

# Vermont Test Package for Tax Year 2020



**Test 1****Required Vermont Forms/Schedules: BI-471, BI-472, (2) K-1VT, BA-402, BA-404, BA-406****Taxpayer(s) Information:**

Entity Name: RED SOX OPPORTUNITY  
 Federal Employer ID: LP 40-0009064  
 Primary 6-digit NAICS #: 453220  
 Mailing Address: 27 YAYNKEE LANE  
 City: BARRE  
 State: VERMONT  
 Zip Code: 05641  
 Country: US  
 Tax Year Begin Date: Jan-01-2020  
 Tax Year End Date: Dec-31-2020  
 Federal Return Filed: 1065

**Return Information:**

|   |              |                             |                       |
|---|--------------|-----------------------------|-----------------------|
| Ordinary Business Income:                       | 68,911.00    | Partner 1 Name:             | John Henry            |
| Guaranteed Payment:                             | 1,000,000.00 | Partner 1 SSN:              | 400-00-9037           |
| Other Income:                                   | 25,001.00    | Partner 1 Residency Status: | Resident              |
| Section 179 Deduction:                          | 250,000.00   | Partner 1 Type:             | Individual            |
| VT income distributed to entity via K-1VT:      | 219,000.00   | Partner 1 Mailing Address:  | 125 Golf Course Lane  |
| Net Adjustment of Income, Disallow Bonus Dep:   | 19,600.00    | Partner 1 City:             | Quechee               |
| Non-Resident Estimated Payment Requirement:     | 13,175.00    | Partner 1 State:            | VT                    |
| Use Tax Due:                                    | 16.00        | Partner 1 Zip Code:         | 05421                 |
| Payments with Extension:                        | 2,500.00     | % of Entity's Income:       | 80%                   |
| NRW Payments by Entity:                         | 13,000.00    | Partner 2 Name:             | Tom Warner            |
| Sales or Gross Receipts:                        | 674,445.00   | Partner 2 SSN:              | 400-00-9038           |
| Sale to Purchasers in Vermont from within VT:   | 346,112.00   | Partner 2 Residency Status: | Non-Resident          |
| Total Salaries and Wages:                       | 256,190.00   | Partner 2 Type:             | Individual            |
| VT Salaries and Wages:                          | 228,010.00   | Partner 2 Mailing Address:  | 150 Buena Vista Drive |
| Buildings/Depreciable Assets:                   | 3,469,778.00 | Partner 2 City:             | San Diego             |
| VT Buildings/Depreciable Assets:                | 3,469,778.00 | Partner 2 State:            | CA                    |
| Rented Real/Personal Property:                  | 2,561.00     | Partner 2 Zip Code:         | 92164                 |
| Research & Development (Current Year):          | 5,000.00     | % of Entity's Income:       | 20%                   |
| Research & Development (Applied Current Year):  | 5,000.00     |                             |                       |
| Investment Tax Credit (Current Year):           | 3,000.00     |                             |                       |
| Investment Tax Credit (Applied Current Year):   | 3,000.00     |                             |                       |
| R&D – Credit Allocation (400-00-9037):          | 3,000.00     |                             |                       |
| Investment Tax Credit Allocation (400-00-9037): | 3,000.00     |                             |                       |
| R&D – Credit Allocation (400-00-9038):          | 2,000.00     |                             |                       |

Form BI-471



Vermont Business Income Tax Return

for Partnerships, Subchapter S Corporations, and LLCs

Check Appropriate Box(es) Composite Return, Accounting Period Change, Initial Return, Public Law 86-272 Applies, Amended Return, Extended Return, Federal Extension Requested, Final Return (Cancels Account). Entity Name: RED SOX OPPORTUNITY LP, FEIN: 400009064, Primary 6-digit NAICS number: 453220, Address: 27 YAYNKEE LN, City: BARRE, State: VT, ZIP Code: 05641.

- A. Were any shareholders, partners, or members nonresidents of Vermont during this tax year? Yes
B. Did this entity have income or losses derived from at least one state other than Vermont? Yes
C. Net adjustment to income resulting from Vermont's disallowance of "bonus depreciation" (IRC 168(k)). 19600.00
D. Total number of Shareholders, Partners, or Members 2
E. How many are Vermont Residents? 1
F. How many are nonresidents? 1
G. Check box if § 5920(f), (g), or (h) applies (regarding nonresident estimated payments for affordable housing projects, federal new market tax credit projects, or publicly traded partnerships). Attach authorization or documentation.

TAX COMPUTATION (see instructions):

Enter all amounts in whole dollars.

Check box if exception to minimum tax applies: SMALL FARM § 5832(2)(A) (\$75 minimum), NO VERMONT ACTIVITY / INACTIVE (\$0), INVESTMENT CLUB § 5921 (\$0), IRC SEC 761 (\$0)

- 1. Vermont minimum entity tax (\$250) or above exception (see instructions) 250.00
2. For non-composite entities
2a. Nonresident estimated payment requirement (Schedule BI-472, Line 19) 11011.00
2b. Overpayment distributed to owners (Enter the sum of all K-1VT's Lines 5 and 6, minus Schedule BI-472, Line 19) 2164.00
2c. Enter the sum of Lines 2a and 2b 13175.00
3. For composite entities, Vermont composite tax due (Schedule BI-473, Line 24) .00
4. Vermont apportionment of entity level taxes (see instructions) .00
5. Use Tax for taxable items on which no sales tax was charged, including online purchases 16.00
6. Total tax due (Add Lines 1, 2c, 3, 4, and 5) 13441.00

|                                       |   |
|---------------------------------------|---|
| Entity Name<br>RED SOX OPPORTUNITY LP |   |
| FEIN<br>400009064                     | Fiscal Year Ending (YYYYMMDD)<br>20201231 |



**PAYMENTS AND CREDITS**

Enter all amounts in whole dollars.

|   |     |       |     |
|---|-----|-------|-----|
| 7. Prior Year Overpayment Applied .....   | 7.  | _____ | .00 |
| 8. Payments with Extension .....  | 8.  | 2500  | .00 |
| 9. Real estate withholding paid for this entity with Form RW-171, REW Schedule A .....                              | 9.  | _____ | .00 |
| 10. Real estate withholding distributed to this entity by a different company through a Schedule K-1VT .....        | 10. | _____ | .00 |
| 11. Nonresident estimated payments paid by this entity with Form WH-435 .....                                       | 11. | 13000 | .00 |
| 12. Nonresident estimated payments distributed to this entity by a different company through a Schedule K-1VT ..... | 12. | _____ | .00 |
| 13. Total payments (Add Lines 7 through 12) .....   | 13. | 15500 | .00 |

**RECONCILIATION**

|  |     |       |     |
|--|-----|-------|-----|
| 14. Balance Due: If Line 6 is greater than Line 13, enter the difference .....                 | 14. | _____ | .00 |
| 15. Payment attached to this return. ....  | 15. | _____ | .00 |
| 16. Overpayment: If Line 6 is less than the sum of Lines 13 and 15, enter the difference ..... | 16. | 2059  | .00 |
| 17. Overpayment to be credited to the next tax year .....                                      | 17. | 2000  | .00 |
| 18. Overpayment to be refunded. ....   | 18. | 59    | .00 |

**SIGNATURE**

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 |
| Printed Name                     | Email Address (optional) |                 |                          |

Check if the Department of Taxes may discuss this return with the preparer shown.

|  |                          |                        |   |
|--|--------------------------|------------------------|---|
| Paid Preparer's Signature  |                          | 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) |                          |                        | <input type="checkbox"/> Check if self-employed |

**Send return and check to:** Vermont Department of Taxes  
133 State Street  
Montpelier, VT 05633-1401

|                                |       |
|--------------------------------|-------|
| <b>For Department Use Only</b> |       |
| Ck. Amt.                       | Init. |

**Schedule BI-472**

**Vermont Non-Composite**



\* 1 9 4 7 2 1 1 0 0 \*

**PRINT in BLUE or BLACK INK**

**Attach to Form BI-471**

|   |   |                   |
|---|---|-------------------|
| Entity Name (same as on Form BI-471 or Form BI-476)<br>RED SOX OPPORTUNITY LP | Fiscal Year Ending (YYYYMMDD)<br>20201231 | FEIN<br>400009064 |
|---|---|-------------------|

Place an "X" in the box left of the line number to indicate a loss amount.

Enter all amounts in whole dollars.

