

Vermont MeF Corporate and Business Income ATS Test Package for Tax Year 2025



Test 1 -

Required Vermont Forms/Schedules: BI-476, K-1VT x2

Taxpayer(s) Information:

Entity Name: Green Grass LLC

Federal Employer ID: 40-0001585

Primary 6-digit NAICS #: 561730

Mailing Address: 44 Main St.

City: Waterbury

State: VT

Zip Code: 05676

Country: USA

Initial Return Y

Tax Year Begin Date: Jan-01-2025

Tax Year End Date: Dec-31-2025

Federal Return Filed: 1065

of Shareholders: 2

of VT Shareholders: 2

of Non-Resident Shareholders: 0

Bonus depreciation adjustment - \$12,750

Vermont minimum entity tax - \$250

2025 Form BI-476**Vermont Business Income Tax Return
For Resident Only**

* 2 5 4 7 6 1 1 0 0 *

**Check
Appropriate
Box(es)**☐ Name
Change☐ Address
Change☐ Accounting
Period Change☐ Extended
Return☒ Initial Return☐ Pro Forma -
Cannabis☐ Final Return
(Cancels Account)

Entity Name (Principal Vermont Corporation)		FEIN	Primary 6-digit NAICS number
GREEN GRASS LLC		400001585	561730
Address		Tax year BEGIN date (YYYYMMDD)	Tax year END date (YYYYMMDD)
44 MAIN ST		20250101	20251231
Address (Line 2)			
City	State	ZIP Code	Federal tax return filed (Check one box) <input type="checkbox"/> 1120S <input checked="" type="checkbox"/> 1065 <input type="checkbox"/> Other
WATERBURY	VT	05676	
Foreign Country (if not United States)			

- A. Were any shareholders, partners, or members nonresidents of Vermont during this reporting tax year? A. ☐ Yes ☒ No
- B. During this reporting tax year, were any shareholders, partners, or members: a C corporation, an S corporation, a partnership, or a limited liability company? B. ☐ Yes ☒ No
If "Yes" to either question, STOP and complete Form BI-471, Business Income Tax Return.
- C. Total number of Vermont shareholders, partners, or members C. 2

VERMONT ADJUSTMENTS (everywhere values)**Enter all amounts in whole dollars.**

1. Bonus depreciation adjustment 1. 12750 .00
2. Other Additions (include statement) 2. _____ .00
3. Other Subtractions (include statement) 3. _____ .00

FOR TRUST PARTNERS ONLY

4. SALT Add-back 4. _____ .00

**IF ANY VALUE REPORTED ON LINES 1 THROUGH 4 ABOVE, PLEASE DISTRIBUTE SHARE OF ADJUSTMENT
TO PARTNERS USING SCHEDULE K-1VT AND ATTACH COPY WITH FORM BI-476.**

Entity Name	
GREEN GRASS LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400001585	20251231



TAX COMPUTATION (see instructions)

Check box if exception to minimum tax applies:	<input type="checkbox"/> INVESTMENT CLUB § 5921 (\$0)	<input type="checkbox"/> I.R.C. § 761 (\$0)
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5. Vermont minimum entity tax (\$250)..... 5. 250.00

6. Payments previously made for this tax year with extension Form BA-403 or credit available through prior year carryforward 6. .00

7. Balance Due (If Line 5 is greater than Line 6, Line 5 MINUS Line 6) 7. 250.00

8. Overpayment (If Line 6 is greater than Line 5, Line 6 MINUS Line 5) 8. .00

9. Overpayment to be Refunded. 9. .00

10. Overpayment to be credited to next tax year 10. .00

SIGNATURES

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 (MMDDYYYY)	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 (MMDDYYYY)	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)			<input type="checkbox"/> Check if self-employed

Send return
and check to:

Vermont Department of Taxes
133 State Street
Montpelier, VT 05633-1401

2025 Form BI-476
Page 2 of 2
Rev. 10/25

2025 Schedule K-1VT**Vermont Shareholder, Partner, or
Member Information**

* 2 5 K 1 V 1 1 0 0 *

**This schedule is REQUIRED.
Include with Form BI-471**

Entity Name (same as on Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
GREEN GRASS LLC	20251231	400001585

HEADER INFORMATION - REQUIRED ENTRIES

Entity Name (Shareholder, Partner, or Member)			FEIN	
OR Individual Last Name (Shareholder, Partner, or Member)			OR Social Security Number	
WHITE			008080808	
First Name			Recipient Type (I, C, S, L, P, X, or T) <input checked="" type="checkbox"/> I	
SNOW			Residency Status	
Address			<input checked="" type="checkbox"/> Vermont Resident <input type="checkbox"/> Nonresident	
1 MAIN ST				
Address, Line 2 (if needed)			Special Allocations (see instructions) <input type="checkbox"/>	
City	State	ZIP Code		
WATERBURY	VT	05676		
Foreign Country (if not United States)				

PART I PASS-THROUGH ENTITY INFORMATION

1. Capital / Ownership percentage 1. 50 . 000000 %
2. Profit percentage 2. 50 . 000000 %
3. Loss percentage 3. 50 . 000000 %
4. Distributive share percentage (see instructions). 4. _____ . _____ %
5. Disregarded entity (single-member LLC or Qualified Subchapter S subsidiary)? . . . 5. ☐ Yes ☐ No

Provide FEIN or SSN _____

6. Is this partner a member of a complex structure (see instructions)? 6. ☐ Yes ☐ No
7. Did this entity pay tax on this income as part of a composite return? 7. ☐ Yes ☐ No

PART II DISTRIBUTIVE SHARE OF VERMONT ADJUSTMENTSEnter all amounts in whole dollars.

	A. Everywhere	B. Vermont
8a. Bonus depreciation adjustment (apportionable items) 8aA.	_____ .00	8aB. _____ .00
8b. Bonus depreciation adjustment (non-apportionable items). 8bA.	_____ .00	8bB. _____ .00
9. Other Additions (include statement) 9A.	_____ .00	9B. _____ .00
10. Other Subtractions (include statement) 10A.	_____ .00	10B. _____ .00

Entity Name (same as on Form BI-471)	
GREEN GRASS LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400001585	20251231



FOR TRUST, CORPORATE, AND PASS-THROUGH PARTNERS ONLY:

11a. SALT Add-back (apportionable items)	11aA. _____	.00	11aB. _____	.00
11b. SALT Add-back (non-apportionable items).	11bA. _____	.00	11bB. _____	.00

PART III DISTRIBUTIVE SHARE OF VERMONT SOURCE INCOME

	A. Everywhere	B. Vermont
12. Ordinary business income (loss).	12A. _____	12B. _____
	.00	.00
13. Net rental real estate income (loss).	13A. _____	13B. _____
	.00	.00
14. Other net rental income (loss)	14A. _____	14B. _____
	.00	.00
15a. Guaranteed payments for services	15aA. _____	15aB. _____
	.00	.00
15b. Guaranteed payments for capital	15bA. _____	15bB. _____
	.00	.00
16. Interest income	16A. _____	16B. _____
	.00	.00
17. Ordinary dividends	17A. _____	17B. _____
	.00	.00
18. Royalties	18A. _____	18B. _____
	.00	.00
19. Net short-term capital gain (loss)	19A. _____	19B. _____
	.00	.00
20. Net long-term capital gain (loss)	20A. _____	20B. _____
	.00	.00
21. Net I.R.C. § 1231 gain (loss)	21A. _____	21B. _____
	.00	.00
22. Other income (loss) (include statement).	22A. _____	22B. _____
	.00	.00
23. I.R.C. § 179 expense deduction	23A. _____	23B. _____
	.00	.00
24. Other expense deductions (include statement)	24A. _____	24B. _____
	.00	.00
25. Recategorized income to/from Schedule BI-477, Part III	25A. _____	25B. _____
	.00	.00
26. Recategorized income to/from Schedule BI-477, Part I	26A. _____	26B. _____
	.00	.00
27. Total distributive share (see instructions).	27A. _____	27B. _____
	.00	.00

Entity Name (same as on Form BI-471)	
GREEN GRASS LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400001585	20251231



PART IV OTHER DISTRIBUTIONS TO OWNERS

28. Exempt income - Vermont income not characterized as Unrelated Business Income (UBI) for federal purposes (tax-exempt entities only) 28. _____ .00
29. Vermont income tax withheld on behalf of owner 29. _____ .00
30. Vermont income tax withheld by a lower-tier pass-through entity 30. _____ .00
31. Total Vermont annual real estate withholding payments withheld on behalf of owner 31. _____ .00
32. Total Vermont composite income tax paid on behalf of owner 32. _____ .00
33. Capital gain eligible for exclusion 33. _____ .00

PART V OWNER'S DISTRIBUTIVE SHARE OF VERMONT SALES AND RECEIPTS FACTOR (CORPORATE AND PASS-THROUGH ENTITY OWNERS)

A. Everywhere

B. Vermont

34. Total gross receipts 34A. _____ .00 34B. _____ .00

PART VI REPORTING OWNER'S DISTRIBUTIVE SHARE OF OTHER APPORTIONMENT FACTORS (CORPORATE AND PASS-THROUGH ENTITY OWNERS)

A. Everywhere

B. Vermont

35. Payroll 35A. _____ .00 35B. _____ .00
36. Property 36A. _____ .00 36B. _____ .00

PART VII COMPLEX STRUCTURES: DISTRIBUTIVE SHARE OF SEPARATE SOURCE INCOME AND ADJUSTMENTS FROM LOWER-TIER PASS-THROUGHS WITH NO UNITARY RELATIONSHIP

A. Everywhere

B. Vermont

37. Lower-Tier Separate Source Income (see instructions) 37A. _____ .00 37B. _____ .00
38. Vermont Adjustments for Separate Source Income (see instructions) 38A. _____ .00 38B. _____ .00

PART VIII OTHER INFORMATION PROVIDED BY PASS-THROUGH

39. Additional Information _____
40. Additional Information _____
41. Additional Information _____
42. Additional Information _____
43. Additional Information _____

2025 Schedule K-1VT**Vermont Shareholder, Partner, or
Member Information**

* 2 5 K 1 V 1 1 0 0 *

**This schedule is REQUIRED.
Include with Form BI-471**

Entity Name (same as on Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
GREEN GRASS LLC	20251231	400001585

HEADER INFORMATION - REQUIRED ENTRIES

Entity Name (Shareholder, Partner, or Member)			FEIN	
OR Individual Last Name (Shareholder, Partner, or Member)			OR Social Security Number	
WATER			008121212	
First Name			Recipient Type (I, C, S, L, P, X, or T) <input checked="" type="checkbox"/> I	
RAIN			Residency Status	
Address			<input checked="" type="checkbox"/> Vermont Resident <input type="checkbox"/> Nonresident	
25 SOUTH MAIN ST				
Address, Line 2 (if needed)			Special Allocations (see instructions) <input type="checkbox"/>	
City	State	ZIP Code		
WATERBURY	VT	05676		
Foreign Country (if not United States)				

PART I PASS-THROUGH ENTITY INFORMATION

1. Capital / Ownership percentage 1. 50 . 000000 %
2. Profit percentage 2. 50 . 000000 %
3. Loss percentage 3. 50 . 000000 %
4. Distributive share percentage (see instructions). 4. _____ . _____ %
5. Disregarded entity (single-member LLC or Qualified Subchapter S subsidiary)? . . . 5. ☐ Yes ☒ No

Provide FEIN or SSN _____

6. Is this partner a member of a complex structure (see instructions)? 6. ☐ Yes ☒ No
7. Did this entity pay tax on this income as part of a composite return? 7. ☐ Yes ☒ No

PART II DISTRIBUTIVE SHARE OF VERMONT ADJUSTMENTSEnter all amounts in whole dollars.

