

Schedule K-1VT

Vermont Shareholder, Partner, or Member Information



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This schedule is REQUIRED. Attach to Form BI-471

Table with 3 columns: Entity Name (same as on Form BI-471), Fiscal Year Ending (YYYYMMDD), FEIN. Values: 12345678901234567890123456789012(36), 20211231, 123456789

HEADER INFORMATION - REQUIRED ENTRIES

Form with multiple sections: Entity Name (Shareholder, Partner, or Member), FEIN, Individual Last Name, First Name, Initial, Social Security Number, Address, Recipient Type, Residency Status, City, State, ZIP Code, Foreign Country.

Percentage of Entity's income or loss to this recipient. Calculate percentage to six places to the right of the decimal point. 123.123456 %

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

Check here if this is a Unitary Partner

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 123456789012345.00
2. Capital gains allocated to Vermont 123456789012345.00
3. Other income allocated to Vermont 123456789012345.00
4. Exempt Income - Vermont income not characterized as Unrelated Business Income (UBI) for federal purposes (tax-exempt entities only) 123456789012345.00
5. Total annual nonresident estimated payments allocated to this shareholder 123456789012345.00
6. Total annual real estate withholding payments allocated to this shareholder 123456789012345.00
7. Share of total federal bonus depreciation difference (Enter on Schedule IN-112, Line 4 or Line 8) 123456789012345.00
8. Share of total state and local taxes deducted difference 123456789012345.00