- 1. Ordinary Business Income (federal Form 1120S, Line 21 or federal Form 1065, Line 22)  ← Check to indicate loss 1. 68911 .00
- 2. Net Rental Real Estate Income (federal Form 1120S, Schedule K, Line 2, or federal Form 1065, Schedule K, Line 2)  ← Check to indicate loss 2. \_\_\_\_\_ .00
- 3. Other Net Rental Income (federal Form 1120S, Schedule K, Line 3c, or federal Form 1065, Schedule K, Line 3c)  ← Check to indicate loss 3. \_\_\_\_\_ .00
- 4. Guaranteed Payments (Partnership only - federal Form 1065, Schedule K, Line 4)  ← Check to indicate loss 4. 1000000 .00
- 5. Net short term and long term capital gains or losses. (federal Form 1120S, Schedule K, Lines 7 and 8a, or federal Form 1065, Schedule K, Lines 8 and 9a.)  ← Check to indicate loss 5. \_\_\_\_\_ .00
- 6. Net section 1231 gain or loss. (federal Form 1120S, Schedule K, Line 9, or federal 1065, Schedule K Line 10)  ← Check to indicate loss 6. \_\_\_\_\_ .00
- 7. Other income or loss. (federal Form 1120S, Schedule K, Line 10, or federal Form 1065, Schedule K, Line 11.)  ← Check to indicate loss 7. 25001 .00
- 8. Section 179 Deduction (federal Form 1120S, Schedule K, Line 11 or Federal Form 1065, Schedule K, Line 12)  ← Check to indicate loss 8. 250000 .00
- 9. Apportionable income (Add Lines 1-7, then subtract Line 8)  ← Check to indicate loss 9. 843912 .00
- 10. Apportionment percentage (From Schedule BA-402, or 100%) 10. 72 . 890672 %
- 11. Business Income Apportioned to Vermont (Multiply Line 9 by Line 10)  ← Check to indicate loss 11. 615133 .00
- 12. Income directly allocable to Vermont generated by this entity (Capital gain on real estate and physical assets located in Vermont, royalties on property located in Vermont, etc.)  ← Check to indicate loss 12. \_\_\_\_\_ .00
- 13. Vermont business income distributed to this entity by a different entity via Schedule K-1VT.  ← Check to indicate loss 13. \_\_\_\_\_ .00
- 14. Vermont sourced capital gain distributed to this entity via Schedule K-1VT  ← Check to indicate loss 14. 219000 .00
- 15. Other Vermont sourced income distributed to this entity by a different entity via Schedule K-1VT  ← Check to indicate loss 15. \_\_\_\_\_ .00
- 16. Total Vermont Net Income (Add Lines 11 through 15)  ← Check to indicate loss 16. 834133 .00
- 17. Percentage of income from Line 16 passed through to nonresidents 17. 20 . 000000 %
- 18. Total income passed through to nonresidents (Multiply Line 16 by Line 17)  ← Check to indicate loss 18. 166827 .00
- 19. Nonresident estimated payment requirement (Multiply Line 18 by 6.6%) 19. 11011 .00

**Schedule BA-402**

**Vermont Apportionment & Allocation**



**For Unitary filers, complete a separate Schedule BA-402 for each taxable affiliate**

**Attach to Form CO-411 or Form BI-471**

|   |   |                   |
|---|---|-------------------|
| Entity Name (same as on Form CO-411 or Form BI-471)<br>RED SOX OPPORTUNITY LP | Fiscal Year Ending (YYYYMMDD)<br>20201231 | FEIN<br>400009064 |
| FOR UNITARY GROUPS ONLY - Name of Affiliate                                   |   | Affiliate's FEIN  |

**PART 1 Directly Allocated Non-Business Income, Other Non-Appportionable Income and Foreign Dividends**

Place an "x" in the box left of the line number to indicate a loss amount.

Enter all amounts in WHOLE DOLLARS.

|  | Everywhere | Vermont |
|--|------------|---------|
| <b>1a-b.</b> Non-Business Income or Other Non-Apportionable Income . . . . . | .00        | .00     |
| <b>1c-d.</b> Foreign Dividends . . . . .                                     | .00        | .00     |

**PART 2 Sales and Receipts Factor**  
**Section A Sales and Receipts Factor**

|   | Everywhere    | Vermont       |
|---|---------------|---------------|
| 2. Sales or gross receipts . . . . .  | 674445<br>.00 |               |
| 3. Services received in or delivered to Vermont . . . . .   |               | .00           |
| 4. Sales delivered or shipped to purchasers in Vermont from outside Vermont . . . . .   |               | .00           |
| 5. Sales delivered or shipped to purchasers in Vermont from within Vermont . . . . .  |               | 346112<br>.00 |
| 6. Sales shipped from Vermont to the U.S. Government . . . . .  |               | .00           |
| 7. Sales shipped from Vermont to purchasers in a state where the entity is not taxable . . . . .  |               | .00           |
| 8. Business interest and dividends . . . . .  | .00           | .00           |
| 9. Royalties . . . . .  | .00           | .00           |
| 10. Gross rents . . . . .   | .00           | .00           |
| 11. Other business income (attach detailed supporting statement) . . . . .  | .00           | .00           |
| 12. TOTAL INCOME, SALES, AND GROSS RECEIPTS (Add Lines 2-11) . 12a.   | 674445<br>.00 | 346112<br>.00 |
| 12c. Vermont Sales and Receipts factor as percent of Everywhere.<br>(Divide Line 12b by Line 12a).<br>Calculate percentage to six places to the right of the decimal point. . . . . |               | 51 . 318046 % |

|  |  |
|--|--|
| Entity Name (same as on Form CO-411 or Form BI-471)<br><b>RED SOX OPPORTUNITY LP</b> |  |
| FEIN<br><b>400009064</b>   | Fiscal Year Ending (YYYYMMDD)<br><b>20201231</b> |



**Section B Salaries and Wages Factor**

|  | Everywhere |     | Vermont            |
|--|------------|-----|--------------------|
| 13. TOTAL SALARIES AND WAGES . . . 13a.  | 256190     | .00 | 13b. 228010        |
|  |            |     | .00                |
| 13c. Vermont as percent of Everywhere (Divide Line 13b by Line 13a).<br>Calculate percentage to six places to the right of the decimal point . . . . . |            |     | 13c. 89 . 000351 % |

**Section C Property Factor (Average value during year)**

|   | Everywhere |     | Vermont            |
|---|------------|-----|--------------------|
| 14. Inventories . . . . . 14a.  |            | .00 | 14b. .00           |
| 15. Buildings and other depreciable<br>assets (original cost) . . . . . 15a.  | 346978     | .00 | 15b. 349778        |
|   |            |     | .00                |
| 16. Depletable assets (original cost) . . . . . 16a.  |            | .00 | 16b. .00           |
| 17. Land . . . . . 17a.   |            | .00 | 17b. .00           |
| 18. Other assets (Attach schedule). . . . . 18a.  |            | .00 | 18b. .00           |
| 19. Rented real and personal property<br>(Multiply annual rent by 8) . . . . . 19a.   | 2561       | .00 | 19b. .00           |
| 20. TOTAL PROPERTY<br>(Add Lines 14 through 19) . . . . . 20a.  | 3472339    | .00 | 20b. 3469778       |
|   |            |     | .00                |
| 20c. Vermont as percent of Everywhere (Divide Line 20b by Line 20a)<br>Calculate percentage to six places to the right of the decimal point . . . . . |            |     | 20c. 99 . 926245 % |

**Section D Vermont Apportionment Factors**

|  |  |     |          |
|--|--|-----|----------|
| 21. VERMONT COMBINED FACTORS (Sales and Receipts, Double-weighted)<br>(Add Line 12c twice, and Lines 13c and 20c above).<br>Calculate percentage to six places to the right of the decimal point . . . . . |  | 291 | 562688 % |
|  |  |     | .00      |
| 22. VERMONT APPORTIONMENT FACTOR (Divide Line 21 by 4 or as indicated below).<br>Calculate percentage to six places to the right of the decimal point . . . . .  |  | 72  | 890672 % |
|  |  |     | .00      |

Express as a decimal to six places. If there are fewer than three factors with an "Everywhere" denominator, then divide Line 21 as follows:

- Sales/Receipts and Salaries and Wages - divide by 3
- Sales/Receipts and Property - divide by 3
- Salaries and Wages and Property - divide by 2
- Sales/Receipts only - divide by 2
- Salaries and Wages only - divide by 1
- Property only - divide by 1

(Transcribe to Form CO-411, Line 6; or Schedule CO-421, Line 1; or Schedule BI-472, Line 10; or Schedule BI-473, Line 11.)

