

Form BI-476



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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?
B. Did this entity have income or losses derived from at least one state other than Vermont?
C. Total number of Vermont shareholders, partners, or members

TAX COMPUTATION (see instructions)

Enter all amounts in whole dollars.

- 1. Vermont minimum entity tax (\$250)
2. Payments previously made for this tax year with extension Form BA-403 or credit available through prior year carryforward
3. Balance Due (if Line 1 is greater than Line 2)
4. Overpayment (if Line 2 is greater than Line 1)
5. Overpayment to be Refunded
6. Overpayment to be credited to next tax year

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.

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.

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 5454

For Department Use Only Ck. Amt. Init.