

Vermont Department of Taxes  
**Schedule BI-473**  
**Vermont Composite**



\* 2 1 4 7 3 1 1 0 0 \*

**PRINT in BLUE or BLACK INK**

**Attach to Form BI-471**

Entity Name (same as on Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
12345678901234567890123456789012(36)	20211231	123456789

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

**Enter all amounts in whole dollars.**

1a. Ordinary Business Income (federal Form 1120S, Line 21 or federal Form 1065, Line 22).....	<input checked="" type="checkbox"/>	← Check to indicate loss	1a.	<u>123456789012345</u>	<u>.00</u>
1b. Net adjustment to income resulting from Vermont's disallowance of "bonus depreciation" (IRC 168(k)) .....	<input checked="" type="checkbox"/>	← Check to indicate loss	1b.	<u>123456789012345</u>	<u>.00</u>
1c. Ordinary Business Income with disallowance of "bonus depreciation" (Add Lines 1a and 1b) .....	<input checked="" type="checkbox"/>	← Check to indicate loss	1c.	<u>123456789012345</u>	<u>.00</u>
2. Net Rental Real Estate Income (federal Form 1120S, Schedule K, Line 2, or federal Form 1065, Schedule K, Line 2) .....	<input checked="" type="checkbox"/>	← Check to indicate loss	2.	<u>123456789012345</u>	<u>.00</u>
3. Other Net Rental Income (federal Form 1120S, Schedule K, Line 3c, or federal Form 1065, Schedule K, Line 3c) .....	<input checked="" type="checkbox"/>	← Check to indicate loss	3.	<u>123456789012345</u>	<u>.00</u>
4. Guaranteed Payments (Partnership only - federal Form 1065, Schedule K, Line 4) .....			4.	<u>123456789012345</u>	<u>.00</u>
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.) .....	<input checked="" type="checkbox"/>	← Check to indicate loss	5.	<u>123456789012345</u>	<u>.00</u>
6. Net section 1231 gain or loss (federal Form 1120S, Schedule K, Line 9, or Federal 1065, Schedule K Line 10) ..	<input checked="" type="checkbox"/>	← Check to indicate loss	6.	<u>123456789012345</u>	<u>.00</u>
7. Other income or loss (federal Form 1120S, Schedule K, Line 10, or federal Form 1065, Schedule K, Line 11.) .....	<input checked="" type="checkbox"/>	← Check to indicate loss	7.	<u>123456789012345</u>	<u>.00</u>
8. Section 179 Deduction (federal Form 1120S, Schedule K, Line 11 or federal Form 1065, Schedule K, Line 12) .....			8.	<u>123456789012345</u>	<u>.00</u>
9. Deduction for Charitable Contributions (federal Form 1120S, Schedule K, Line 12a, or federal Form 1065, Schedule K, Line 13a) .....			9.	<u>123456789012345</u>	<u>.00</u>
10. Apportionable income (Add Lines 1c through 7, then subtract Lines 8 and 9) .....	<input checked="" type="checkbox"/>	← Check to indicate loss	10.	<u>123456789012345</u>	<u>.00</u>
11. Apportionment percentage (from Schedule BA-402, or 100%) .....			11.	<u>100</u>	<u>123456 %</u>
12. Business Income Apportioned to Vermont (Multiply Line 10 by Line 11) .....	<input checked="" type="checkbox"/>	← Check to indicate loss	12.	<u>123456789012345</u>	<u>.00</u>
13. 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.) .....	<input checked="" type="checkbox"/>	← Check to indicate loss	13.	<u>123456789012345</u>	<u>.00</u>
14. Vermont business income distributed to this entity by a different entity via Schedule K-1VT .....	<input checked="" type="checkbox"/>	← Check to indicate loss	14.	<u>123456789012345</u>	<u>.00</u>
15. Vermont sourced capital gain distributed to this entity via Schedule K-1VT .....	<input checked="" type="checkbox"/>	← Check to indicate loss	15.	<u>123456789012345</u>	<u>.00</u>
16. Other Vermont sourced income distributed to this entity by a different entity via Schedule K-1VT .....	<input checked="" type="checkbox"/>	← Check to indicate loss	16.	<u>123456789012345</u>	<u>.00</u>
17. Total Vermont Net Income (Add Lines 12 through 16) .....	<input checked="" type="checkbox"/>	← Check to indicate loss	17.	<u>123456789012345</u>	<u>.00</u>

Entity Name (same as on Form BI-471)	
12345678901234567890123456789012(36)	
FEIN	Fiscal Year Ending (YYYYMMDD)
123456789	20211231



Amount from Line 17 ..... 123456789012345

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

Enter all amounts in whole dollars.

- 18. Percentage of income from Line 17 passed through to nonresidents ..... 18. 123.123456 %
  - 19. Total nonresident income (Multiply Line 17 by Line 18) .....  ← Check to indicate loss 19. 123456789012345.00
  - 20. Vermont net operating loss deduction applied (Attach Vermont NOL statement in PDF format) ..... 20. 123456789012345.00
  - 21. Vermont taxable composite income (Subtract Line 20 from Line 19).....  ← Check to indicate loss 21. 123456789012345.00
  - 22. Composite Tax (Multiply Line 21 by 7.6%. If negative, enter -0-) ..... 22. 123456789012345.00
  - 23. Tax credits available for composite shareholders/partners/members  
(Attach Schedules BA-404 and BA-406) ..... 23. 123456789012345.00
- NOTE:** Line 23 Tax Credits may not reduce your tax liability to less than the minimum tax. Review program guidelines to determine if there are other limitations regarding usage of tax credits.
- 24. Vermont Composite Tax due (Subtract Line 23 from Line 22) ..... 24. 123456789012345.00