**Schedule BA-404**

**Vermont Tax Credits Earned, Applied,  
Expired, and Carried Forward**



\* 1 9 4 0 4 1 1 0 0 \*

**Attach to Form CO-411  
or Form BI-471  
or Form BI-476**

**PRINT in BLUE or BLACK INK**

**Enter all amounts in whole dollars.**

|   |   |                   |
|---|---|-------------------|
| Entity Name (same as on Form CO-411, Form BI-471, or Form BI-476)<br>RED SOX OPPORTUNITY LP | Fiscal Year Ending (YYYYMMDD)<br>20201231 | FEIN<br>400009064 |
|---|---|-------------------|

|   | (A)<br>Amount Carried Forward<br>from Prior Years | (B)<br>Amount Earned<br>Current Year | (C)<br>Amount Applied<br>Current Year | (D)<br>Amount Carried Forward<br>to Future Years |
|---|---|--------------------------------------|---------------------------------------|--|
| 1. Research and Development § 5930ii                      |   | 5000.                                | 5000.                                 |  |
| 2. Charitable Housing § 5830c                             |   |                                      |                                       |  |
| 3. Affordable Housing § 5930u                             |   |                                      |                                       |  |
| 4. Qualified Sale of Mobile Home Park § 5828              |   |                                      |                                       |  |
| 5. Vermont Entrepreneur's Seed Capital Fund § 5830b       |   |                                      |                                       |  |
| 6. Code Improvement § 5930cc(c)                           |   |                                      |                                       |  |
| 7. Historic Rehabilitation § 5930cc(a)                    |   |                                      |                                       |  |
| 8. Facade Improvement § 5930cc(b)                         |   |                                      |                                       |  |
| 9. Investment Tax Credit § 5822(d)                        |   | 3000.                                | 3000.                                 |  |
| 10. Machinery and Equipment § 5930II                      |   | <b>NOT AVAILABLE</b>                 |                                       |  |
| 11. <b>TOTAL FOR ALL CREDITS</b> (Add Lines 1 through 10) |   | 8000.                                | 8000.                                 |  |



# Schedule BA-406

## Vermont Credit Allocation



\* 1 9 4 0 6 1 1 0 0 \*

Attach to Form BI-471  
or Form BI-476

PRINT in BLUE or BLACK INK

|   |   |                   |
|---|---|-------------------|
| Entity Name (same as on Form BI-471 or Form BI-476)<br>RED SOX OPPORTUNITY LP | Fiscal Year Ending (YYYYMMDD)<br>20201231 | FEIN<br>400009064 |
|---|---|-------------------|

|  |                   |    |                                     |   |
|--|-------------------|----|-------------------------------------|---|
| Individual Last Name (Shareholder, Partner, or Member)<br>WARNER | First Name<br>TOM | MI | Social Security Number<br>400009038 | Entity TYPE<br>Enter I, C, S, L, P, or T (see instructions) |
| OR Entity Name (Shareholder, Partner, or Member)                 |                   |    | OR FEIN                             | <input type="checkbox"/>                                    |

Name of Credit

Enter all amounts in **WHOLE DOLLARS**

- 1. Research and Development ..... 1. 2000.00
- 2. Charitable Housing ..... 2. .00
- 3. Affordable Housing ..... 3. .00
- 4. Qualified Sale of Mobile Home Park ..... 4. .00
- 5. Vermont Entrepreneur's Seed Capital Fund ..... 5. .00
- 6. Code Improvement ..... 6. .00
- 7. Historic Rehabilitation ..... 7. .00
- 8. Facade Improvement ..... 8. .00
- 9. Investment Tax Credit ..... 9. .00
- 10. Machinery and Equipment ..... 10. NOT AVAILABLE
- 11. Total credits for this shareholder, partner, or member (Add Lines 1 through 10) ..... 11. 2000.00

**Schedule BA-406**

**Vermont Credit Allocation**



\* 1 9 4 0 6 1 1 0 0 \*

**Attach to Form BI-471  
or Form BI-476**

**PRINT in BLUE or BLACK INK**

|   |   |                   |
|---|---|-------------------|
| Entity Name (same as on Form BI-471 or Form BI-476)<br>RED SOX OPPORTUNITY LP | Fiscal Year Ending (YYYYMMDD)<br>20201231 | FEIN<br>400009064 |
|---|---|-------------------|

|   |                    |    |                                     |   |
|---|--------------------|----|-------------------------------------|---|
| Individual Last Name (Shareholder, Partner, or Member)<br>HENRY | First Name<br>JOHN | MI | Social Security Number<br>400009037 | Entity TYPE<br>Enter I, C, S, L, P, or T (see instructions) |
| OR Entity Name (Shareholder, Partner, or Member)                |                    |    | OR FEIN                             | <input type="checkbox"/>                                    |

**Name of Credit**

Enter all amounts in **WHOLE DOLLARS**

|   |     |                      |     |
|---|-----|----------------------|-----|
| 1. Research and Development .....   | 1.  | 3000                 | .00 |
| 2. Charitable Housing .....   | 2.  |                      | .00 |
| 3. Affordable Housing .....   | 3.  |                      | .00 |
| 4. Qualified Sale of Mobile Home Park .....   | 4.  |                      | .00 |
| 5. Vermont Entrepreneur's Seed Capital Fund .....   | 5.  |                      | .00 |
| 6. Code Improvement .....   | 6.  |                      | .00 |
| 7. Historic Rehabilitation .....  | 7.  |                      | .00 |
| 8. Facade Improvement .....   | 8.  |                      | .00 |
| 9. Investment Tax Credit .....  | 9.  | 3000                 | .00 |
| 10. Machinery and Equipment .....   | 10. | <b>NOT AVAILABLE</b> |     |
| 11. Total credits for this shareholder, partner, or member (Add Lines 1 through 10) ..... | 11. | 6000                 | .00 |

**Schedule K-1VT**

**Vermont Shareholder, Partner, or Member Information**



\* 1 9 K 1 V 1 1 0 0 \*

**This schedule is REQUIRED.  
Attach to Form BI-471**

|   |  |                          |
|---|--|--------------------------|
| Entity Name (same as on Form BI-471)<br><b>RED SOX OPPORTUNITY LP</b> | Fiscal Year Ending (YYYYMMDD)<br><b>20201231</b> | FEIN<br><b>400009064</b> |
|---|--|--------------------------|

**HEADER INFORMATION - REQUIRED ENTRIES**

|  |                    |                          |  |         |  |
|--|--------------------|--------------------------|--|---------|--|
| Entity Name (Shareholder, Partner, or Member)<br><b>OR</b> Individual Last Name (Shareholder, Partner, or Member)<br><b>WARNER</b> |                    |                          | First Name<br><b>TOM</b>   | Initial | FEIN<br><b>OR</b> Social Security Number<br><b>400009038</b> |
| Address<br><b>150 BUENA VISTA DR</b>   |                    |                          | Recipient Type<br>(I, C, S, L, P, X, or T) <input checked="" type="checkbox"/> I |         |  |
| Address, Line 2 (if needed)  |                    |                          | Residency Status   |         |  |
| City<br><b>SAN DIEGO</b>   | State<br><b>CA</b> | ZIP Code<br><b>92164</b> | <input type="checkbox"/> Vermont Resident  |         |  |
| Foreign Country (if not United States)   |                    |                          | <input checked="" type="checkbox"/> Nonresident                                  |         |  |

Percentage of Entity's income or loss to this recipient.  
Calculate percentage to six places to the right of the decimal point. . . . . 20.000000 %

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

**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. 123027.00
- 2. Capital gains allocated to Vermont. . . . .  ← Check to indicate loss      2. 43800.00
- 3. Other income allocated to Vermont . . . . .  ← Check to indicate loss      3.           .00
- 4. Exempt Income - Vermont income not characterized as Unrelated Business Income (UBI) for Federal purposes (tax-exempt entities only). . . . . 4.           .00
- 5. Total annual nonresident estimated payments allocated to this shareholder . . . . . 5. 13175.00
- 6. Total annual real estate withholding payments allocated to this shareholder . . . . . 6.           .00
- 7. Share of total federal bonus depreciation difference (Enter on Schedule IN-112, Line 4 or Line 8) . . . . .  ← Check to indicate loss      7. 3920.00

**Schedule K-1VT**

**Vermont Shareholder, Partner, or Member Information**



\* 1 9 K 1 V 1 1 0 0 \*

**This schedule is REQUIRED.  
Attach to Form BI-471**

|  |   |                   |
|--|---|-------------------|
| Entity Name (same as on Form BI-471)<br>RED SOX OPPORTUNITY LP | Fiscal Year Ending (YYYYMMDD)<br>20201231 | FEIN<br>400009064 |
|--|---|-------------------|

**HEADER INFORMATION - REQUIRED ENTRIES**

|  |             |                   |  |         |  |
|--|-------------|-------------------|--|---------|--|
| Entity Name (Shareholder, Partner, or Member)<br><b>OR</b> Individual Last Name (Shareholder, Partner, or Member)<br>HENRY |             |                   | First Name<br>JOHN   | Initial | FEIN<br><b>OR</b> Social Security Number<br>400009037                            |
| Address<br>125 GOLF COURSE LN  |             |                   | Address, Line 2 (if needed)  |         | Recipient Type<br>(I, C, S, L, P, X, or T) <input checked="" type="checkbox"/> I |
| City<br>QUECHEE  | State<br>VT | ZIP Code<br>05059 | Residency Status<br><input checked="" type="checkbox"/> Vermont Resident<br><input type="checkbox"/> Nonresident |         |  |
| Foreign Country (if not United States)   |             |                   |  |         |  |

Percentage of Entity's income or loss to this recipient.  
Calculate percentage to six places to the right of the decimal point. . . . . 80 . 000000 %

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

**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. 492106 .00
- 2. Capital gains allocated to Vermont. . . . .  ← Check to indicate loss      2. 175200 .00
- 3. Other income allocated to Vermont . . . . .  ← Check to indicate loss      3. .00
- 4. Exempt Income - Vermont income not characterized as Unrelated Business Income (UBI) for Federal purposes (tax-exempt entities only). . . . . 4. .00
- 5. Total annual nonresident estimated payments allocated to this shareholder . . . . . 5. .00
- 6. Total annual real estate withholding payments allocated to this shareholder . . . . . 6. .00
- 7. Share of total federal bonus depreciation difference (Enter on Schedule IN-112, Line 4 or Line 8) . . . . .  ← Check to indicate loss      7. 15680 .00