	A. Everywhere	B. Vermont
8a. Bonus depreciation adjustment (apportionable items) 8aA.	_____ .00	8aB. _____ .00
8b. Bonus depreciation adjustment (non-apportionable items). 8bA.	_____ .00	8bB. _____ .00
9. Other Additions (include statement) 9A.	_____ .00	9B. _____ .00
10. Other Subtractions (include statement) 10A.	_____ .00	10B. _____ .00

2025 Schedule K-1VT

Page 1 of 3

Rev. 10/25

Entity Name (same as on Form BI-471)	
GREEN GRASS LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400001585	20251231



FOR TRUST, CORPORATE, AND PASS-THROUGH PARTNERS ONLY:

11a. SALT Add-back (apportionable items)	11aA. _____	.00	11aB. _____	.00
11b. SALT Add-back (non-apportionable items).	11bA. _____	.00	11bB. _____	.00

PART III DISTRIBUTIVE SHARE OF VERMONT SOURCE INCOME

	A. Everywhere	B. Vermont
12. Ordinary business income (loss).	12A. _____	12B. _____
	.00	.00
13. Net rental real estate income (loss). . . .	13A. _____	13B. _____
	.00	.00
14. Other net rental income (loss)	14A. _____	14B. _____
	.00	.00
15a. Guaranteed payments for services	15aA. _____	15aB. _____
	.00	.00
15b. Guaranteed payments for capital	15bA. _____	15bB. _____
	.00	.00
16. Interest income	16A. _____	16B. _____
	.00	.00
17. Ordinary dividends	17A. _____	17B. _____
	.00	.00
18. Royalties	18A. _____	18B. _____
	.00	.00
19. Net short-term capital gain (loss)	19A. _____	19B. _____
	.00	.00
20. Net long-term capital gain (loss)	20A. _____	20B. _____
	.00	.00
21. Net I.R.C. § 1231 gain (loss)	21A. _____	21B. _____
	.00	.00
22. Other income (loss) (include statement).	22A. _____	22B. _____
	.00	.00
23. I.R.C. § 179 expense deduction	23A. _____	23B. _____
	.00	.00
24. Other expense deductions (include statement)	24A. _____	24B. _____
	.00	.00
25. Recategorized income to/from Schedule BI-477, Part III	25A. _____	25B. _____
	.00	.00
26. Recategorized income to/from Schedule BI-477, Part I	26A. _____	26B. _____
	.00	.00
27. Total distributive share (see instructions).	27A. _____	27B. _____
	.00	.00

Entity Name (same as on Form BI-471)	
GREEN GRASS LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400001585	20251231



PART IV OTHER DISTRIBUTIONS TO OWNERS

28. Exempt income - Vermont income not characterized as Unrelated Business Income (UBI) for federal purposes (tax-exempt entities only) 28. _____ .00
29. Vermont income tax withheld on behalf of owner 29. _____ .00
30. Vermont income tax withheld by a lower-tier pass-through entity 30. _____ .00
31. Total Vermont annual real estate withholding payments withheld on behalf of owner 31. _____ .00
32. Total Vermont composite income tax paid on behalf of owner 32. _____ .00
33. Capital gain eligible for exclusion 33. _____ .00

PART V OWNER'S DISTRIBUTIVE SHARE OF VERMONT SALES AND RECEIPTS FACTOR (CORPORATE AND PASS-THROUGH ENTITY OWNERS)

A. Everywhere

B. Vermont

34. Total gross receipts 34A. _____ .00 34B. _____ .00

PART VI REPORTING OWNER'S DISTRIBUTIVE SHARE OF OTHER APPORTIONMENT FACTORS (CORPORATE AND PASS-THROUGH ENTITY OWNERS)

A. Everywhere

B. Vermont

35. Payroll 35A. _____ .00 35B. _____ .00
36. Property 36A. _____ .00 36B. _____ .00

PART VII COMPLEX STRUCTURES: DISTRIBUTIVE SHARE OF SEPARATE SOURCE INCOME AND ADJUSTMENTS FROM LOWER-TIER PASS-THROUGHS WITH NO UNITARY RELATIONSHIP

A. Everywhere

B. Vermont

37. Lower-Tier Separate Source Income (see instructions) 37A. _____ .00 37B. _____ .00
38. Vermont Adjustments for Separate Source Income (see instructions) 38A. _____ .00 38B. _____ .00

PART VIII OTHER INFORMATION PROVIDED BY PASS-THROUGH

39. Additional Information _____
40. Additional Information _____
41. Additional Information _____
42. Additional Information _____
43. Additional Information _____

Test 2 - Direct Deposit**Required Vermont Forms/Schedules: BI-471, BI-472, BI-477, K-1VT x2, BA-410****Taxpayer(s) Information:**

Entity Name: Sand Real Estate LLC

Federal Employer ID: 40-0009654

Primary 6-digit NAICS #: 531110

Mailing Address: 123 Main St

City: Lebanon

State: NH

Zip Code: 03766

Country: USA

Federal Extension Requested: Y

Tax Year Begin Date: Jan-01-2025

Tax Year End Date: Dec-31-2025

Federal Return Filed: 1065

of Shareholders/Partners/Members: 2

of VT Residents: 1

of Non-Residents: 1

Return Information:

VT Minimum Entity Tax: \$250.00

Nonresident estimated payment requirement: \$149.00

Total tax due: \$399.00

Prior Year Overpayment Applied: \$200.00

Payments with extension: \$250.00

Nonresident estimated payments paid: \$100.00

Overpayment to be credited to the next year: \$151.00

Income Attributable to Vermont: \$4,500.00

Percentage of income passed through to nonresidents: 50%

Net Rental Real Estate Income (loss) Federal: \$15,000.00

Net Rental Real Estate Income (loss) Vermont: \$5,000.00

Recharacterization of Income to/from Part III Federal: (\$15,000.00)

Recharacterization of Income to/from Part III Vermont: (\$5,000.00)

Interest Income Federal: \$6,000.00

Interest Income Vermont: \$2,000.00

Recharacterization of income to/from Part I Federal: \$15,000.00

Recharacterization of income to/from Part I Vermont: \$5,000.00

Bonus Depreciation Adjustment Federal: (\$7,500.00)

Bonus Depreciation Adjustment Vermont: (\$2,500.00)

Gross rents Federal \$60,000.00

Gross rents Vermont: \$20,000.00

Vermont Gross Receipts: 33.333333%

2025 Form BI-471

Vermont Business Income Tax Return

for Partnerships, Subchapter S Corporations, and LLCs



* 2 5 4 7 1 1 1 0 0 *

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		
SAND REAL ESTATE		400009654		531110		
Address		Tax year BEGIN date (YYYYMMDD)		Tax year END date (YYYYMMDD)		
		20250101		20251231		
Address (Line 2)		Federal tax return filed (Check one box)				
123 MAIN ST						
City	State					ZIP Code
LEBANON	NH					03766
Foreign Country (if not United States)		<input type="checkbox"/> 1120S <input checked="" type="checkbox"/> 1065 <input type="checkbox"/> Other				

- A. Were any shareholders, partners, or members nonresidents of Vermont during this tax year? A. ☒ Yes ☐ No
- B. During the tax year, were any shareholders, partners, or members: a C corporation, an S corporation, a partnership, or a limited liability company? B. ☐ Yes ☒ No
- IF YOU ANSWERED "NO" TO BOTH QUESTIONS A AND B,
THIS ENTITY SHOULD FILE FORM BI-476 INSTEAD OF FORM BI-471.**
- C. Total number of Shareholders, Partners, or Members C. 2
- D. How many are Vermont Residents? D. 1
- E. How many are Nonresidents? E. 1
- F. How many are a C corporation, an S corporation, a partnership, or a limited liability company? . . F.
- G. Check box if 32 V.S.A. § 5920(f), (g), or (h) applies (regarding nonresident estimated payments for affordable housing projects, federal new market tax credit projects, or publicly traded partnerships). Attach authorization or documentation . . G. ☐

TAX COMPUTATION (see instructions):

Enter all amounts in whole dollars.

Check box if exception to minimum tax applies:	<input type="checkbox"/> NO VERMONT ACTIVITY / INACTIVE (\$0)	<input type="checkbox"/> INVESTMENT CLUB § 5921 (\$0)	<input type="checkbox"/> I.R.C. § 761 (\$0)
---	--	--	--

1. Vermont minimum entity tax (\$250) or above exception (See instructions) 1. 250 .00

2. For non-composite entities

2a. Nonresident estimated payment requirement
(Schedule BI-472, Line 6) 2a. 149 .00

2b. Overpayment distributed to owners (ADD Schedule K-1VT,
Lines 29 through 31 from all schedules, then SUBTRACT
amount from Schedule BI-472, Line 6). 2b. .00

2c. ADD Lines 2a and 2b 2c. 149 .00

3. For composite entities, Vermont composite tax due (Schedule BI-473, Line 11) 3. .00

4. Vermont apportionment of entity level taxes (See instructions) 4. .00

5. Use Tax for taxable items on which no sales tax was charged,
including online purchases 5. .00

6. Total tax due (ADD Lines 1, 2c, 3, 4, and 5) 6. 399 .00

Entity Name	
SAND REAL ESTATE	
FEIN	Fiscal Year Ending (YYYYMMDD)
400009654	20251231



PAYMENTS AND CREDITS

Enter all amounts in whole dollars.

