

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, Pro Forma - Cannabis, Final Return. Entity Name, FEIN, Primary 6-digit NAICS number, Address, Tax year BEGIN date, Tax year END date, Address (Line 2), Federal tax return filed, 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) 250.00. 2. Payments previously made for this tax year with extension Form BA-403 or credit available through prior year carryforward 123456789012345.00. 3. Balance Due (If Line 1 is greater than Line 2, Line 1 MINUS Line 2) 123456789012345.00. 4. Overpayment (If Line 2 is greater than Line 1, Line 2 MINUS Line 1) 123456789012345.00. 5. Overpayment to be Refunded 123456789012345.00. 6. Overpayment to be credited to next tax year 123456789012345.00.

I hereby certify that I am an officer or authorized agent responsible for the taxpayer's compliance with the requirements Vermont Statutes Annotated, Title 32, and that this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration further provides that under 32 V.S.A. § 5901, this information has not been and will not be used for any other purpose, or made available to any other person, other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

Signature of Responsible Officer, Date (MM/DD/YYYY), Daytime Telephone Number, Printed Name, Email Address (optional).

Check if the Vermont Department of Taxes may discuss this return with the preparer shown.

Signature of Paid Preparer, Date (MM/DD/YYYY), 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

For Department Use Only: Ck. Amt., Init.

Form BI-476, Page 1 of 1, Rev. 10/23