**Test 2****Required Vermont Forms/Schedules: BI-471, BI-472, K-1VT, BA-402****Taxpayer(s) Information:**

|                          |                         |
|--------------------------|-------------------------|
| Entity Name:             | SCOOBY DOO & ASSOCIATES |
| Federal Employer ID:     | LLC 40-0009066          |
| Primary 6-digit NAICS #: | 531110                  |
| Mailing Address:         | 7850 GREAT RD           |
| City:                    | BEDFORD                 |
| State:                   | MASSACHUSETTS           |
| Zip Code:                | 01730                   |
| Country:                 | US                      |
| Tax Year Begin Date:     | Jan-01-2020             |
| Tax Year End Date:       | Dec-31-2020             |
| Federal Return Filed:    | 1120S                   |

**Return Information:**

|  |                     |
|--|---------------------|
| Ordinary Business Income:                | (35,620.00)         |
| Net Real Estate Income:                  | (15,200.00)         |
| Other Income:                            | (5,241.00)          |
| Payments with Extension:                 | 250.00              |
| Sales or Gross Receipts:                 | 65,850.00           |
| Services Received in or Delivered to VT: | 5,850.00            |
| Gross Rents:                             | 1,504,850.00        |
| VT Gross Rents:                          | 50,485.00           |
| Total Salaries and Wages:                | 150,000.00          |
| VT Salaries and Wages:                   | 25,000.00           |
| Buildings/Depreciable Assets:            | 2,546,200.00        |
| VT Buildings/Depreciable Assets:         | 163,500.00          |
| Total Land:                              | 253,000.00          |
| VT Land:                                 | 39,000.00           |
| Rented Real/Personal Property:           | 450,000.00          |
| VT Rented Real/Personal Property:        | 65,000.00           |
| Partner 1 Name:                          | Scooby D. Doo       |
| Partner 1 SSN:                           | 400-00-9070 Non-    |
| Partner 1 Residency Status:              | Resident Individual |
| Partner 1 Type:                          | 233 Washington St.  |
| Partner 1 Mailing Address:               | Winchester          |
| Partner 1 City:                          | MA                  |
| Partner 1 State:                         | 01890               |
| Partner 1 Zip Code:                      | 100%                |
| % of Entity's Income:                    |                     |

Form BI-471



\* 1 9 4 7 1 1 1 0 0 \*

Vermont Business Income Tax Return

for Partnerships, Subchapter S Corporations, and LLCs

Check Appropriate Box(es) Composite Return, Accounting Period Change, Initial Return, Public Law 86-272 Applies, Amended Return, Extended Return, Federal Extension Requested, Final Return (Cancels Account). Entity Name: SCOOPY DOO & ASSOCIATED LLC, FEIN: 400009066, Primary 6-digit NAICS number: 531110, Address: 7850 GREAT RD, Tax year BEGIN date: 20200101, Tax year END date: 20201231, City: BEDFORD, State: MA, ZIP Code: 01730, Federal tax return filed: 1120S.

- A. Were any shareholders, partners, or members nonresidents of Vermont during this tax year? A. [X] Yes [ ] No
B. Did this entity have income or losses derived from at least one state other than Vermont? B. [X] Yes [ ] No
C. Net adjustment to income resulting from Vermont's disallowance of "bonus depreciation" (IRC 168(k)). C. [ ] [Check to indicate loss] .00
D. Total number of Shareholders, Partners, or Members D. 1
E. How many are Vermont Residents? E. 1
F. How many are nonresidents? F. 1
G. Check box if § 5920(f), (g), or (h) applies (regarding nonresident estimated payments for affordable housing projects, federal new market tax credit projects, or publicly traded partnerships). Attach authorization or documentation G. [ ]

TAX COMPUTATION (see instructions):

Enter all amounts in whole dollars.

Check box if exception to minimum tax applies: [ ] SMALL FARM § 5832(2)(A) (\$75 minimum), [ ] NO VERMONT ACTIVITY / INACTIVE (\$0), [ ] INVESTMENT CLUB § 5921 (\$0), [ ] IRC SEC 761 (\$0)

- 1. Vermont minimum entity tax (\$250) or above exception (see instructions) 1. 250 .00
2. For non-composite entities
2a. Nonresident estimated payment requirement (Schedule BI-472, Line 19) 2a. .00
2b. Overpayment distributed to owners (Enter the sum of all K-1VT's Lines 5 and 6, minus Schedule BI-472, Line 19) 2b. .00
2c. Enter the sum of Lines 2a and 2b 2c. .00
3. For composite entities, Vermont composite tax due (Schedule BI-473, Line 24) 3. .00
4. Vermont apportionment of entity level taxes (see instructions) 4. .00
5. Use Tax for taxable items on which no sales tax was charged, including online purchases 5. .00
6. Total tax due (Add Lines 1, 2c, 3, 4, and 5) 6. 250 .00

|   |  |
|---|--|
| Entity Name<br><b>SCOOPY DOO &amp; ASSOCIATED LLC</b> |  |
| FEIN<br><b>400009066</b>                              | Fiscal Year Ending (YYYYMMDD)<br><b>20201231</b> |



**PAYMENTS AND CREDITS**

Enter all amounts in whole dollars.

|   |     |           |            |
|---|-----|-----------|------------|
| 7. Prior Year Overpayment Applied.....  | 7.  | _____     | <b>.00</b> |
| 8. Payments with Extension .....  | 8.  | _____ 250 | <b>.00</b> |
| 9. Real estate withholding paid for this entity with Form RW-171, REW Schedule A .....                              | 9.  | _____     | <b>.00</b> |
| 10. Real estate withholding distributed to this entity by a different company through a Schedule K-1VT.....         | 10. | _____     | <b>.00</b> |
| 11. Nonresident estimated payments paid by this entity with Form WH-435 .....                                       | 11. | _____     | <b>.00</b> |
| 12. Nonresident estimated payments distributed to this entity by a different company through a Schedule K-1VT ..... | 12. | _____     | <b>.00</b> |
| 13. Total payments (Add Lines 7 through 12) .....   | 13. | _____ 250 | <b>.00</b> |

**RECONCILIATION**

|  |     |       |            |
|--|-----|-------|------------|
| 14. Balance Due: If Line 6 is greater than Line 13, enter the difference .....                 | 14. | _____ | <b>.00</b> |
| 15. Payment attached to this return. ....  | 15. | _____ | <b>.00</b> |
| 16. Overpayment: If Line 6 is less than the sum of Lines 13 and 15, enter the difference ..... | 16. | _____ | <b>.00</b> |
| 17. Overpayment to be credited to the next tax year .....                                      | 17. | _____ | <b>.00</b> |
| 18. Overpayment to be refunded. ....   | 18. | _____ | <b>.00</b> |

**SIGNATURE**

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 |
| Printed Name                     | Email Address (optional) |                 |                          |

Check if the Department of Taxes may discuss this return with the preparer shown.

|  |                          |                        |   |
|--|--------------------------|------------------------|---|
| Paid Preparer's Signature  |                          | 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) |                          |                        | <input type="checkbox"/> Check if self-employed |

**Send return and check to:** Vermont Department of Taxes  
133 State Street  
Montpelier, VT 05633-1401

|                                |       |
|--------------------------------|-------|
| <b>For Department Use Only</b> |       |
| Ck. Amt.                       | Init. |

**Schedule BI-472**

**Vermont Non-Composite**



\* 1 9 4 7 2 1 1 0 0 \*

**PRINT in BLUE or BLACK INK**

**Attach to Form BI-471**

|  |   |                   |
|--|---|-------------------|
| Entity Name (same as on Form BI-471 or Form BI-476)<br>SCOOBY DOO & ASSOCIATES LLC | Fiscal Year Ending (YYYYMMDD)<br>20201231 | FEIN<br>400009066 |
|--|---|-------------------|

Place an "X" in the box left of the line number to indicate a loss amount.

Enter all amounts in whole dollars.