7. Prior Year Overpayment Applied.	7.	200	.00
8. Payments with Extension (Form BA-403)	8.	250	.00
9. Real estate withholding paid for this entity (Form REW-171, REW Schedule A)	9.		.00
10. Real estate withholding distributed to this entity by a different company (Schedule K-1VT, Line 31)	10.		.00
11. Nonresident estimated payments paid by this entity (Form WH-435)	11.	100	.00
12. Nonresident estimated payments distributed to this entity by a different company (Schedule K-1VT, Line 30)	12.		.00
13. Total payments (ADD Lines 7 through 12)	13.	550	.00

RECONCILIATION

14. Balance Due: If Line 6 is greater than Line 13, subtract Line 13 from Line 6.	14.	0	.00
15. Payment included with this return. Make check payable to Vermont Department of Taxes	15.	0	.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.	151	.00
17. Overpayment to be credited to the next tax year	17.	151	.00
18. Overpayment to be refunded	18.	0	.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
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 (MMDDYYYY)	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)			<input type="checkbox"/> Check if self-employed

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

2025 Form BI-471

Page 2 of 2
Rev. 10/25

Vermont Department of Taxes
2025 Schedule BI-472
Vermont Non-Composite



PRINT in BLUE or BLACK INK

Include with Form BI-471

Entity Name (same as on Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
SAND REAL ESTATE LLC	20251231	400009654

Enter all amounts in whole dollars.

1. Income Attributable to Vermont (Schedule BI-477, Line 31) 1. 4500.00
2. Other adjustments to income attributable to Vermont 2. .00
3. Total Income Attributable to Vermont (**ADD Lines 1 and 2**) 3. 4500.00
4. Percentage of income from Line 3 passed through to nonresidents 4. 50 .000000 %
5. Total income passed through to nonresidents (**MULTIPLY Line 3 by Line 4**) 5. 2250.00
6. Nonresident estimated payment requirement (**MULTIPLY Line 5 by 6.6% (0.066)**) 6. 149.00

2025 Schedule BI-477

* 2 5 4 7 7 1 1 0 0 *

**Vermont Income Adjustment Calculation:
Pass-Through Vermont Sourcing**

Include with Form BI-471

Entity Name (same as on Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
SAND REAL ESTATE LLC	20251231	400009654

 Was the pass-through activity conducted entirely within Vermont during the tax year? ☐ Yes ☒ No
PASS-THROUGH PERSONAL INCOME ADJUSTMENT CALCULATION**1A. NON-APPORTIONABLE INCOME CALCULATION****PART I. PASS-THROUGH NON-APPORTIONABLE INCOME**

	<u>Column A</u> Federal Amount	<u>Column B</u> Vermont Sourced
1. Net Rental Real Estate Income (loss)1A.	15000 .00	1B. 5000 .00
2. Other Net Rental Income (loss)2A.	.00	2B. .00
3. Guaranteed Payments for Capital.3A.	.00	3B. .00
4. Guaranteed Payments for Services.4A.	.00	4B. .00
5. Royalties.5A.	.00	5B. .00
6. Net Long Term Capital Gain (loss) . . .6A.	.00	6B. .00
7. Net Short Term Capital Gain (loss) . . .7A.	.00	7B. .00
8. Net I.R.C. § 1231 Gain (loss)8A.	.00	8B. .00
9. Recharacterization of Income to/from Part III.9A.	-15000 .00	9B. -5000 .00
10. Total Non-Appportionable Income before Vermont Adjustments (ADD Lines 1 through 9) . .10A.	0 .00	10B. 0 .00

PART II. VERMONT ADJUSTMENTS TO NON-APPORTIONABLE INCOME

	<u>Column A</u> Everywhere Amount	<u>Column B</u> For Vermont Sourced Income Above
11. Bonus Depreciation Adjustment (Non-apportionable items)11A.	.00	11B. .00
12. Other Add-backs and adjustments (Non-apportionable items)12A.	.00	12B. .00

2025 Schedule BI-477

Page 1 of 4
Rev. 10/25

Entity Name (same as on Form BI-471)	
SAND REAL ESTATE LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400009654	20251231



1B. APPORTIONABLE INCOME CALCULATION

PART III. PASS-THROUGH APPORTIONABLE INCOME

13. Vermont Sales and Receipts Factor as a percent of Everywhere
(Schedule A, Line 45). 13. 33.33333 %

	Column A Federal	Column B Vermont
14. Ordinary Business Income 14A.	.00	14B. .00
15. Interest Income 15A.	6000 .00	15B. 2000 .00
16. Dividend Income 16A.	.00	16B. .00
17. Other Income (Specify) . . . 17A.	.00	17B. .00
18. I.R.C. § 179 Deduction 18A.	.00	18B. .00
19. Other Deductions (Specify) . . . 19A.	.00	19B. .00
20. Rec characterization of Income to/from Part I 20A.	15000 .00	20B. 5000 .00
21. Total Apportionable Income (before Vermont Adjustments) (ADD Lines 14 through 20). 21A.	21000 .00	21B. 7000 .00

PART IV. VERMONT ADJUSTMENTS TO APPORTIONABLE INCOME

22. Bonus Depreciation Adjustment (Apportionable items). 22A.	-7500 .00	22B. -2500 .00
23. Other Add-backs and Adjustments (Apportionable items). 23A.	.00	23B. .00

PART V. COMPLEX STRUCTURES: DISTRIBUTIVE SHARE OF SEPARATE SOURCE INCOME AND ADJUSTMENTS FROM LOWER-TIER PASS-THROUGHS (NO UNITARY RELATIONSHIP)

	Column A Federal	Column B Vermont
24. Income (loss) from lower-tier partnerships/PTEs (Attach Affiliation Schedule BA-410 and necessary worksheets). 24A.	.00	24B. .00
25. Vermont Adjustments from lower-tier partnerships/PTE 25A.	.00	25B. .00

Entity Name (same as on Form BI-471)	
SAND REAL ESTATE LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400009654	20251231



PART VI. INCOME ADJUSTMENT

26. Federal Total (ADD Lines 10A, 21A, and 24A) 26. 21000 .00

27. Total Vermont Adjustments (everywhere)
(ADD Lines 11A, 12A, 22A, 23A, and 25A) 27. -7500 .00

28. Federal Adjusted Gross Income Equivalent from federal Form 1120-S or
federal Form 1065, Sch. K with Vermont adjustments (ADD Lines 26 and 27) 28. 13500 .00

29. Vermont Sourced Total (ADD Lines 10B, 21B, and 24B) 29. 7000 .00

30. Total Vermont Adjustments (Vermont)
(ADD Lines 11B, 12B, 22B, 23B, and 25B) 30. -2500 .00

31. Vermont Income with Vermont Adjustments (ADD Lines 29 and 30) 31. 4500 .00

32. Income Adjustment % (DIVIDE Line 31 by Line 28. MULTIPLY the result
by 100 and carry the result out to the sixth decimal place.) 32. 33.333333 %
Also enter on Schedule BI-473, Line 2.

SCHEDULE A VERMONT APPORTIONMENT

PART VII. VERMONT SALES AND RECEIPTS FACTOR

	<u>Column A</u> Everywhere	<u>Column B</u> Vermont
33. Sales or gross receipts 33A.00	
34. Sales of services 34B.		.00
35. Sales of tangible personal property delivered or shipped to purchasers in Vermont from outside Vermont 35B.		.00
36. Sales of tangible personal property delivered or shipped to purchasers in Vermont from within Vermont 36B.		.00
37. Special Industries 37B.		.00
38. Apportionable interest and dividends 38A.	.00	38B.00
39. Royalties 39A.	.00	39B.00
40. Gross rents 40A.	60000 .00	40B. 20000 .00
41. Other apportionable business income (Attach detailed supporting statement) .41A.	.00	41B.00
42. Total Gross Receipts for filing entity (ADD Lines 33 through 41) 42A.	60000 .00	42B. 20000 .00
43. Apportionment Factors from Lower-Tier Unitary Activity 43A.	.00	43B.00
44. Total Gross Receipts (ADD Lines 42 and 43) ... 44A.	60000 .00	44B. 20000 .00
45. Vermont Gross Receipt factor (DIVIDE Line 44B by Line 44A. MULTIPLY the result by 100 and carry the result out to the sixth decimal place.) 45.		<u>33.333333</u> %

Entity Name (same as on Form BI-471)	
SAND REAL ESTATE LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400009654	20251231



SCHEDULE B WAGE AND PROPERTY FACTOR REPORTING

PART VIII. SALARY AND WAGES (required for reporting only)

	<u>Column A</u> Everywhere	<u>Column B</u> Vermont
46. Total SALARIES AND WAGES46A.	.00	46B. .00

PART IX. PROPERTY FACTOR (average value during year)

	<u>Column A</u> Everywhere	<u>Column B</u> Vermont
47. Inventories47A.	.00	47B. .00
48. Buildings and other depreciable assets (original cost) . .48A.	.00	48B. .00
49. Depletable assets (original cost)49A.	.00	49B. .00
50. Land50A.	.00	50B. .00
51. Other assets (Attach schedule) . . .51A.	.00	51B. .00
52. Rented real and personal property (Multiply annual rent by 8)52A.	.00	52B. .00
53. Total PROPERTY (ADD Lines 47 through 52)53A.	.00	53B. .00

2025 Schedule BA-410**Vermont Corporate and Business
Income Tax Affiliation**

* 2 5 4 1 0 1 1 0 0 *

**Include with Form CO-411
or Form BI-471****REQUIRED FOR COMBINED AND CONSOLIDATED RETURNS****Please provide information for all affiliates/subsidiaries/entities contributing income/activity to Vermont Unitary Group.**

Entity Name (same as on Form CO-411 or Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
SAND REAL ESTATE	20251231	400009654

Affiliate Name	FEIN	Unitary group member? ("Y" or "N")	Disregarded entity? ("Y" or "N")	Pass- through entity directly owned? ("Y" or "N")	Has Vermont sales or activity? ("Y" or "N")
1. APARTMENTS REAL ESTATE HOLDINGS LLC	030303030		Y		N
2. VT APARTMENTS REAL ESTATE HOLDINGS	812312313		Y		Y
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

2025 Schedule BA-410**USE ADDITIONAL SCHEDULES, IF NECESSARY**Page 1 of 1
Rev. 10/25

2025 Schedule K-1VT**Vermont Shareholder, Partner, or
Member Information**

* 2 5 K 1 V 1 1 0 0 *

**This schedule is REQUIRED.
Include with Form BI-471**

Entity Name (same as on Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
SAND REAL ESTATE LLC	20251231	400009654

HEADER INFORMATION - REQUIRED ENTRIES

Entity Name (Shareholder, Partner, or Member)			FEIN	
OR Individual Last Name (Shareholder, Partner, or Member)			OR Social Security Number	
DE VERMONT			445665454	
First Name			Recipient Type (I, C, S, L, P, X, or T)	
JOE			I	
Initial			Residency Status	
			<input checked="" type="checkbox"/> Vermont Resident <input type="checkbox"/> Nonresident	
Address			Special Allocations (see instructions)	
1 MAIN ST				
Address, Line 2 (if needed)				
City	State	ZIP Code		
MONTPELIER	VT	05602		
Foreign Country (if not United States)				

PART I PASS-THROUGH ENTITY INFORMATION

1. Capital / Ownership percentage 1. 50.000000 %
2. Profit percentage 2. 50.000000 %
3. Loss percentage 3. 50.000000 %
4. Distributive share percentage (see instructions) 4. 50.000000 %
5. Disregarded entity (single-member LLC or Qualified Subchapter S subsidiary)? ... 5. ☐ Yes ☒ No

Provide FEIN or SSN _____

6. Is this partner a member of a complex structure (see instructions)? 6. ☐ Yes ☒ No
7. Did this entity pay tax on this income as part of a composite return? 7. ☐ Yes ☒ No

PART II DISTRIBUTIVE SHARE OF VERMONT ADJUSTMENTSEnter all amounts in whole dollars.

