Vermont Department of Taxes

Form BI-476

Vermont Business Income Tax Return For Resident Only

Check Appropriate Box(es)	Name Change	Address Change		Accounting Period Change	Extended Return	Initial 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)
A J. 200 (1 in 20)							
Address (Line 2)					Federal tax return filed	1120S	1065 Other
	City		State ZIP Code		(Check one box)	Foreign	
	City		State	ZIF Code		i oreign	Country
A. Were any shareholders, partners, or members nonresidents of Vermont during this reporting tax year? A. Yes No If Yes, STOP and complete Form BI-471, Business Income Tax Return B. Did this entity have income or losses derived from at least one state other than Vermont? B. If Yes, STOP and complete Form BI-471, Business Income Tax Return C. Total number of Vermont shareholders, partners, or members							
TAX COMPUTATION (see instructions) Enter all amounts in <u>whole dollars.</u>							
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)							.00
4. Overpayment (if Line 2 is greater than Line 1)							
5. Overpayment to be Refunded							
6. Overnayment to	he credited to next t	ax vear				6.	.00
I hereby certify that I Statutes and that thi declaration further p	am an officer or aut is return is true, co provides that under er person, other tha	horized a rect, and 32 V.S.A	gent respo complete . § 5901, t	onsible for the taxpa to the best of my b his information has	ayer's compliance wi knowledge. If prepar s not been and will r	th the require red by a pers not be used f	ments of Title 32 of the Vermon on other than the taxpayer, this or any other purpose, or made n is signed by the taxpayer and
Signature of Responsible Officer					Date (MMDDYYYY)		Daytime Telephone Number
Printed Name Email Address (optional)					1		
Check if	the Department of Taxes	may discus	ss this return v	with the preparer shown.			
Paid Preparer's Signature					Date (MMDDYYYY)		Preparer's Telephone Number
Preparer's Printed Name Email Addres				ess (optional)	I		
Firm's Name (or yours if			EIN		Preparer's SSN or PTIN		
Firm's Address (or yours if self-employed) (Street, City, State, ZIP Code)							Check if self-employed
5454	Send return and check to:	133 \$	State Stree	rtment of Taxes et Γ 05633-1401	For Department Ck. Amt.	Use Only Init.	Form BI-476 Page 1 of 1 Rev. 10/21