- 1. Ordinary Business Income (federal Form 1120S, Line 21 or federal Form 1065, Line 22)  ← Check to indicate loss 1. 35620 .00
- 2. Net Rental Real Estate Income (federal Form 1120S, Schedule K, Line 2, or federal Form 1065, Schedule K, Line 2)  ← Check to indicate loss 2. 15200 .00
- 3. Other Net Rental Income (federal Form 1120S, Schedule K, Line 3c, or federal Form 1065, Schedule K, Line 3c)  ← Check to indicate loss 3. \_\_\_\_\_ .00
- 4. Guaranteed Payments (Partnership only - federal Form 1065, Schedule K, Line 4)  ← Check to indicate loss 4. \_\_\_\_\_ .00
- 5. Net short term and long term capital gains or losses. (federal Form 1120S, Schedule K, Lines 7 and 8a, or federal Form 1065, Schedule K, Lines 8 and 9a.)  ← Check to indicate loss 5. \_\_\_\_\_ .00
- 6. Net section 1231 gain or loss. (federal Form 1120S, Schedule K, Line 9, or federal 1065, Schedule K Line 10)  ← Check to indicate loss 6. \_\_\_\_\_ .00
- 7. Other income or loss. (federal Form 1120S, Schedule K, Line 10, or federal Form 1065, Schedule K, Line 11.)  ← Check to indicate loss 7. 5241 .00
- 8. Section 179 Deduction (federal Form 1120S, Schedule K, Line 11 or Federal Form 1065, Schedule K, Line 12)  ← Check to indicate loss 8. \_\_\_\_\_ .00
- 9. Apportionable income (Add Lines 1-7, then subtract Line 8)  ← Check to indicate loss 9. 56061 .00
- 10. Apportionment percentage (From Schedule BA-402, or 100%) 10. 8 . 018174 %
- 11. Business Income Apportioned to Vermont (Multiply Line 9 by Line 10)  ← Check to indicate loss 11. 4495 .00
- 12. Income directly allocable to Vermont generated by this entity (Capital gain on real estate and physical assets located in Vermont, royalties on property located in Vermont, etc.)  ← Check to indicate loss 12. \_\_\_\_\_ .00
- 13. Vermont business income distributed to this entity by a different entity via Schedule K-1VT.  ← Check to indicate loss 13. \_\_\_\_\_ .00
- 14. Vermont sourced capital gain distributed to this entity via Schedule K-1VT  ← Check to indicate loss 14. \_\_\_\_\_ .00
- 15. Other Vermont sourced income distributed to this entity by a different entity via Schedule K-1VT  ← Check to indicate loss 15. \_\_\_\_\_ .00
- 16. Total Vermont Net Income (Add Lines 11 through 15)  ← Check to indicate loss 16. 4495 .00
- 17. Percentage of income from Line 16 passed through to nonresidents 17. 100 . 000000 %
- 18. Total income passed through to nonresidents (Multiply Line 16 by Line 17)  ← Check to indicate loss 18. 4495 .00
- 19. Nonresident estimated payment requirement (Multiply Line 18 by 6.6%) 19. \_\_\_\_\_ .00



**Schedule BA-402**

**Vermont Apportionment & Allocation**



\* 1 9 4 0 2 1 1 0 0 \*

For Unitary filers, complete a separate Schedule BA-402 for each taxable affiliate

Attach to Form CO-411 or Form BI-471

|  |   |                   |
|--|---|-------------------|
| Entity Name (same as on Form CO-411 or Form BI-471)<br>SCOOPY DOO & ASSOCIATES LLC | Fiscal Year Ending (YYYYMMDD)<br>20201231 | FEIN<br>400009066 |
| FOR UNITARY GROUPS ONLY - Name of Affiliate  |   | Affiliate's FEIN  |

**PART 1 Directly Allocated Non-Business Income, Other Non-Appportionable Income and Foreign Dividends**

Place an "x" in the box left of the line number to indicate a loss amount.

Enter all amounts in WHOLE DOLLARS.

|   | Everywhere  | Vermont   |
|---|---|---|
| <b>1a-b.</b> Non-Business Income or Other Non-Appportionable Income . . . . . | <input type="checkbox"/> ← Check to indicate loss <b>1a.</b> . . . . . <b>.00</b> | <input type="checkbox"/> ← Check to indicate loss <b>1b.</b> . . . . . <b>.00</b> |
| <b>1c-d.</b> Foreign Dividends . . . . .                                      | <input type="checkbox"/> ← Check to indicate loss <b>1c.</b> . . . . . <b>.00</b> | <input type="checkbox"/> ← Check to indicate loss <b>1d.</b> . . . . . <b>.00</b> |

**PART 2 Sales and Receipts Factor**  
**Section A Sales and Receipts Factor**

|  | Everywhere         | Vermont                      |
|--|--------------------|------------------------------|
| <b>2.</b> Sales or gross receipts . . . . . <b>2.</b>  | 65850 <b>.00</b>   |                              |
| <b>3.</b> Services received in or delivered to Vermont . . . . . <b>3.</b>   |                    | 5850 <b>.00</b>              |
| <b>4.</b> Sales delivered or shipped to purchasers in Vermont from outside Vermont . . . . . <b>4.</b>   |                    | <b>.00</b>                   |
| <b>5.</b> Sales delivered or shipped to purchasers in Vermont from within Vermont . . . . . <b>5.</b>  |                    | <b>.00</b>                   |
| <b>6.</b> Sales shipped from Vermont to the U.S. Government . . . . . <b>6.</b>  |                    | <b>.00</b>                   |
| <b>7.</b> Sales shipped from Vermont to purchasers in a state where the entity is not taxable . . . . . <b>7.</b>  |                    | <b>.00</b>                   |
| <b>8.</b> Business interest and dividends . . . . . <b>8a.</b>   | <b>.00</b>         | <b>8b.</b> <b>.00</b>        |
| <b>9.</b> Royalties . . . . . <b>9a.</b>   | <b>.00</b>         | <b>9b.</b> <b>.00</b>        |
| <b>10.</b> Gross rents . . . . . <b>10a.</b>   | 1504850 <b>.00</b> | <b>10b.</b> 50485 <b>.00</b> |
| <b>11.</b> Other business income (attach detailed supporting statement) . . . . . <b>11a.</b>  | <b>.00</b>         | <b>11b.</b> <b>.00</b>       |
| <b>12.</b> TOTAL INCOME, SALES, AND GROSS RECEIPTS (Add Lines 2-11) <b>12a.</b>  | 1570700 <b>.00</b> | <b>12b.</b> 56335 <b>.00</b> |
| <b>12c.</b> Vermont Sales and Receipts factor as percent of Everywhere. (Divide Line 12b by Line 12a). Calculate percentage to six places to the right of the decimal point. . . . . <b>12c.</b> |                    | 3 586617 %                   |

|   |  |
|---|--|
| Entity Name (same as on Form CO-411 or Form BI-471)<br><b>SCOOPY DOO &amp; ASSOCIATES LLC</b> |  |
| FEIN<br><b>400009066</b>  | Fiscal Year Ending (YYYYMMDD)<br><b>20201231</b> |



**Section B Salaries and Wages Factor**

|  | Everywhere |     | Vermont          |
|--|------------|-----|------------------|
| 13. TOTAL SALARIES AND WAGES . . . 13a.  | 150000     | .00 | 13b. 25000 .00   |
| 13c. Vermont as percent of Everywhere (Divide Line 13b by Line 13a).<br>Calculate percentage to six places to the right of the decimal point . . . . . |            |     | 13c. 16.666667 % |

**Section C Property Factor (Average value during year)**

|  | Everywhere |     | Vermont         |
|--|------------|-----|-----------------|
| 14. Inventories . . . . . 14a.   |            | .00 | 14b. .00        |
| 15. Buildings and other depreciable assets (original cost) . . . . . 15a.  | 2546200    | .00 | 15b. 163500 .00 |
| 16. Depletable assets (original cost) . . . . . 16a.   |            | .00 | 16b. .00        |
| 17. Land . . . . . 17a.  | 253000     | .00 | 17b. 39000 .00  |
| 18. Other assets (Attach schedule). . . . . 18a.   |            | .00 | 18b. .00        |
| 19. Rented real and personal property (Multiply annual rent by 8) . . . . . 19a.   | 450000     | .00 | 19b. 65000 .00  |
| 20. TOTAL PROPERTY (Add Lines 14 through 19) . . . . . 20a.  | 3249200    | .00 | 20b. 267500 .00 |
| 20c. Vermont as percent of Everywhere (Divide Line 20b by Line 20a).<br>Calculate percentage to six places to the right of the decimal point . . . . . |            |     | 20c. 8.232796 % |

**Section D Vermont Apportionment Factors**

|  |  |  |                 |
|--|--|--|-----------------|
| 21. VERMONT COMBINED FACTORS (Sales and Receipts, Double-weighted)<br>(Add Line 12c twice, and Lines 13c and 20c above).<br>Calculate percentage to six places to the right of the decimal point . . . . . |  |  | 21. 32.072697 % |
| 22. VERMONT APPORTIONMENT FACTOR (Divide Line 21 by 4 or as indicated below).<br>Calculate percentage to six places to the right of the decimal point . . . . .  |  |  | 22. 8.018174 %  |

Express as a decimal to six places. If there are fewer than three factors with an "Everywhere" denominator, then divide Line 21 as follows:

- Sales/Receipts and Salaries and Wages - divide by 3
- Sales/Receipts and Property - divide by 3
- Salaries and Wages and Property - divide by 2
- Sales/Receipts only - divide by 2
- Salaries and Wages only - divide by 1
- Property only - divide by 1

(Transcribe to Form CO-411, Line 6; or Schedule CO-421, Line 1; or Schedule BI-472, Line 10; or Schedule BI-473, Line 11.)