	A. Everywhere	B. Vermont
8a. Bonus depreciation adjustment (apportionable items) 8aA.	<u>-7500.00</u>	8aB. <u>-2500.00</u>
8b. Bonus depreciation adjustment (non-apportionable items) 8bA.	<u>.00</u>	8bB. <u>.00</u>
9. Other Additions (include statement) 9A.	<u>.00</u>	9B. <u>.00</u>
10. Other Subtractions (include statement) 10A.	<u>.00</u>	10B. <u>.00</u>

2025 Schedule K-1VT

Page 1 of 3

Rev. 10/25

Entity Name (same as on Form BI-471)	
SAND REAL ESTATE LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400009654	20251231



FOR TRUST, CORPORATE, AND PASS-THROUGH PARTNERS ONLY:

11a. SALT Add-back (apportionable items)	11aA. _____	.00	11aB. _____	.00
11b. SALT Add-back (non-apportionable items).	11bA. _____	.00	11bB. _____	.00

PART III DISTRIBUTIVE SHARE OF VERMONT SOURCE INCOME

	A. Everywhere	B. Vermont
12. Ordinary business income (loss).	12A. _____	12B. _____
	.00	.00
13. Net rental real estate income (loss).	13A. _____ 15000	13B. _____ 5000
	.00	.00
14. Other net rental income (loss)	14A. _____	14B. _____
	.00	.00
15a. Guaranteed payments for services	15aA. _____	15aB. _____
	.00	.00
15b. Guaranteed payments for capital	15bA. _____	15bB. _____
	.00	.00
16. Interest income	16A. _____ 6000	16B. _____ 2000
	.00	.00
17. Ordinary dividends	17A. _____	17B. _____
	.00	.00
18. Royalties	18A. _____	18B. _____
	.00	.00
19. Net short-term capital gain (loss)	19A. _____	19B. _____
	.00	.00
20. Net long-term capital gain (loss)	20A. _____	20B. _____
	.00	.00
21. Net I.R.C. § 1231 gain (loss)	21A. _____	21B. _____
	.00	.00
22. Other income (loss) (include statement). 22A. _____	.00	22B. _____
	.00	.00
23. I.R.C. § 179 expense deduction	23A. _____	23B. _____
	.00	.00
24. Other expense deductions (include statement)	24A. _____	24B. _____
	.00	.00
25. Recategorized income to/from Schedule BI-477, Part III	25A. _____ 15000	25B. _____ 5000
	.00	.00
26. Recategorized income to/from Schedule BI-477, Part I	26A. _____ -15000	26B. _____ -5000
	.00	.00
27. Total distributive share (see instructions).	27A. _____ 21000	27B. _____ 7000
	.00	.00

Entity Name (same as on Form BI-471)	
SAND REAL ESTATE LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400009654	20251231



PART IV OTHER DISTRIBUTIONS TO OWNERS

28. Exempt income - Vermont income not characterized as Unrelated Business Income (UBI) for federal purposes (tax-exempt entities only) 28. _____ .00
29. Vermont income tax withheld on behalf of owner 29. _____ .00
30. Vermont income tax withheld by a lower-tier pass-through entity 30. _____ .00
31. Total Vermont annual real estate withholding payments withheld on behalf of owner 31. _____ .00
32. Total Vermont composite income tax paid on behalf of owner 32. _____ .00
33. Capital gain eligible for exclusion 33. _____ .00

PART V OWNER'S DISTRIBUTIVE SHARE OF VERMONT SALES AND RECEIPTS FACTOR (CORPORATE AND PASS-THROUGH ENTITY OWNERS)

A. Everywhere

B. Vermont

34. Total gross receipts 34A. _____ .00 34B. _____ .00

PART VI REPORTING OWNER'S DISTRIBUTIVE SHARE OF OTHER APPORTIONMENT FACTORS (CORPORATE AND PASS-THROUGH ENTITY OWNERS)

A. Everywhere

B. Vermont

35. Payroll 35A. _____ .00 35B. _____ .00
36. Property 36A. _____ .00 36B. _____ .00

PART VII COMPLEX STRUCTURES: DISTRIBUTIVE SHARE OF SEPARATE SOURCE INCOME AND ADJUSTMENTS FROM LOWER-TIER PASS-THROUGHS WITH NO UNITARY RELATIONSHIP

A. Everywhere

B. Vermont

37. Lower-Tier Separate Source Income (see instructions) 37A. _____ .00 37B. _____ .00
38. Vermont Adjustments for Separate Source Income (see instructions) 38A. _____ .00 38B. _____ .00

PART VIII OTHER INFORMATION PROVIDED BY PASS-THROUGH

39. Additional Information _____
40. Additional Information _____
41. Additional Information _____
42. Additional Information _____
43. Additional Information _____

2025 Schedule K-1VT**Vermont Shareholder, Partner, or
Member Information**

* 2 5 K 1 V 1 1 0 0 *

**This schedule is REQUIRED.
Include with Form BI-471**

Entity Name (same as on Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
SAND REAL ESTATE LLC	20251231	400009654

HEADER INFORMATION - REQUIRED ENTRIES

Entity Name (Shareholder, Partner, or Member)			FEIN	
OR Individual Last Name (Shareholder, Partner, or Member)			OR Social Security Number	
N HAMPSHIRE			445667575	
First Name			Recipient Type (I, C, S, L, P, X, or T)	
BOB			I	
Address			Residency Status	
19 PLEASANT ST			<input type="checkbox"/> Vermont Resident <input type="checkbox"/> Nonresident	
Address, Line 2 (if needed)				
City	State	ZIP Code		
BERLIN	NH	03570		
Foreign Country (if not United States)			Special Allocations (see instructions)	
			<input type="checkbox"/>	

PART I PASS-THROUGH ENTITY INFORMATION

1. Capital / Ownership percentage 1. 50 .000000 %
2. Profit percentage 2. 50 .000000 %
3. Loss percentage 3. 50 .000000 %
4. Distributive share percentage (see instructions) 4. 50 .000000 %
5. Disregarded entity (single-member LLC or Qualified Subchapter S subsidiary)? ... 5. ☐ Yes ☒ No

Provide FEIN or SSN _____

6. Is this partner a member of a complex structure (see instructions)? 6. ☐ Yes ☒ No
7. Did this entity pay tax on this income as part of a composite return? 7. ☐ Yes ☒ No

PART II DISTRIBUTIVE SHARE OF VERMONT ADJUSTMENTSEnter all amounts in whole dollars.

	A. Everywhere	B. Vermont
8a. Bonus depreciation adjustment (apportionable items) 8aA.	<u>-7500</u> .00	8aB. <u>-2500</u> .00
8b. Bonus depreciation adjustment (non-apportionable items) 8bA.	<u> </u> .00	8bB. <u> </u> .00
9. Other Additions (include statement) 9A.	<u> </u> .00	9B. <u> </u> .00
10. Other Subtractions (include statement) 10A.	<u> </u> .00	10B. <u> </u> .00

2025 Schedule K-1VT

Page 1 of 3

Rev. 10/25

Entity Name (same as on Form BI-471)	
SAND REAL ESTATE LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400009654	20251231



FOR TRUST, CORPORATE, AND PASS-THROUGH PARTNERS ONLY:

11a. SALT Add-back (apportionable items)	11aA. _____	.00	11aB. _____	.00
11b. SALT Add-back (non-apportionable items).	11bA. _____	.00	11bB. _____	.00

PART III DISTRIBUTIVE SHARE OF VERMONT SOURCE INCOME

	A. Everywhere	B. Vermont
12. Ordinary business income (loss).	12A. _____	12B. _____
	.00	.00
13. Net rental real estate income (loss).	13A. _____ 15000	13B. _____ 5000
	.00	.00
14. Other net rental income (loss)	14A. _____	14B. _____
	.00	.00
15a. Guaranteed payments for services	15aA. _____	15aB. _____
	.00	.00
15b. Guaranteed payments for capital	15bA. _____	15bB. _____
	.00	.00
16. Interest income	16A. _____ 6000	16B. _____ 2000
	.00	.00
17. Ordinary dividends	17A. _____	17B. _____
	.00	.00
18. Royalties	18A. _____	18B. _____
	.00	.00
19. Net short-term capital gain (loss)	19A. _____	19B. _____
	.00	.00
20. Net long-term capital gain (loss)	20A. _____	20B. _____
	.00	.00
21. Net I.R.C. § 1231 gain (loss)	21A. _____	21B. _____
	.00	.00
22. Other income (loss) (include statement). 22A. _____	.00	22B. _____
	.00	.00
23. I.R.C. § 179 expense deduction	23A. _____	23B. _____
	.00	.00
24. Other expense deductions (include statement)	24A. _____	24B. _____
	.00	.00
25. Recategorized income to/from Schedule BI-477, Part III	25A. _____ 15000	25B. _____ 5000
	.00	.00
26. Recategorized income to/from Schedule BI-477, Part I	26A. _____ -15000	26B. _____ -5000
	.00	.00
27. Total distributive share (see instructions).	27A. _____ 21000	27B. _____ 7000
	.00	.00

Entity Name (same as on Form BI-471)	
SAND REAL ESTATE LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400009654	20251231



