Federal tax return filed (Check one box)	1120S X 1065 X Other	
City	2245676	2001024567701	State ZIP Code	Foreign Country	ME 6700010045 670 400	
1/2	23456/8	3901234567 (21)	12 1234567890	J 123456/890123	3456789012345678 (32	<u> </u>
w.	ere any sha	reholders partners or men	nbers nonresidents of Vermont during	ng this reporting tax year?	A. X Yes X No	0
			1, Business Income Tax Return	and reporting the year.		
			rived from at least one state other th	an Vermont?	B. X Yes X No	0
		of Vermont shareholders, 1	1, Business Income Tax Return		123456	+
	Jai Hullibel	or vermont snarenoiders, j	partitions, or memority			
AX (COMPUTA	ATION (see instruction	ons)	Enter a	all amounts in <u>whole dollars</u>	<u>s.</u>
		imum entity tax (\$250)		1 250		
			the Vermont minimum entity tax, y	ou must complete Form BI-47	and attach supporting documentation	•
2. Payments previously made for this tax year with extension Form BA-403 or credit available through prior year carryforward					102456700010045	
					2 . 123456789012345	U
3. B	alance Due (If Line 1 is greater than Li	ine 2)		3. 123456789012345 .0	0
	arance Buck	The first section than El	mc 2,			
1. O	verpayment	(If Line 2 is greater than L	ine 1)		4. <u>123456789012345</u> .0	0
5 0	vornavmant	to be Refunded			5. 123456789012345. 0	0
5. Overpayment to be Refunded					3	U
6. O	verpayment	to be credited to next tax y	/ear		6. <u>123456789012345</u> . 0	0
tatute eclara /ailab taine	es and that attention furthe	this return is true, correct r provides that under 32 ther person, other than fo eparer.	t, and complete to the best of my V.S.A. § 5901, this information ha	knowledge. If prepared by a as not been and will not be u	pequirements of Title 32 of the Vermo person other than the taxpayer, the used for any other purpose, or ma at form is signed by the taxpayer a	his ide
nyrial	are or respons	noic Omoci				
Printer	d Name	+++++++++++++++++++++++++++++++++++++++	Email Address (optional)	12312019	802-123-1234	+
		90123456789012		4567890123456789	01234567890123456	
\blacksquare	X Chec	sk if the Department of T	discuss this sature with the second			
			discuss this return with the preparer shown			Ш
2011	reparer's Signa	ature		Date (MMDDYYYY)	Preparer's Telephone Number	
Paid P				12312019	802-123-1234	Щ
	1 5		Email Address (optional)	4567890123456789	01234567890123456	+
Prepar	rer's Printed Na	30123456789012			Preparer's SSN or PTIN	
Prepar 123 Firm's	3 4 5 6 7 8 9 Name (or your	90123456789012 s if self-employed)		EIN	1 Toparci 3 Colv of 1 Tilv	\pm
Prepar 123 Firm's 123	Name (or your 3 4 5 6 7 9 8	s if self-employed) 3 0 1 2 3 4 5 6 7 8 9 0 1 2	345678901234567890		123456789	
Prepai 123 Firm's 123 Firm's	Name (or your 3 4 5 6 7 9 8 Address (or yo	s if self-employed) 3 0 1 2 3 4 5 6 7 8 9 0 1 2 urs if self-employed) (Street, City,	345678901234567890	123456789	123456789	
Prepai 123 Firm's 123 Firm's	Name (or your 3 4 5 6 7 9 8 Address (or yo	s if self-employed) 3 0 1 2 3 4 5 6 7 8 9 0 1 2 urs if self-employed) (Street, City, 9 0 1 2 3 4 5 6 7 8 9 0 1 2	2345678901234567890 , State, ZIP Code) 2345678901234567890	123456789	123456789 X Check if self-employed	
Prepai 123 Firm's 123 Firm's	Name (or your 3 4 5 6 7 9 8 Address (or yo	s if self-employed) 30123456789012 urs if self-employed) (Street, City, 90123456789012 Send return and check to:	2345678901234567890 , State, ZIP Code)	123456789	123456789 X Check if self-employed	