**Schedule K-1VT**

**Vermont Shareholder, Partner, or Member Information**



\* 1 9 K 1 V 1 1 0 0 \*

**This schedule is REQUIRED.  
Attach to Form BI-471**

|  |  |                          |
|--|--|--------------------------|
| Entity Name (same as on Form BI-471)<br><b>SCOOBY DOO &amp; ASSOCIATES LLC</b> | Fiscal Year Ending (YYYYMMDD)<br><b>20201231</b> | FEIN<br><b>400009066</b> |
|--|--|--------------------------|

**HEADER INFORMATION - REQUIRED ENTRIES**

|   |                    |                          |  |                     |  |
|---|--------------------|--------------------------|--|---------------------|--|
| Entity Name (Shareholder, Partner, or Member)<br><b>OR</b> Individual Last Name (Shareholder, Partner, or Member)<br><b>DOO</b> |                    |                          | First Name<br><b>SCOOBY</b>  | Initial<br><b>D</b> | FEIN<br><b>OR</b> Social Security Number<br><b>400009070</b> |
| Address<br><b>233 WASHINGTON ST</b>   |                    |                          | Recipient Type<br>(I, C, S, L, P, X, or T) <input checked="" type="checkbox"/> I |                     |  |
| Address, Line 2 (if needed)   |                    |                          | Residency Status   |                     |  |
| City<br><b>WINCHESTER</b>   | State<br><b>MA</b> | ZIP Code<br><b>01890</b> | <input type="checkbox"/> Vermont Resident  |                     |  |
| Foreign Country (if not United States)  |                    |                          | <input checked="" type="checkbox"/> Nonresident                                  |                     |  |

Percentage of Entity's income or loss to this recipient.  
Calculate percentage to six places to the right of the decimal point. . . . . 100.000000 %

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

**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. 4495.00
- 2. Capital gains allocated to Vermont. . . . .  ← Check to indicate loss      2. .00
- 3. Other income allocated to Vermont . . . . .  ← Check to indicate loss      3. .00
- 4. Exempt Income - Vermont income not characterized as Unrelated Business Income (UBI) for Federal purposes (tax-exempt entities only). . . . . 4. .00
- 5. Total annual nonresident estimated payments allocated to this shareholder . . . . . 5. .00
- 6. Total annual real estate withholding payments allocated to this shareholder . . . . . 6. .00
- 7. Share of total federal bonus depreciation difference (Enter on Schedule IN-112, Line 4 or Line 8) . . . . .  ← Check to indicate loss      7. .00

**Test 3:****Required Vermont Forms/Schedules: CO-411, BA-402****Taxpayer(s) Information:**

|                          |                         |
|--------------------------|-------------------------|
| Entity Name:             | CB Rules the Floor Inc. |
| Federal Employer ID:     | 40-0009086              |
| Primary 6-digit NAICS #: | 96441                   |
| Mailing Address:         | 135 Main St.            |
| City:                    | Northfield              |
| State:                   | VT                      |
| Zip Code:                | 05626                   |
| Country:                 | USA                     |
| Tax Year Begin Date:     | Jan-01-2020             |
| Tax Year End Date:       | Dec-31-2020             |
| Federal Return Filed:    | 1120                    |
| # in Water's Edge Group: | 1                       |
| # with Vermont Nexus:    | 1                       |

**Return Information:**

|  |                |
|--|----------------|
| Federal Taxable Income:                                  | 85,265,111.00  |
| Bonus Depreciation:                                      | (124,031.00)   |
| State & Local Taxes:                                     | 12,346.00      |
| Foreign Dividends Received:                              | 1,671,426.00   |
| Factor Relief:   | NO             |
| Targeted Job Credit Addback:                             | 426,050.00     |
| VT Net Operating Loss Claimed:                           | 60,319.00      |
| Use Tax Due:   | 185.00         |
| Gross Receipts:  | 21,644,455.00  |
| Estimated Payments Made:                                 | 5,000,000.00   |
| Extension Payment:                                       | 200,000.00     |
| Prior Year Carryforward:                                 | 100,000.00     |
| Sales or Gross Receipts:                                 | 21,644,455     |
| Services Performed in VT:                                | 1,151,774.00   |
| Sales delivered to VT from<br>outside VT:                | 60,554.00      |
| Salaries & Wages:  | 261,349,785.00 |
| VT Salaries & Wages:                                     | 222,147,317.00 |
| Buildings & other depreciable<br>assets (original cost): | 1,000,000.00   |
| VT buildings & other<br>depreciable assets:              | 1,000,000.00   |

**Form CO-411**

**Vermont Corporate Income Tax Return**



|   |   |   |   |   |
|---|---|---|---|---|
| <b>Check Appropriate Box(es)</b>                                      | <input type="checkbox"/> Accounting Period Change | <input checked="" type="checkbox"/> Extended Return             | <input type="checkbox"/> Unitary Combined   | <input type="checkbox"/> PL 86-272 is Applicable        |
|   | <input type="checkbox"/> Amended Return           | <input checked="" type="checkbox"/> Federal Extension Requested | <input type="checkbox"/> Unitary Consolidated   | <input type="checkbox"/> Final Return (Cancels Account) |
| Entity Name (Principal Vermont Corporation)<br>CB RULES THE FLOOR INC |   | FEIN<br>400009086   | Primary 6-digit NAICS number<br>964441  |   |
| Address<br>135 MAIN ST  |   | Tax year BEGIN date (YYYYMMDD)<br>20200101                      | Tax year END date (YYYYMMDD)<br>20201231  |   |
| Address (Line 2)  |   | Number of companies in Water's Edge Group<br>1                  | Number with Vermont Nexus<br>1  |   |
| City<br>NORTHFIELD  | State<br>VT                                       | ZIP Code<br>05626   | Federal tax return filed (Check one box)<br><input checked="" type="checkbox"/> 1120 <input type="checkbox"/> 1120-F <input type="checkbox"/> 990-T<br><input type="checkbox"/> 1120-H <input type="checkbox"/> Other |   |
| Foreign Country   |   |   |   |   |

Place an "X" in the box left of the line number to indicate a loss amount.

Enter all amounts in whole dollars.

- 1. FEDERAL TAXABLE INCOME (Federal Form 1120, Line 30 plus any deduction for a federal net operating loss, Line 29a.)  ← Check to indicate loss    1. 85265111 .00
- 2. Bonus Depreciation Adjustment (see instructions).  ← Check to indicate loss    2. 124031 .00
- 3. Federal Taxable Income adjusted for disallowance of Bonus Depreciation (Add Lines 1 and 2)  ← Check to indicate loss    3. 85141080 .00
- 4. ADD (a) Interest on non-Vermont state and local Obligations. . . . . 4a.                      .00
  - (b) State and local income or franchise taxes . . . . .  ← Check to indicate loss    4b. 12346 .00
  - LESS (c) Non-business income or loss allocated everywhere (Schedule BA-402, Line 1a, or leave blank) . . . . .  ← Check to indicate loss    4c.                      .00
  - (d) Foreign dividends received. . . . . 4d.                      .00
  - (e) Interest on U.S. Government obligations. . . . . 4e.                      .00
  - (f) "Gross Up" required by IRC sec. 78 and other excludable income . . . . . 4f.                      .00
  - (g) Targeted Job Credit salary and wage expense addback. . . . . 4g. 426050 .00
- 5. NET APPORTIONABLE INCOME (Add Lines 3, 4(a), and 4(b). Then subtract Lines 4(c) through 4(g).)  ← Check to indicate loss    5. 83055950 .00

|   |  |  |  |
|---|--|--|--|
| <b>Check box if exception to minimum tax applies:</b> | <input type="checkbox"/> SMALL FARM CORPORATION (\$75 minimum) | <input type="checkbox"/> NO VERMONT ACTIVITY (\$0) | <input type="checkbox"/> HOMEOWNER'S / CONDO ASSOC. (Federal Form 1120-H only) (\$0) |
|---|--|--|--|

|  |  |
|--|--|
| Entity Name<br><b>CB RULES THE FLOOR INC</b> |  |
| FEIN<br><b>400009086</b>                     | Fiscal Year Ending (YYYYMMDD)<br><b>20201231</b> |



|  |                          |                          |        |              |
|--|--------------------------|--------------------------|--------|--------------|
| 6. Vermont Percentage (100% or amount from Schedule BA-402, Line 22)<br>Calculate percentage to six places to the right of the decimal point. .... | 6.                       | 74                       | 255386 | %            |
| 7. Apportionable Income (From CO-411, Line 5) .....  | <input type="checkbox"/> | ← Check to indicate loss | 7.     | .00          |
| 8. Income Apportioned to Vermont (Multiply Lines 6 and 7) .....  | <input type="checkbox"/> | ← Check to indicate loss | 8.     | 61673516 .00 |
| 9. Income Allocated to Vermont (Schedule BA-402, Line 1b) .....  | <input type="checkbox"/> | ← Check to indicate loss | 9.     | .00          |
| 10. Foreign Dividends Allocated to Vermont (Schedule BA-402, Line 1d) .....  | 10.                      | 1241124                  | .00    |              |
| 11. Net Vermont Income Allocated and Apportioned to Vermont<br>(Add Lines 8, 9, and 10.) .....   | <input type="checkbox"/> | ← Check to indicate loss | 11.    | 62914640 .00 |
| 12. Vermont Net Operating Loss deduction applied (attach schedule) .....   | 12.                      | 60319                    | .00    |              |
| 13. Vermont Net taxable Income for this entity (Line 11 minus Line 12) .....   | <input type="checkbox"/> | ← Check to indicate loss | 13.    | 62854321 .00 |
| 14. Vermont Tax. Apply Vermont Tax Rates (below) to amount on Line 13 .....  | 14.                      | 5342142                  | .00    |              |
| 15. Credits (Schedule BA-404, Column C, Line 11) .....   | 15.                      |                          | .00    |              |
| 16. Use Tax for taxable items on which no sales tax was charged, including online purchases .....  | 16.                      | 185                      | .00    |              |
| 17. Tax Due for this entity (Subtract Line 15 from Line 14. To that result, add Line 16) .....   | 17.                      | 5342327                  | .00    |              |
| 18. Gross Receipts (For purpose of minimum tax calculation. See instructions) .....  | 18.                      | 2164455                  | .00    |              |