PART IV OTHER DISTRIBUTIONS TO OWNERS

28. Exempt income - Vermont income not characterized as Unrelated Business Income (UBI) for federal purposes (tax-exempt entities only) 28. _____ .00
29. Vermont income tax withheld on behalf of owner 29. _____ .00
30. Vermont income tax withheld by a lower-tier pass-through entity 30. _____ .00
31. Total Vermont annual real estate withholding payments withheld on behalf of owner 31. _____ .00
32. Total Vermont composite income tax paid on behalf of owner 32. _____ .00
33. Capital gain eligible for exclusion 33. _____ .00

PART V OWNER'S DISTRIBUTIVE SHARE OF VERMONT SALES AND RECEIPTS FACTOR (CORPORATE AND PASS-THROUGH ENTITY OWNERS)

A. Everywhere

B. Vermont

34. Total gross receipts 34A. _____ .00 34B. _____ .00

PART VI REPORTING OWNER'S DISTRIBUTIVE SHARE OF OTHER APPORTIONMENT FACTORS (CORPORATE AND PASS-THROUGH ENTITY OWNERS)

A. Everywhere

B. Vermont

35. Payroll 35A. _____ .00 35B. _____ .00
36. Property 36A. _____ .00 36B. _____ .00

PART VII COMPLEX STRUCTURES: DISTRIBUTIVE SHARE OF SEPARATE SOURCE INCOME AND ADJUSTMENTS FROM LOWER-TIER PASS-THROUGHS WITH NO UNITARY RELATIONSHIP

A. Everywhere

B. Vermont

37. Lower-Tier Separate Source Income (see instructions) 37A. _____ .00 37B. _____ .00
38. Vermont Adjustments for Separate Source Income (see instructions) 38A. _____ .00 38B. _____ .00

PART VIII OTHER INFORMATION PROVIDED BY PASS-THROUGH

39. Additional Information _____
40. Additional Information _____
41. Additional Information _____
42. Additional Information _____
43. Additional Information _____

Test 3 - Direct Deposit

Required Vermont Forms/Schedules: BI-471, BI-473, BI-477, BA-404, BA-406 & K-1VT

Taxpayer(s) Information:

Entity Name: Engineering LLC

Federal Employer ID: 40-0008098

Primary 6-digit NAICS #:541330

Mailing Address: 8693 Poplar St.

City: Dedham

State: MA

Zip Code: 02026

Country: USA

Composite Return: Y

Tax Year Begin Date: Jan-01-2025

Tax Year End Date: Dec-31-2025

Federal Return Filed: 1120S

of Shareholders: 2

of VT Shareholders: 1

of Non-Resident Shareholders: 1

Return Information:

Payments with Extension: \$250.00

Nonresident Estimated Payments: \$20,000

Guaranteed Payments for Services Federal: \$500,000.00

Guaranteed Payments for Services Vermont: \$125,000.00

Ordinary Business Income Federal: \$1,500,000.00

Ordinary Business Income Vermont: \$375,000.00

Sales or gross receipts: \$8,000,000.00

Sales of services: \$2,000,000.00

Vermont Gross Receipts factor: 25.000000%

Investment Tax Credit – Solar Energy: \$6,000

2025 Form BI-471**Vermont Business Income Tax Return**

for Partnerships, Subchapter S Corporations, and LLCs



* 2 5 4 7 1 1 1 0 0 *

**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		
ENGINEERING LLC			400008098		541330		
Address			Tax year BEGIN date (YYYYMMDD)		Tax year END date (YYYYMMDD)		
8693 POPLAR ST			20250101		20251231		
Address (Line 2)			Federal tax return filed (Check one box) <input checked="" type="checkbox"/> 1120S <input type="checkbox"/> 1065 <input type="checkbox"/> Other				
City	State	ZIP Code					
DEDHAM	MA	02026					
Foreign Country (if not United States)							

- A. Were any shareholders, partners, or members nonresidents of Vermont during this tax year? A. ☒ Yes ☐ No
- B. During the tax year, were any shareholders, partners, or members: a C corporation, an S corporation, a partnership, or a limited liability company? B. ☐ Yes ☒ No
- IF YOU ANSWERED "NO" TO BOTH QUESTIONS A AND B,
THIS ENTITY SHOULD FILE FORM BI-476 INSTEAD OF FORM BI-471.**
- C. Total number of Shareholders, Partners, or Members C. 2
- D. How many are Vermont Residents? D. 1
- E. How many are Nonresidents? E. 1
- F. How many are a C corporation, an S corporation, a partnership, or a limited liability company? .. F.
- G. Check box if 32 V.S.A. § 5920(f), (g), or (h) applies (regarding nonresident estimated payments for affordable housing projects, federal new market tax credit projects, or publicly traded partnerships). Attach authorization or documentation .. G. ☐

TAX COMPUTATION (see instructions):**Enter all amounts in whole dollars.**

Check box if exception to minimum tax applies:	<input type="checkbox"/> NO VERMONT ACTIVITY / INACTIVE (\$0)	<input type="checkbox"/> INVESTMENT CLUB § 5921 (\$0)	<input type="checkbox"/> I.R.C. § 761 (\$0)
---	--	--	--

1. Vermont minimum entity tax (\$250) or above exception (See instructions) 1. 250 .00

2. For non-composite entities

 2a. Nonresident estimated payment requirement
 (Schedule BI-472, Line 6) 2a. .00

 2b. Overpayment distributed to owners (ADD Schedule K-1VT,
 Lines 29 through 31 from all schedules, then SUBTRACT
 amount from Schedule BI-472, Line 6). 2b. .00

2c. ADD Lines 2a and 2b 2c. .00

3. For composite entities, Vermont composite tax due (Schedule BI-473, Line 11) 3. 26400 .00

4. Vermont apportionment of entity level taxes (See instructions) 4. .00

5. Use Tax for taxable items on which no sales tax was charged,
 including online purchases 5. .00

6. Total tax due (ADD Lines 1, 2c, 3, 4, and 5) 6. 26650 .00

Entity Name	
ENGINEERING LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008098	20251231



PAYMENTS AND CREDITS

Enter all amounts in whole dollars.

7. Prior Year Overpayment Applied.	7. _____	.00
8. Payments with Extension (Form BA-403)	8. _____	250 .00
9. Real estate withholding paid for this entity (Form REW-171, REW Schedule A)	9. _____	.00
10. Real estate withholding distributed to this entity by a different company (Schedule K-1VT, Line 31)	10. _____	.00
11. Nonresident estimated payments paid by this entity (Form WH-435).	11. _____	20000 .00
12. Nonresident estimated payments distributed to this entity by a different company (Schedule K-1VT, Line 30)	12. _____	.00
13. Total payments (ADD Lines 7 through 12)	13. _____	20250 .00

RECONCILIATION

14. Balance Due: If Line 6 is greater than Line 13, subtract Line 13 from Line 6.	14. _____	6400 .00
15. Payment included with this return. Make check payable to Vermont Department of Taxes	15. _____	.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. _____	.00
17. Overpayment to be credited to the next tax year	17. _____	.00
18. Overpayment to be refunded	18. _____	.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
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 (MMDDYYYY)	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)			<input type="checkbox"/> Check if self-employed

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

2025 Form BI-471
Page 2 of 2
Rev. 10/25

2025 Schedule BI-473**Vermont Composite**

PRINT in BLUE or BLACK INK

Include with Form BI-471

Entity Name (same as on Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
ENGINEERING LLC	20251231	400008098

Enter all amounts in whole dollars.

1. Federal Adjusted Gross Income Equivalent (Schedule BI-477, Line 28) 1. 2000000 .00
2. Vermont Income Tax Adjustment % (Schedule BI-477, Line 32). 2. 25 .000000 %
3. Vermont Adjusted Income (**MULTIPLY Line 1 by Line 2**) 3. 500000 .00
4. Percentage of income from Line 3 passed through to nonresidents. 4. 80 .000000 %
5. Total nonresident income (**MULTIPLY Line 3 by Line 4**) 5. 400000 .00
6. Composite net operating loss (Enter as a Positive Number, Attach Statement) 6. _____ .00
7. Additional Adjustments (Specify) _____ 7. _____ .00
8. Vermont taxable composite income
(**SUBTRACT Line 6 from Line 5 and ADD Line 7**) 8. 400000 .00
9. Composite Tax (**MULTIPLY Line 8 by 7.6% (0.076)**). If negative, enter -0- 9. 30400 .00
10. Tax credits available for composite shareholders/partners/members
(Attach Schedules BA-404 and BA-406). 10. 4000 .00
- NOTE:** Line 10 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.
11. Vermont Composite Tax due (**Line 9 MINUS Line 10**) 11. 26400 .00

2025 Schedule BI-477

* 2 5 4 7 7 1 1 0 0 *

**Vermont Income Adjustment Calculation:
Pass-Through Vermont Sourcing**

Include with Form BI-471

Entity Name (same as on Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
ENGINEERING LLC	20251231	400008098

 Was the pass-through activity conducted entirely within Vermont during the tax year? ☐ Yes ☒ No
PASS-THROUGH PERSONAL INCOME ADJUSTMENT CALCULATION**1A. NON-APPORTIONABLE INCOME CALCULATION****PART I. PASS-THROUGH NON-APPORTIONABLE INCOME**

	<u>Column A</u> Federal Amount	<u>Column B</u> Vermont Sourced
1. Net Rental Real Estate Income (loss)1A.	.00	1B. .00
2. Other Net Rental Income (loss)2A.	.00	2B. .00
3. Guaranteed Payments for Capital.3A.	.00	3B. .00
4. Guaranteed Payments for Services.4A.	500000 .00	4B. 125000 .00
5. Royalties.5A.	.00	5B. .00
6. Net Long Term Capital Gain (loss) . . .6A.	.00	6B. .00
7. Net Short Term Capital Gain (loss) . . .7A.	.00	7B. .00
8. Net I.R.C. § 1231 Gain (loss)8A.	.00	8B. .00
9. Recharacterization of Income to/from Part III.9A.	.00	9B. .00
10. Total Non-Appportionable Income before Vermont Adjustments (ADD Lines 1 through 9) . .10A.	500000 .00	10B. 125000 .00

PART II. VERMONT ADJUSTMENTS TO NON-APPORTIONABLE INCOME

	<u>Column A</u> Everywhere Amount	<u>Column B</u> For Vermont Sourced Income Above
11. Bonus Depreciation Adjustment (Non-apportionable items)11A.	.00	11B. .00
12. Other Add-backs and adjustments (Non-apportionable items)12A.	.00	12B. .00

2025 Schedule BI-477

Page 1 of 4
Rev. 10/25

Entity Name (same as on Form BI-471)	
ENGINEERING LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008098	20251231



