

2024 Form BI-471



Vermont Business Income Tax Return

for Partnerships, Subchapter S Corporations, and LLCs

Check Appropriate Box(es) Name Change, Composite Return, Accounting Period Change, Initial Return, Public Law 86-272 Applies, Pro Forma - Cannabis, Address Change, Amended Return, Extended Return, Federal Extension Requested, Final Return (Cancels Account). Entity Name, FEIN, Primary 6-digit NAICS number, Address, Tax year BEGIN date, Tax year END date, Address (Line 2), City, State, ZIP Code, Foreign Country, Federal tax return filed (Check one box).

- A. Were any shareholders, partners, or members nonresidents of Vermont during this tax year?
B. Did this entity have income or losses derived from at least one state other than Vermont?
C. Net adjustment to income resulting from Vermont's disallowance of "bonus depreciation" (IRC 168(k)).
D. Total number of Shareholders, Partners, or Members
E. How many are Vermont Residents?
F. How many are Nonresidents?
G. Check box if 32 V.S.A. § 5920(f), (g), or (h) applies

TAX COMPUTATION (see instructions):

Enter all amounts in whole dollars.

Check box if exception to minimum tax applies: NO VERMONT ACTIVITY / INACTIVE (\$0), INVESTMENT CLUB § 5921 (\$0), IRC § 761 (\$0). 1. Vermont minimum entity tax (\$250) or above exception (See instructions) 123.00
2. For non-composite entities
2a. Nonresident estimated payment requirement (Schedule BI-472, Line 6) 123456789012345.00
2b. Overpayment distributed to owners (ADD Schedule K-1VT, Lines 11 and 12 from all schedules, then SUBTRACT amount from Schedule BI-472, Line 6) 123456789012345.00
2c. ADD Lines 2a and 2b 123456789012345.00
3. For composite entities, Vermont composite tax due (Schedule BI-473, Line 11) 123456789012345.00
4. Vermont apportionment of entity level taxes (See instructions) 123456789012345.00
5. Use Tax for taxable items on which no sales tax was charged, including online purchases 123456789012345.00
6. Total tax due (ADD Lines 1, 2c, 3, 4, and 5) 123456789012345.00

Entity Name	
12345678901234567890123456789012 (36)	
FEIN	Fiscal Year Ending (YYYYMMDD)
123456789	20231231



PAYMENTS AND CREDITS

Enter all amounts in whole dollars.

- 7. Prior Year Overpayment Applied. 7. 123456789012345 .00
- 8. Payments with Extension (Form BA-403) 8. 123456789012345 .00
- 9. Real estate withholding paid for this entity (Form REW-171, REW Schedule A) 9. 123456789012345 .00
- 10. Real estate withholding distributed to this entity by a different company (Schedule K-1VT, Line 12) . . . 10. 123456789012345 .00
- 11. Nonresident estimated payments paid by this entity (Form WH-435) 11. 123456789012345 .00
- 12. Nonresident estimated payments distributed to this entity by a different company
(Schedule K-1VT, Line 11) 12. 123456789012345 .00
- 13. Total payments (ADD Lines 7 through 12) 13. 123456789012345 .00

RECONCILIATION

- 14. Balance Due: If Line 6 is greater than Line 13, subtract Line 13 from Line 6. 14. 123456789012345 .00
- 15. Payment included with this return. Make check payable to **Vermont Department of Taxes**. 15. 123456789012345 .00
- 16. Overpayment: If Line 6 is less than the sum of Lines 13 and 15,
ADD Lines 13 and 15, then SUBTRACT Line 6. 16. 123456789012345 .00
- 17. Overpayment to be credited to the next tax year 17. 123456789012345 .00
- 18. Overpayment to be refunded. 18. 123456789012345 .00

SIGNATURE

I hereby certify that I am an officer or authorized agent responsible for the taxpayer's compliance with the requirements of 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 (MMDDYYYY)	Daytime Telephone Number
		12 31 2023	802-123-1234
Printed Name	Email Address (optional)		
12345678901234567890123	12345678901234567890123456789012345678901234567890123456		

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

Signature of Paid Preparer		Date (MMDDYYYY)	Preparer's Telephone Number
		12 31 2023	802-123-1234
Preparer's Printed Name	Email Address (optional)		
12345678901234567890123	12345678901234567890123456789012345678901234567890123456		
Firm's Name (or yours if self-employed)	EIN	Preparer's SSN or PTIN	
1234567980123456789012345678901234567890	123456789	123456789	
Firm's Address (or yours if self-employed) (Street, City, State, ZIP Code)			<input checked="" type="checkbox"/> Check if self-employed
12345678901234567890123456789012345678901234567890123456			

Send return and check to: Vermont Department of Taxes
133 State Street
Montpelier, VT 05633-1401

For Department Use Only	
Ck. Amt.	Init.

2024 Form BI-471
Page 2 of 2
Rev. 10/24