## Vermont Department of Taxes

## Form BI-476

## \* 2 2 4 7 6 1 1 0 0 \*

## Vermont Business Income Tax Return For Resident Only

Check Appropriate Box(es)	Name Change	Address Change	Accounting Period Change	Extend Return	Iniliai Returi		o Forma - annabis	Final Return (Cancels Account)
Entity Name (Principal Vermont Corporation)					FEIN Primary 6-digit NAICS number			
			0.0.0.0					
Address					Tax year BEGIN date (YYYYMMDD)  Tax year END date (YYYYMMDD)			
Address (Line 2)								
Address (Line 2)					Federal tax return filed (Check one box) 1120S 1065 Other			
City			State ZIP Code		Foreign			- Journey
	Oity		State En out	<u></u>		1 Oroigin	oddrill y	
If Yes, STOP a  B. Did this entity If Yes, STOP a	and complete For have income or and complete Fo	orm BI-471, Bus losses derived f orm BI-471, Bus	nonresidents of Vermoniness Income Tax Ret from at least one state siness Income Tax Ret ers, or members	urn other thar urn	n Vermont?		<b>B.</b> Yes	
TAX COMPUTA	TION (see in	structions)			E	inter all a	mounts 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								.00
<b>3.</b> Balance Due (if Line 1 is greater than Line 2)								
<b>4.</b> Overpayment (if Line 2 is greater than Line 1)								
5. Overpayment	to be Refunded.					5		
<b>6.</b> Overpayment to	to be credited to	next tax year .				6		.00
Statutes and that t declaration further	his return is tru provides that her person, oth	ie, correct, and under 32 V.S.A	gent responsible for a complete to the bes § 5901, this information of this re	t of my ki ation has	nowledge. If prepare not been and will no	ed by a pers ot be used t	on other that for any other	n the taxpayer, this purpose, or made
Signature of Responsi	ble Officer				Date (MMDDYYYY)		Daytime Telephone Number	
Printed Name		Email Address (optional)	Email Address (optional)					
Check	c if the Department of	of Taxes may discus	ss this return with the prepa	rer shown.				
Signature of Paid Prep	oarer				Date (MMDDYYYY)		Preparer's Telephone Number	
Preparer's Printed Na	me		Email Address (optional)		ı			
Firm's Name (or yours					EIN		Preparer's SSN or PTIN	
Firm's Address (or yours if self-employed) (Street, City, State, ZIP Code)							Check if	self-employed
545	Send retur and check	to: 133 S	nont Department of State Street tpelier, VT 05633-1		For Department U	Jse Only Init.	Pag	<b>BI-476</b> ge 1 of 1 v. 10/22