1B. APPORTIONABLE INCOME CALCULATION

PART III. PASS-THROUGH APPORTIONABLE INCOME

13. Vermont Sales and Receipts Factor as a percent of Everywhere
(Schedule A, Line 45). 13. 25.000000 %

	Column A Federal	Column B Vermont
14. Ordinary Business Income14A.	1500000 .00	14B. 375000 .00
15. Interest Income15A.	.00	15B. .00
16. Dividend Income16A.	.00	16B. .00
17. Other Income (Specify) . . .17A.	.00	17B. .00
18. I.R.C. § 179 Deduction18A.	.00	18B. .00
19. Other Deductions (Specify) . . .19A.	.00	19B. .00
20. Rec characterization of Income to/from Part I20A.	.00	20B. .00
21. Total Apportionable Income (before Vermont Adjustments) (ADD Lines 14 through 20).21A.	1500000 .00	21B. 375000 .00

PART IV. VERMONT ADJUSTMENTS TO APPORTIONABLE INCOME

22. Bonus Depreciation Adjustment (Apportionable items).22A.	.00	22B. .00
23. Other Add-backs and Adjustments (Apportionable items).23A.	.00	23B. .00

PART V. COMPLEX STRUCTURES: DISTRIBUTIVE SHARE OF SEPARATE SOURCE INCOME AND ADJUSTMENTS FROM LOWER-TIER PASS-THROUGHS (NO UNITARY RELATIONSHIP)

	Column A Federal	Column B Vermont
24. Income (loss) from lower-tier partnerships/PTEs (Attach Affiliation Schedule BA-410 and necessary worksheets).24A.	.00	24B. .00
25. Vermont Adjustments from lower-tier partnerships/PTE25A.	.00	25B. .00

Entity Name (same as on Form BI-471)	
ENGINEERING LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008098	20251231



PART VI. INCOME ADJUSTMENT

26. Federal Total (ADD Lines 10A, 21A, and 24A) 26. 2000000 .00
27. Total Vermont Adjustments (everywhere)
(ADD Lines 11A, 12A, 22A, 23A, and 25A) 27. _____ .00
28. Federal Adjusted Gross Income Equivalent from federal Form 1120-S or
federal Form 1065, Sch. K with Vermont adjustments (ADD Lines 26 and 27) 28. 2000000 .00
29. Vermont Sourced Total (ADD Lines 10B, 21B, and 24B) 29. 500000 .00
30. Total Vermont Adjustments (Vermont)
(ADD Lines 11B, 12B, 22B, 23B, and 25B) 30. _____ .00
31. Vermont Income with Vermont Adjustments (ADD Lines 29 and 30) 31. 500000 .00
32. Income Adjustment % (DIVIDE Line 31 by Line 28. MULTIPLY the result
by 100 and carry the result out to the sixth decimal place.) 32. 25.000000 %
Also enter on Schedule BI-473, Line 2.

SCHEDULE A VERMONT APPORTIONMENT

PART VII. VERMONT SALES AND RECEIPTS FACTOR

- | | <u>Column A</u>
Everywhere | <u>Column B</u>
Vermont |
|---|-------------------------------|----------------------------|
| 33. Sales or gross receipts 33A. _____ | 8000000 | .00 |
| 34. Sales of services 34B. _____ | | 2000000 .00 |
| 35. Sales of tangible personal property delivered or shipped
to purchasers in Vermont from outside Vermont 35B. _____ | | .00 |
| 36. Sales of tangible personal property delivered or shipped
to purchasers in Vermont from within Vermont 36B. _____ | | .00 |
| 37. Special Industries 37B. _____ | | .00 |
| 38. Apportionable interest
and dividends 38A. _____ .00 | | 38B. _____ .00 |
| 39. Royalties 39A. _____ .00 | | 39B. _____ .00 |
| 40. Gross rents 40A. _____ .00 | | 40B. _____ .00 |
| 41. Other apportionable business
income (Attach detailed
supporting statement) .41A. _____ .00 | | 41B. _____ .00 |
| 42. Total Gross Receipts for
filing entity (ADD Lines
33 through 41) 42A. <u>8000000</u> .00 | | 42B. <u>2000000</u> .00 |
| 43. Apportionment Factors
from Lower-Tier
Unitary Activity 43A. _____ .00 | | 43B. _____ .00 |
| 44. Total Gross Receipts (ADD
Lines 42 and 43) ... 44A. <u>8000000</u> .00 | | 44B. <u>2000000</u> .00 |
| 45. Vermont Gross Receipt factor (DIVIDE Line 44B by Line 44A. MULTIPLY
the result by 100 and carry the result out to the sixth decimal place.) 45. <u>25.000000</u> % | | |

Entity Name (same as on Form BI-471)	
ENGINEERING LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008098	20251231



SCHEDULE B WAGE AND PROPERTY FACTOR REPORTING

PART VIII. SALARY AND WAGES (required for reporting only)

	<u>Column A</u> Everywhere	<u>Column B</u> Vermont
46. Total SALARIES AND WAGES46A.	<u>.00</u>	46B. <u>.00</u>

PART IX. PROPERTY FACTOR (average value during year)

	<u>Column A</u> Everywhere	<u>Column B</u> Vermont
47. Inventories47A.	<u>.00</u>	47B. <u>.00</u>
48. Buildings and other depreciable assets (original cost) . .48A.	<u>.00</u>	48B. <u>.00</u>
49. Depletable assets (original cost)49A.	<u>.00</u>	49B. <u>.00</u>
50. Land50A.	<u>.00</u>	50B. <u>.00</u>
51. Other assets (Attach schedule) . . .51A.	<u>.00</u>	51B. <u>.00</u>
52. Rented real and personal property (Multiply annual rent by 8)52A.	<u>.00</u>	52B. <u>.00</u>
53. Total PROPERTY (ADD Lines 47 through 52)53A.	<u>.00</u>	53B. <u>.00</u>

2025 Schedule BA-404**Vermont Tax Credits Earned, Applied,
Expired, and Carried Forward**

Include with Form CO-411
or Form BI-471
or Form BI-476

PRINT in BLUE or BLACK INK

Enter all amounts in whole dollars.

Entity Name (same as on Form CO-411, Form BI-471, or Form BI-476)	Fiscal Year Ending (YYYYMMDD)	FEIN
ENGINEERING LLC	20251231	400008098

	(A) Amount Carried Forward from Prior Years	(B) Amount Earned Current Year	(C) Amount Applied Current Year	(D) Amount Carried Forward to Future Years
1. Research and Development (32 V.S.A. § 5930ii)				
2. Charitable Housing (32 V.S.A. § 5830c)				
3. Affordable Housing (32 V.S.A. § 5930u)				
4. Qualified Sale of Mobile Home Park (32 V.S.A. § 5828)				
5. Code Improvement (32 V.S.A. § 5930cc(c))				
6. Historic Rehabilitation (32 V.S.A. § 5930cc(a))				
7. Facade Improvement (32 V.S.A. § 5930cc(b))				
8. Investment Tax Credit - Solar Energy (32 V.S.A. § 5822(d))	6000		5000	1000
9. Investment Tax Credit - Other (32 V.S.A. § 5822(d))				
10. TOTAL FOR ALL CREDITS (ADD Lines 1 through 9)	6000		5000	1000

Vermont Department of Taxes
2025 Schedule BA-406
Vermont Credit Allocation



Include with Form BI-471
or Form BI-476

PRINT in BLUE or BLACK INK

Entity Name (same as on Form BI-471 or Form BI-476)	Fiscal Year Ending (YYYYMMDD)	FEIN
ENGINEERING LLC	20251231	008727272

OR	Individual Last Name (Shareholder, Partner, or Member)	First Name	MI	OR	Social Security Number	Entity TYPE Enter I, C, S, L, P, or T (see instructions)
	ENGINEER	RON			008727272	
	Entity Name (Shareholder, Partner, or Member)				FEIN	

Name of Credit

Enter all amounts in WHOLE DOLLARS

- | | | |
|---|-----------|----------|
| 1. Research and Development | 1. _____ | .00 |
| 2. Charitable Housing | 2. _____ | .00 |
| 3. Affordable Housing | 3. _____ | .00 |
| 4. Qualified Sale of Mobile Home Park | 4. _____ | .00 |
| 5. Code Improvement | 5. _____ | .00 |
| 6. Historic Rehabilitation | 6. _____ | .00 |
| 7. Facade Improvement | 7. _____ | .00 |
| 8. Investment Tax Credit - Solar Energy | 8. _____ | 4000 .00 |
| 9. Investment Tax Credit - Other | 9. _____ | .00 |
| 10. Total credits for this shareholder, partner, or member (ADD Lines 1 through 9) .. | 10. _____ | 4000 .00 |

2025 Schedule BA-406

Page 1 of 1
Rev. 10/25

Vermont Department of Taxes
2025 Schedule BA-406
Vermont Credit Allocation



Include with Form BI-471
or Form BI-476

PRINT in BLUE or BLACK INK

Entity Name (same as on Form BI-471 or Form BI-476)	Fiscal Year Ending (YYYYMMDD)	FEIN
ENGINEERING LLC	20251231	400008098

OR	Individual Last Name (Shareholder, Partner, or Member)	First Name	MI	OR	Social Security Number	Entity TYPE Enter I, C, S, L, P, or T (see instructions)
	ENGINEER	JOE			008989898	
	Entity Name (Shareholder, Partner, or Member)				FEIN	

Name of Credit

Enter all amounts in WHOLE DOLLARS

- | | | |
|---|-----------|----------|
| 1. Research and Development | 1. _____ | .00 |
| 2. Charitable Housing | 2. _____ | .00 |
| 3. Affordable Housing | 3. _____ | .00 |
| 4. Qualified Sale of Mobile Home Park | 4. _____ | .00 |
| 5. Code Improvement | 5. _____ | .00 |
| 6. Historic Rehabilitation | 6. _____ | .00 |
| 7. Facade Improvement | 7. _____ | .00 |
| 8. Investment Tax Credit - Solar Energy | 8. _____ | 1000 .00 |
| 9. Investment Tax Credit - Other | 9. _____ | .00 |
| 10. Total credits for this shareholder, partner, or member (ADD Lines 1 through 9) .. | 10. _____ | 1000 .00 |

2025 Schedule BA-406

Page 1 of 1
Rev. 10/25

2025 Schedule K-1VT**Vermont Shareholder, Partner, or
Member Information**

* 2 5 K 1 V 1 1 0 0 *

**This schedule is REQUIRED.
Include with Form BI-471**

Entity Name (same as on Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
ENGINEERING LLC	20251231	400008098

HEADER INFORMATION - REQUIRED ENTRIES

Entity Name (Shareholder, Partner, or Member)			FEIN	
OR	Individual Last Name (Shareholder, Partner, or Member)		First Name	Initial
	ENGINEER		JOE	
Address			Recipient Type (I, C, S, L, P, X, or T) <input type="checkbox"/> I	
1 SOUTH RD			Residency Status	
Address, Line 2 (if needed)			<input checked="" type="checkbox"/> Vermont Resident <input type="checkbox"/> Nonresident	
City	State	ZIP Code		
MONTPELIER	VT	05602		
Foreign Country (if not United States)			Special Allocations (see instructions) <input type="checkbox"/>	

PART I PASS-THROUGH ENTITY INFORMATION

1. Capital / Ownership percentage 1. 20 .000000 %
2. Profit percentage 2. 20 .000000 %
3. Loss percentage 3. 20 .000000 %
4. Distributive share percentage (see instructions). 4. 20 .000000 %
5. Disregarded entity (single-member LLC or Qualified Subchapter S subsidiary)? . . . 5. ☐ Yes ☒ No

Provide FEIN or SSN _____

6. Is this partner a member of a complex structure (see instructions)? 6. ☐ Yes ☒ No
7. Did this entity pay tax on this income as part of a composite return? 7. ☐ Yes ☒ No

PART II DISTRIBUTIVE SHARE OF VERMONT ADJUSTMENTSEnter all amounts in whole dollars.