**TAX COMPUTATION SCHEDULE**  
(Effective for taxable periods beginning January 1, 2012)

|  |  |
|--|--|
| <u>IF VERMONT NET INCOME IS</u>          | <u>TAX IS</u>                              |
| \$10,000 or less .....                   | .6.00%                                     |
| \$10,001 - \$25,000 .....                | \$600 plus 7.00% of excess over \$10,000   |
| \$25,001 and over .....                  | \$1,650 plus 8.50% of excess over \$25,000 |
| <br><u>IF VERMONT GROSS RECEIPTS ARE</u> | <br><u>MINIMUM TAX IS</u>                  |
| \$2,000,000 or less .....                | \$300                                      |
| \$2,000,001 - \$5,000,000 .....          | \$500                                      |
| \$5,000,001 and over .....               | \$750                                      |

**File the return on the due date required under the Internal Revenue Code, unless extended.**

**Pay by the due date required under the Internal Revenue Code, even if the return is extended.**

**Corporations with liabilities over \$500, see instructions for estimated payments on Vermont Form CO-414.**

|  |                               |
|--|-------------------------------|
| Entity Name<br><b>CB RULES THE FLOOR INC</b> |                               |
| FEIN<br><b>400009086</b>                     | Fiscal Year Ending (YYYYMMDD) |



Amount from Line 17 \_\_\_\_\_

|   |             |         |            |
|---|-------------|---------|------------|
| <b>19.</b> Total Tax Due (Add Line 17 plus Line 13 of all attached Schedules CO-421)  | <b>19.</b>  | 5342327 | <b>.00</b> |
| <b>20.</b> Payments   |             |         |            |
| <b>20a.</b> Estimated Payments  | <b>20a.</b> | 5000000 | <b>.00</b> |
| <b>20b.</b> Payment with Extension  | <b>20b.</b> | 200000  | <b>.00</b> |
| <b>20c.</b> Nonresident Estimated Payments (Form WH-435)  | <b>20c.</b> |         | <b>.00</b> |
| <b>20d.</b> Real Estate Withholding Payments (Form RW-171)  | <b>20d.</b> |         | <b>.00</b> |
| <b>20e.</b> Prior Year Overpayment Applied  | <b>20e.</b> | 100000  | <b>.00</b> |
| <b>20f.</b> Total Payments (Add Lines 20a through 20e)  | <b>20f.</b> | 5300000 | <b>.00</b> |
| <b>21. Balance Due.</b> If Line 19 is more than Line 20f, subtract Line 20f from Line 19.<br>Make checks payable to Vermont Department of Taxes | <b>21.</b>  | 42327   | <b>.00</b> |
| <b>22.</b> Payment submitted with this return   | <b>22.</b>  | 42327   | <b>.00</b> |
| <b>23.</b> Overpayment. If Line 20f is more than Line 19, Subtract Line 19 from Line 20f  | <b>23.</b>  |         | <b>.00</b> |
| <b>24.</b> Overpayment to be applied to next tax year   | <b>24.</b>  |         | <b>.00</b> |
| <b>25.</b> Overpayment to be refunded (Subtract Line 24 from Line 23)   | <b>25.</b>  |         | <b>.00</b> |

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 |
| Printed Name                     | Email Address (optional) |                 |                          |

Check if the Department of Taxes may discuss this return with the preparer shown.

|  |                          |                        |   |
|--|--------------------------|------------------------|---|
| Paid Preparer's Signature  |                          | 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) |                          |                        | <input type="checkbox"/> Check if self-employed |

**Send return and check to:** Vermont Department of Taxes  
133 State Street  
Montpelier, VT 05633-1401

|                                |       |
|--------------------------------|-------|
| <b>For Department Use Only</b> |       |
| Ck. Amt.                       | Init. |

Form CO-411  
Rev. 10/18

**Schedule BA-402**

**Vermont Apportionment & Allocation**



\* 1 9 4 0 2 1 1 0 0 \*

For Unitary filers, complete a separate Schedule BA-402 for each taxable affiliate

Attach to Form CO-411 or Form BI-471

|   |   |                               |
|---|---|-------------------------------|
| Entity Name (same as on Form CO-411 or Form BI-471)<br>CB RULES THE FLOOR INC | Fiscal Year Ending (YYYYMMDD)<br>20201231 | FEIN<br>400009086             |
| FOR UNITARY GROUPS ONLY - Name of Affiliate<br>CB RULES THE FLOOR INC         |   | Affiliate's FEIN<br>400009086 |

**PART 1 Directly Allocated Non-Business Income, Other Non-Appportionable Income and Foreign Dividends**

Place an "x" in the box left of the line number to indicate a loss amount.

Enter all amounts in WHOLE DOLLARS.

|  | Everywhere  | Vermont     |
|--|-------------|-------------|
| <b>1a-b.</b> Non-Business Income or Other Non-Apportionable Income . . . . . | .00         | .00         |
| <b>1c-d.</b> Foreign Dividends . . . . .                                     | 1671426 .00 | 1241124 .00 |

**PART 2 Sales and Receipts Factor**  
**Section A Sales and Receipts Factor**

|   | Everywhere  | Vermont       |
|---|-------------|---------------|
| <b>2.</b> Sales or gross receipts . . . . .   | 2164455 .00 |               |
| <b>3.</b> Services received in or delivered to Vermont . . . . .  |             | 1151774 .00   |
| <b>4.</b> Sales delivered or shipped to purchasers in Vermont from outside Vermont . . . . .  |             | 60554 .00     |
| <b>5.</b> Sales delivered or shipped to purchasers in Vermont from within Vermont . . . . .   |             | .00           |
| <b>6.</b> Sales shipped from Vermont to the U.S. Government . . . . .   |             | .00           |
| <b>7.</b> Sales shipped from Vermont to purchasers in a state where the entity is not taxable . . . . .   |             | .00           |
| <b>8a.</b> Business interest and dividends . . . . .  | .00         | .00           |
| <b>9a.</b> Royalties . . . . .  | .00         | .00           |
| <b>10a.</b> Gross rents . . . . .   | .00         | .00           |
| <b>11a.</b> Other business income (attach detailed supporting statement) . . . . .  | .00         | .00           |
| <b>12a.</b> TOTAL INCOME, SALES, AND GROSS RECEIPTS (Add Lines 2-11) . . . . .  | 2164455 .00 | 1212328 .00   |
| <b>12c.</b> Vermont Sales and Receipts factor as percent of Everywhere. (Divide Line 12b by Line 12a). Calculate percentage to six places to the right of the decimal point . . . . . |             | 56 . 010774 % |



|  |  |
|--|--|
| Entity Name (same as on Form CO-411 or Form BI-471)<br><b>CB RULES THE FLOOR INC</b> |  |
| FEIN<br><b>400009086</b>   | Fiscal Year Ending (YYYYMMDD)<br><b>20201231</b> |



**Section B Salaries and Wages Factor**

|  | Everywhere |     | Vermont        |
|--|------------|-----|----------------|
| 13. TOTAL SALARIES AND WAGES . . . 13a.  | 261349785  | .00 | 13b. 222147317 |
|  |            |     | .00            |
| 13c. Vermont as percent of Everywhere (Divide Line 13b by Line 13a).<br>Calculate percentage to six places to the right of the decimal point . . . . . |            |     | 13c. 84.999999 |
|  |            |     | %              |

**Section C Property Factor (Average value during year)**

|   | Everywhere |     | Vermont         |
|---|------------|-----|-----------------|
| 14. Inventories . . . . . 14a.  | .00        |     | 14b. .00        |
| 15. Buildings and other depreciable<br>assets (original cost) . . . . . 15a.  | 1000000    | .00 | 15b. 1000000    |
|   |            |     | .00             |
| 16. Depletable assets (original cost) . . . . . 16a.  | .00        |     | 16b. .00        |
| 17. Land . . . . . 17a.   | .00        |     | 17b. .00        |
| 18. Other assets (Attach schedule). . . . . 18a.  | .00        |     | 18b. .00        |
| 19. Rented real and personal property<br>(Multiply annual rent by 8) . . . . . 19a.   | .00        |     | 19b. .00        |
| 20. TOTAL PROPERTY<br>(Add Lines 14 through 19) . . . . . 20a.  | 1000000    | .00 | 20b. 1000000    |
|   |            |     | .00             |
| 20c. Vermont as percent of Everywhere (Divide Line 20b by Line 20a)<br>Calculate percentage to six places to the right of the decimal point . . . . . |            |     | 20c. 100.000000 |
|   |            |     | %               |

**Section D Vermont Apportionment Factors**

|  |     |         |   |
|--|-----|---------|---|
| 21. VERMONT COMBINED FACTORS (Sales and Receipts, Double-weighted)<br>(Add Line 12c twice, and Lines 13c and 20c above).<br>Calculate percentage to six places to the right of the decimal point . . . . . | 297 | .021547 | % |
| 22. VERMONT APPORTIONMENT FACTOR (Divide Line 21 by 4 or as indicated below).<br>Calculate percentage to six places to the right of the decimal point . . . . .  | 74  | .255387 | % |

Express as a decimal to six places. If there are fewer than three factors with an "Everywhere" denominator, then divide Line 21 as follows:

- Sales/Receipts and Salaries and Wages - divide by 3
- Sales/Receipts and Property - divide by 3
- Salaries and Wages and Property - divide by 2
- Sales/Receipts only - divide by 2
- Salaries and Wages only - divide by 1
- Property only - divide by 1

(Transcribe to Form CO-411, Line 6; or Schedule CO-421, Line 1;  
or Schedule BI-472, Line 10; or Schedule BI-473, Line 11.)

