

Form BI-471



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Vermont Business Income Tax Return

for Partnerships, Subchapter S Corporations, and LLCs

Check Appropriate Box(es) Name Change, Composite Return, Accounting Period Change, Initial Return, Public Law 86-272 Applies, Address Change, Amended Return, Extended Return, Federal Extension Requested, Final Return (Cancels Account). Entity Name, FEIN, Primary 6-digit NAICS number, Address, Tax year BEGIN date, Tax year END date, Address (Line 2), City, State, ZIP Code, Foreign Country, Federal tax return filed.

- A. Were any shareholders, partners, or members nonresidents of Vermont during this tax year?
B. Did this entity have income or losses derived from at least one state other than Vermont?
C. Net adjustment to income resulting from Vermont's disallowance of "bonus depreciation" (IRC 168(k)).
D. Total number of Shareholders, Partners, or Members
E. How many are Vermont Residents?
F. How many are Nonresidents?
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).

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 SEC 761 (\$0). 1. Vermont minimum entity tax (\$250) or above exception (see instructions) 123.00
2. For non-composite entities
2a. Nonresident estimated payment requirement (Schedule BI-472, Line 19) 123456789012345.00
2b. Overpayment distributed to owners (Enter the sum of all K-1VT's Lines 5 and 6, minus Schedule BI-472, Line 19) 123456789012345.00
2c. Enter the sum of Lines 2a and 2b 123456789012345.00
3. For composite entities, Vermont composite tax due (Schedule BI-473, Line 24) 123456789012345.00
4. Vermont apportionment of entity level taxes (See instructions) 123456789012345.00
5. Use Tax for taxable items on which no sales tax was charged, including online purchases 123456789012345.00
6. Total tax due (Add Lines 1, 2c, 3, 4, and 5) 123456789012345.00

Entity Name	
12345678901234567890123456789012(36)	
FEIN	Fiscal Year Ending (YYYYMMDD)
123456789	20211231



PAYMENTS AND CREDITS

Enter all amounts in whole dollars.

- 7. Prior Year Overpayment Applied 7. 123456789012345 .00
- 8. Payments with Extension 8. 123456789012345 .00
- 9. Real estate withholding paid for this entity with Form RW-171, REW Schedule A 9. 123456789012345 .00
- 10. Real estate withholding distributed to this entity by a different company through a Schedule K-1VT 10. 123456789012345 .00
- 11. Nonresident estimated payments paid by this entity with Form WH-435 11. 123456789012345 .00
- 12. Nonresident estimated payments distributed to this entity by a different company through a Schedule K-1VT 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, enter the difference 14. 123456789012345 .00
- 15. Payment attached to this return. 15. 123456789012345 .00
- 16. Overpayment: If Line 6 is less than the sum of Lines 13 and 15, enter the difference 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 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
		12312021	802-123-1234
Printed Name	Email Address (optional)		
12345678901234567890123	12345678901234567890123456789012345678901234567890123456		

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

Paid Preparer's Signature		Date (MMDDYYYY)	Preparer's Telephone Number
		12312021	802-123-1234
Preparer's Printed Name	Email Address (optional)		
12345678901234567890123	12345678901234567890123456789012345678901234567890123456		
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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