	A. Everywhere	B. Vermont
8a. Bonus depreciation adjustment (apportionable items) 8aA.	.00	8aB. .00
8b. Bonus depreciation adjustment (non-apportionable items). 8bA.	.00	8bB. .00
9. Other Additions (include statement) 9A.	.00	9B. .00
10. Other Subtractions (include statement) 10A.	.00	10B. .00

2025 Schedule K-1VT

Page 1 of 3

Rev. 10/25

Entity Name (same as on Form BI-471)	
ENGINEERING LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008098	20251231



FOR TRUST, CORPORATE, AND PASS-THROUGH PARTNERS ONLY:

11a. SALT Add-back (apportionable items)	11aA. _____	.00	11aB. _____	.00
11b. SALT Add-back (non-apportionable items).	11bA. _____	.00	11bB. _____	.00

PART III DISTRIBUTIVE SHARE OF VERMONT SOURCE INCOME

	A. Everywhere	B. Vermont
12. Ordinary business income (loss).	12A. _____ 2000000	12B. _____ 100000
	.00	.00
13. Net rental real estate income (loss). . . .	13A. _____	13B. _____
	.00	.00
14. Other net rental income (loss)	14A. _____	14B. _____
	.00	.00
15a. Guaranteed payments for services	15aA. _____	15aB. _____
	.00	.00
15b. Guaranteed payments for capital	15bA. _____	15bB. _____
	.00	.00
16. Interest income	16A. _____	16B. _____
	.00	.00
17. Ordinary dividends	17A. _____	17B. _____
	.00	.00
18. Royalties	18A. _____	18B. _____
	.00	.00
19. Net short-term capital gain (loss)	19A. _____	19B. _____
	.00	.00
20. Net long-term capital gain (loss)	20A. _____	20B. _____
	.00	.00
21. Net I.R.C. § 1231 gain (loss)	21A. _____	21B. _____
	.00	.00
22. Other income (loss) (include statement).	22A. _____	22B. _____
	.00	.00
23. I.R.C. § 179 expense deduction	23A. _____	23B. _____
	.00	.00
24. Other expense deductions (include statement)	24A. _____	24B. _____
	.00	.00
25. Recategorized income to/from Schedule BI-477, Part III	25A. _____	25B. _____
	.00	.00
26. Recategorized income to/from Schedule BI-477, Part I	26A. _____	26B. _____
	.00	.00
27. Total distributive share (see instructions).	27A. _____ 2000000	27B. _____ 100000
	.00	.00

Entity Name (same as on Form BI-471)	
ENGINEERING LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008098	20251231



PART IV OTHER DISTRIBUTIONS TO OWNERS

28. Exempt income - Vermont income not characterized as Unrelated Business Income (UBI) for federal purposes (tax-exempt entities only) 28. _____ .00
29. Vermont income tax withheld on behalf of owner 29. _____ .00
30. Vermont income tax withheld by a lower-tier pass-through entity 30. _____ .00
31. Total Vermont annual real estate withholding payments withheld on behalf of owner 31. _____ .00
32. Total Vermont composite income tax paid on behalf of owner 32. _____ .00
33. Capital gain eligible for exclusion 33. _____ .00

PART V OWNER'S DISTRIBUTIVE SHARE OF VERMONT SALES AND RECEIPTS FACTOR (CORPORATE AND PASS-THROUGH ENTITY OWNERS)

A. Everywhere

B. Vermont

34. Total gross receipts 34A. _____ .00 34B. _____ .00

PART VI REPORTING OWNER'S DISTRIBUTIVE SHARE OF OTHER APPORTIONMENT FACTORS (CORPORATE AND PASS-THROUGH ENTITY OWNERS)

A. Everywhere

B. Vermont

35. Payroll 35A. _____ .00 35B. _____ .00
36. Property 36A. _____ .00 36B. _____ .00

PART VII COMPLEX STRUCTURES: DISTRIBUTIVE SHARE OF SEPARATE SOURCE INCOME AND ADJUSTMENTS FROM LOWER-TIER PASS-THROUGHS WITH NO UNITARY RELATIONSHIP

A. Everywhere

B. Vermont

37. Lower-Tier Separate Source Income (see instructions) 37A. _____ .00 37B. _____ .00
38. Vermont Adjustments for Separate Source Income (see instructions) 38A. _____ .00 38B. _____ .00

PART VIII OTHER INFORMATION PROVIDED BY PASS-THROUGH

39. Additional Information _____
40. Additional Information _____
41. Additional Information _____
42. Additional Information _____
43. Additional Information _____

2025 Schedule K-1VT**Vermont Shareholder, Partner, or
Member Information**

* 2 5 K 1 V 1 1 0 0 *

**This schedule is REQUIRED.
Include with Form BI-471**

Entity Name (same as on Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
ENGINEERING LLC	20251231	400008098

HEADER INFORMATION - REQUIRED ENTRIES

Entity Name (Shareholder, Partner, or Member)			FEIN	
OR	Individual Last Name (Shareholder, Partner, or Member)		First Name	Initial
	ENGINEER		RON	
Address				
79 BOW ST				
Address, Line 2 (if needed)				
City		State	ZIP Code	
FREEPORT		ME	04032	
Foreign Country (if not United States)				
OR			Social Security Number	
			008727272	
Recipient Type (I, C, S, L, P, X, or T)			<input checked="" type="checkbox"/> I	
Residency Status				
<input type="checkbox"/> Vermont Resident			<input checked="" type="checkbox"/> Nonresident	
Special Allocations (see instructions)				
<input type="checkbox"/>				

PART I PASS-THROUGH ENTITY INFORMATION

1. Capital / Ownership percentage 1. 80 . 000000 %
2. Profit percentage 2. 80 . 000000 %
3. Loss percentage 3. 80 . 000000 %
4. Distributive share percentage (see instructions). 4. 80 . 000000 %
5. Disregarded entity (single-member LLC or Qualified Subchapter S subsidiary)? . . . 5. ☐ Yes ☒ No

Provide FEIN or SSN _____

6. Is this partner a member of a complex structure (see instructions)? 6. ☐ Yes ☒ No
7. Did this entity pay tax on this income as part of a composite return? 7. ☒ Yes ☐ No

PART II DISTRIBUTIVE SHARE OF VERMONT ADJUSTMENTSEnter all amounts in whole dollars.

	A. Everywhere	B. Vermont
8a. Bonus depreciation adjustment (apportionable items) 8aA.	<u>.00</u>	8aB. <u>.00</u>
8b. Bonus depreciation adjustment (non-apportionable items). 8bA.	<u>.00</u>	8bB. <u>.00</u>
9. Other Additions (include statement) 9A.	<u>.00</u>	9B. <u>.00</u>
10. Other Subtractions (include statement) 10A.	<u>.00</u>	10B. <u>.00</u>

2025 Schedule K-1VT

Page 1 of 3

Rev. 10/25

Entity Name (same as on Form BI-471)	
ENGINEERING LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008098	20251231



FOR TRUST, CORPORATE, AND PASS-THROUGH PARTNERS ONLY:

11a. SALT Add-back (apportionable items)	11aA. _____	.00	11aB. _____	.00
11b. SALT Add-back (non-apportionable items).	11bA. _____	.00	11bB. _____	.00

PART III DISTRIBUTIVE SHARE OF VERMONT SOURCE INCOME

	A. Everywhere	B. Vermont
12. Ordinary business income (loss).	12A. _____ 2000000	12B. _____ 400000
	.00	.00
13. Net rental real estate income (loss).	13A. _____	13B. _____
	.00	.00
14. Other net rental income (loss)	14A. _____	14B. _____
	.00	.00
15a. Guaranteed payments for services	15aA. _____	15aB. _____
	.00	.00
15b. Guaranteed payments for capital	15bA. _____	15bB. _____
	.00	.00
16. Interest income	16A. _____	16B. _____
	.00	.00
17. Ordinary dividends	17A. _____	17B. _____
	.00	.00
18. Royalties	18A. _____	18B. _____
	.00	.00
19. Net short-term capital gain (loss)	19A. _____	19B. _____
	.00	.00
20. Net long-term capital gain (loss)	20A. _____	20B. _____
	.00	.00
21. Net I.R.C. § 1231 gain (loss)	21A. _____	21B. _____
	.00	.00
22. Other income (loss) (include statement). 22A.	_____	22B. _____
	.00	.00
23. I.R.C. § 179 expense deduction	23A. _____	23B. _____
	.00	.00
24. Other expense deductions (include statement)	24A. _____	24B. _____
	.00	.00
25. Recategorized income to/from Schedule BI-477, Part III	25A. _____	25B. _____
	.00	.00
26. Recategorized income to/from Schedule BI-477, Part I	26A. _____	26B. _____
	.00	.00
27. Total distributive share (see instructions).	27A. _____ 2000000	27B. _____ 400000
	.00	.00

Entity Name (same as on Form BI-471)	
ENGINEERING LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008098	20251231



PART IV OTHER DISTRIBUTIONS TO OWNERS

28. Exempt income - Vermont income not characterized as Unrelated Business Income (UBI) for federal purposes (tax-exempt entities only) 28. _____ .00
29. Vermont income tax withheld on behalf of owner 29. _____ .00
30. Vermont income tax withheld by a lower-tier pass-through entity 30. _____ .00
31. Total Vermont annual real estate withholding payments withheld on behalf of owner 31. _____ .00
32. Total Vermont composite income tax paid on behalf of owner 32. _____ .00
33. Capital gain eligible for exclusion 33. _____ .00