**Test 4:**

**Required Vermont Forms/Schedules:** WH-435 x4

**Taxpayer(s) Information:**

|                          |                            |
|--------------------------|----------------------------|
| Name of Estate or Trust: | Barnes Rogers & Wilson LLC |
| Federal Employer ID:     | 40-0008064                 |
| Mailing Address:         | 888 Bear Hill Rd.          |
| City:                    | Maidstone                  |
| State:                   | VT                         |
| Zip Code:                | 05905                      |
| Tax Year Begin Date:     | Jan-01-2021                |
| Tax Year End Date:       | Dec-31-2021                |
| Entity Type              | Partnership                |

**Return Information:**

|                         |          |
|-------------------------|----------|
| 1 <sup>st</sup> Quarter | 1,500.00 |
| 2 <sup>nd</sup> Quarter | 2,500.00 |
| 3 <sup>rd</sup> Quarter | 2,410.00 |
| 4 <sup>th</sup> Quarter | 1,075.00 |

# Instructions for Vermont Estimated Income Tax Payments for Nonresident Shareholders, Partners, or Members

## FORM WH-435

If no payment is due, DO NOT file Form WH-435.

### NOTES

Pass-through entities are required to make estimated income tax payments on behalf of shareholders, partners, or members who are Vermont nonresidents. Estimated payments are due quarterly on the 15<sup>th</sup> day of the 4<sup>th</sup>, 6<sup>th</sup>, and 9<sup>th</sup> month of the fiscal year, and the 1<sup>st</sup> month of the following year (April, June, September, and January for a calendar-year entity).

The total required annual payment is calculated by applying the current rate of 6.6% to the Vermont-sourced income (including guaranteed partnership payments) distributed or allocable to nonresident shareholders, partners, or members. The income amount will be calculated on Schedule BI-472, Non-Composite Schedule, or Schedule BI-473, Composite Schedule.

A "safe harbor catch-up" payment may be made at the original (not extended) due date for the entity return. For "catch-up" payments, be sure to indicate the correct fiscal year to which the payment should be credited. **Do not make catch-up payments after the original due date for the entity return.** In order for the catch-up payment to be valid and to eliminate underpayment interest and penalty, the taxpayer must have made four quarterly payments sufficient to cover at least the lesser of 90% of the current year's or 100% of the prior year's tax liability.

If either the current or prior year estimated payment amount is \$500 or less, then no underpayment P&I is assessed, but a single payment by the 4th due date must be made.

All estimated payments will be distributed to nonresident shareholders, partners, and members, or applied to entity composite tax, as directed on Form BI-471, Business Income Tax Return, that is filed annually.

Review 32 V.S.A. §§ 5914 & 5920, and Technical Bulletin TB-06, Estimated Payments by S Corporations, Partnerships, and Limited Liability Companies on Behalf of Shareholders, Partners, and Members, for details. Information is available at [www.tax.vermont.gov](http://www.tax.vermont.gov)

### INSTRUCTIONS

- Print in **blue** or **black** ink.
- Enter the beginning and ending date of the entity's tax year in the required format — YYYY MM DD.
- Enter the Federal Employer Identification Number (FEIN).
- This form should **not** be used for C-Corporations. If Vermont Form CO-411, Corporate Income Tax Return, will be filed, use Form CO-414, Corporate Estimated Tax Payment Voucher, to make your estimated payments.
- Enter the business name and address.
- Enter the total amount of payment included with this coupon. Enter a whole dollar amount.
- You do not need to file Form WH-435 if no payment is due.

**Form WH-435 Instructions**  
Rev. 10/20

Vermont Department of Taxes  
**Form WH-435**  
**Vermont Estimated Income Tax Payments**  
For Nonresident Shareholders, Partners, or Members



**DUE DATES** (for calendar year filers): April 15, June 15, September 15, and January 15 of the following calendar year, and at the "catch-up" date, if required. SEE INSTRUCTIONS.

**DO NOT SUBMIT PAPER FORM IF FILING ELECTRONICALLY**

|   |             |                   |  |  |
|---|-------------|-------------------|--|--|
| Business Name<br>BARNES ROGERS & WILSON LLC |             |                   | FEIN<br>400008064  |  |
| Address<br>888 BEAR HILL RD                 |             |                   | Tax year BEGIN date (YYYYMMDD)<br>20210101   | Tax year END date (YYYYMMDD)<br>20211231 |
| Address (Line 2)                            |             |                   | <b>Total Vermont nonresident estimated income tax payments for this quarter (Use WHOLE DOLLARS).</b><br>If "\$0," DO NOT file..... <span style="float: right;">1500 .00</span> |  |
| City<br>MAIDSTONE                           | State<br>VT | ZIP Code<br>05905 |  |  |
| Foreign Country (if not United States)      |             |                   |  |  |

**Send voucher and check to:** Vermont Department of Taxes  
133 State Street  
Montpelier, VT 05633-1401

Phone: (802) 828-5723

5454

| For Department Use Only |       |
|-------------------------|-------|
| Ck. Amt.                | Init. |

**Form WH-435**  
Rev. 10/19

# Instructions for Vermont Estimated Income Tax Payments for Nonresident Shareholders, Partners, or Members

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**Form WH-435 Instructions**  
Rev. 10/20

Vermont Department of Taxes  
**Form WH-435**  
**Vermont Estimated Income Tax Payments**  
For Nonresident Shareholders, Partners, or Members



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| Address<br>888 BEAR HILL RD                 |             |                   | Tax year BEGIN date (YYYYMMDD)<br>20210101   | Tax year END date (YYYYMMDD)<br>20211231 |
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| City<br>MAIDSTONE                           | State<br>VT | ZIP Code<br>05905 |  |  |
| Foreign Country (if not United States)      |             |                   |  |  |

**Send voucher and check to:** Vermont Department of Taxes  
133 State Street  
Montpelier, VT 05633-1401

Phone: (802) 828-5723

5454

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| Ck. Amt.                | Init. |

**Form WH-435**  
Rev. 10/19

# Instructions for Vermont Estimated Income Tax Payments for Nonresident Shareholders, Partners, or Members

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**Form WH-435 Instructions**  
Rev. 10/20

Vermont Department of Taxes  
**Form WH-435**  
**Vermont Estimated Income Tax Payments**  
For Nonresident Shareholders, Partners, or Members



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| City<br>MAIDSTONE                           | State<br>VT | ZIP Code<br>05905 |   |  |
| Foreign Country (if not United States)      |             |                   |   |  |

**Send voucher and check to:** Vermont Department of Taxes  
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5454

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**Form WH-435**  
Rev. 10/19

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- Enter the business name and address.
- Enter the total amount of payment included with this coupon. Enter a whole dollar amount.
- You do not need to file Form WH-435 if no payment is due.

**Form WH-435 Instructions**  
Rev. 10/20

Vermont Department of Taxes  
**Form WH-435**  
**Vermont Estimated Income Tax Payments**  
For Nonresident Shareholders, Partners, or Members



**DUE DATES** (for calendar year filers): April 15, June 15, September 15, and January 15 of the following calendar year, and at the "catch-up" date, if required. SEE INSTRUCTIONS.

**DO NOT SUBMIT PAPER FORM IF FILING ELECTRONICALLY**

|   |             |                   |   |  |
|---|-------------|-------------------|---|--|
| Business Name<br>BARNES ROGERS & WILSON LLC |             |                   | FEIN<br>400008064   |  |
| Address<br>888 BEAR HILL RD                 |             |                   | Tax year BEGIN date (YYYYMMDD)<br>20210101  | Tax year END date (YYYYMMDD)<br>20211231 |
| Address (Line 2)                            |             |                   | <b>Total Vermont nonresident estimated income tax payments for this quarter (Use WHOLE DOLLARS).</b><br>If "\$0," DO NOT file..... <span style="float: right;">1075.00</span> |  |
| City<br>MAIDSTONE                           | State<br>VT | ZIP Code<br>05905 |   |  |
| Foreign Country (if not United States)      |             |                   |   |  |

**Send voucher and check to:** Vermont Department of Taxes  
133 State Street  
Montpelier, VT 05633-1401

Phone: (802) 828-5723

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| For Department Use Only |       |
|-------------------------|-------|
| Ck. Amt.                | Init. |

**Form WH-435**  
Rev. 10/19