PART V OWNER'S DISTRIBUTIVE SHARE OF VERMONT SALES AND RECEIPTS FACTOR (CORPORATE AND PASS-THROUGH ENTITY OWNERS)

A. Everywhere

B. Vermont

34. Total gross receipts 34A. _____ .00 34B. _____ .00

PART VI REPORTING OWNER'S DISTRIBUTIVE SHARE OF OTHER APPORTIONMENT FACTORS (CORPORATE AND PASS-THROUGH ENTITY OWNERS)

A. Everywhere

B. Vermont

35. Payroll 35A. _____ .00 35B. _____ .00
36. Property 36A. _____ .00 36B. _____ .00

PART VII COMPLEX STRUCTURES: DISTRIBUTIVE SHARE OF SEPARATE SOURCE INCOME AND ADJUSTMENTS FROM LOWER-TIER PASS-THROUGHS WITH NO UNITARY RELATIONSHIP

A. Everywhere

B. Vermont

37. Lower-Tier Separate Source Income (see instructions) 37A. _____ .00 37B. _____ .00
38. Vermont Adjustments for Separate Source Income (see instructions) 38A. _____ .00 38B. _____ .00

PART VIII OTHER INFORMATION PROVIDED BY PASS-THROUGH

39. Additional Information _____
40. Additional Information _____
41. Additional Information _____
42. Additional Information _____
43. Additional Information _____

Test 4

Required Vermont Forms/Schedules: CO-411, BA-402, BA-404, CO-419, CO-420 (x 2)

Taxpayer(s) Information:

Entity Name: Falling Leaves Inc
Federal Employer ID: 40-0008087
Federal Extension Requested: Y
Primary 6-digit NAICS #: 522110
Unitary: Y
Mailing Address: 108 River St
City: Bloomsburg
State: PA
Zip Code: 17815
Country: USA

Tax Year Begin Date: Jan-01-2025
Tax Year End Date: Dec-31-2025
Federal Return Filed: 1120
of companies in VT Unitary Group: 108
of companies with VT Nexus: 10

Return Information:**CO-411**

Federal Taxable Income: \$10,764,520
Special Deductions Federal: \$(275,460)
Other VT adjustments to Combined Net Income: \$(135,205)
Bonus Depreciation Adjustment: \$560,732
Interest on non-VT State & Local Obligations: \$5,350
State & Local Income or Franchise Taxes: \$203,440
Foreign dividends: \$227,325

BA-402

Everywhere Foreign dividends: \$227,325
VT foreign dividends: \$3,369
Everywhere Sales or Gross Receipts: \$1,267,575
Sales of Services to Vermont: \$26,892
Everywhere Royalties: \$492,200
Everywhere Salaries and wages: \$579,918
VT salaries and wages: \$4,672
Everywhere Inventories: \$2,231,752

BA-404

Previous Year R&D: \$ 2,000
Current Year R&D: \$ 5,000

R&D Used Current Year: \$ 828
Amount carried forward: \$ 6,172

CO-419

Everywhere Total income, sales, gross receipts: \$1,759,775
Vermont Total income, sales, gross receipts: \$26,892
Sales increment: \$55,000
Adjusted sales increment: \$1,814,775
VT foreign dividends: \$3,369

CO-420 (one of two)

Foreign Affiliate 1 Name: One
Foreign Affiliate 1 FEIN: 44-5566778
Dividends Paid: \$113,662
Taxable income: \$113,662
Sales or gross receipts: \$35,000

CO-420 (two of two)

Foreign Affiliate 2 Name: Two
Foreign Affiliate 2 FEIN: 88-7766554
Dividends Paid: \$113,662
Taxable income: \$113,662
Sales or gross receipts: \$20,000

2025 Form CO-411**Vermont Corporate Income Tax Return**

* 2 5 4 1 1 1 1 0 0 *

Check Appropriate Box(es)	<input type="checkbox"/> Name Change	<input type="checkbox"/> Accounting Period Change	<input checked="" type="checkbox"/> Extended Return	<input checked="" type="checkbox"/> Unitary	<input type="checkbox"/> PL 86-272 is Applicable
	<input type="checkbox"/> Address Change	<input type="checkbox"/> Amended Return	<input checked="" type="checkbox"/> Federal Extension Requested	<input type="checkbox"/> RAR Amended	<input type="checkbox"/> Pro Forma - Cannabis
Entity Name (Principal Vermont Corporation)			FEIN		Primary 6-digit NAICS number
FALLING LEAVES INC			400008087		522110
Address			Tax year BEGIN date (YYYYMMDD)		Tax year END date (YYYYMMDD)
108 RIVER ST			20250101		20251231
Address (Line 2)			Number of companies in Vermont Unitary Group		Number of companies with Vermont Nexus
City	State	ZIP Code	Federal tax return filed (Check one box) <input checked="" type="checkbox"/> 1120 <input type="checkbox"/> 1120-F <input type="checkbox"/> 990-T <input type="checkbox"/> 1120-H <input type="checkbox"/> Other		
BLOOMSBURG	PA	17815			
Foreign Country					

Enter all amounts in whole dollars.

- 1. FEDERAL TAXABLE INCOME** (federal Form 1120, Line 28, as filed) **1.** 10764520 **.00**
- 1a.** Special Deductions as filed with IRS (federal Form 1120, Line 29b) **1a.** -275460 **.00**
- 1b.** Income/Loss from unitary members **included** in Vermont combined group **1b.** **.00**
- 1c.** Income/Loss from affiliated entities filed in the above federal consolidated returns but **excluded** from Vermont combined group **1c.** **.00**
- 1d.** Special Deductions: Vermont adjustments to federal special deductions **1d.** **.00**
- 1e.** Eliminations: Vermont adjustments to federal eliminations **1e.** **.00**
- 1f.** Other: Other Vermont adjustments to Combined Net Income (charitable expenses, etc.) **1f.** -135205 **.00**
- 1g.** Federal Taxable Income as Adjusted for Combined Net Income (ADD Lines 1 through 1f) **1g.** 10353855 **.00**
- 2.** Bonus Depreciation Adjustment (see instructions) **2.** 560732 **.00**
- 3.** Federal Taxable Income as Adjusted for Combined Net Income and Bonus Depreciation (ADD Lines 1g and 2) **3.** 10914587 **.00**
- 4. ADD**
- 4a.** Interest on non-Vermont state and local obligations . . **4a.** 5350 **.00**
- 4b.** State and local income or franchise taxes **4b.** 203440 **.00**

Check box if exception to minimum tax applies:☐ SMALL FARM CORPORATION (\$75 minimum)☐ NO VERMONT ACTIVITY (\$0)☐ HOMEOWNER'S / CONDO ASSOC. (Federal Form 1120-H only) (\$0)

Entity Name	
FALLING LEAVES INC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008087	20251231



LESS

4c. Non-Appportionable Income or loss allocated everywhere (Schedule BA-402, Line 1a, or leave blank)	4c.	_____	.00
4d. Foreign dividends received.	4d.	227325	.00
4e. Interest on U.S. Government obligations.	4e.	_____	.00
4f. "Gross Up" required by IRC § 78 and other excludable income	4f.	_____	.00
4g. Targeted Job Credit salary and wage expense addback.	4g.	_____	.00
5. NET APPORTIONABLE INCOME (ADD Lines 3, 4a, and 4b, then SUBTRACT Lines 4c through 4g.)	5.	10896052	.00
6. Vermont Percentage (Schedule BA-402, Line 14, or 100.000000%) Enter percentage with six places to the right of the decimal point.	6.	1.528150	%
7. Income Apportioned to Vermont (MULTIPLY Line 5 by Line 6)	7.	166508	.00
8. Non-Appportionable Income to Vermont (Schedule BA-402, Line 1B)	8.	_____	.00
9. Foreign Dividends Allocated to Vermont (Schedule BA-402, Line 2B)	9.	3369	.00
10. Net Vermont Income Allocated and Apportioned to Vermont (ADD Lines 7 through 9)	10.	169877	.00
11. Vermont Net Operating Loss deduction applied (Attach schedule).	11.	_____	.00
12. Vermont Net taxable income for this entity (Line 10 MINUS Line 11).	12.	169887	.00
13. Vermont Tax. Calculate Vermont tax due on Line 12 amount using the Tax Computation Schedule below	13.	13956	.00
14. Credits (Schedule BA-404, Column C, Line 10)	14.	_____	.00
15. Use Tax for taxable items on which no sales tax was charged, including online purchases	15.	_____	.00
16. Tax Due for this entity (Line 13 MINUS Line 14, then ADD Line 15)	16.	13965	.00
17. Gross Receipts (For purpose of minimum tax calculation. See instructions)	17.	_____	.00

TAX COMPUTATION SCHEDULE

(Effective for taxable periods beginning January 1, 2023)

IF VERMONT NET INCOME (Line 12) IS	TAX IS
\$10,000 or less	6.00%
\$10,001 to \$25,000	\$600 plus 7.00% of excess over \$10,000
\$25,001 and over	\$1,650 plus 8.50% of excess over \$25,000

IF VERMONT GROSS RECEIPTS ARE	MINIMUM TAX IS
\$500,000 or less	\$100
\$500,001 to 1,000,000	\$500
\$1,000,001 to \$5,000,000	\$2,000
\$5,000,001 to \$300,000,000	\$6,000
\$300,000,001 and over	\$100,000

File the return on the due date required under the Internal Revenue Code, unless extended.

Pay by the due date required under the Internal Revenue Code, even if the return is extended.

Corporations with liabilities over \$500, see instructions for estimated payments on Vermont Form CO-414.

2025 Schedule BA-402**Vermont Apportionment & Allocation**

Include with Form CO-411

Entity Name (same as on Form CO-411)	Fiscal Year Ending (YYYYMMDD)	FEIN
FALLING LEAVES INC	20251231	400008087

PART I Non-Apportionable Income and Foreign Dividends

Enter all amounts in WHOLE DOLLARS.

A. Everywhere**B. Vermont**

1. Non-Apportionable Income **1A.** _____ **.00** **1B.** _____ **.00**
2. Foreign Dividends **2A.** 227325 **.00** **2B.** 3369 **.00**

PART II Sales and Receipts Factor**Section A Sales and Receipts Factor****A. Everywhere****B. Vermont**

3. Sales or gross receipts **3A.** 1267575 **.00**
4. Sales of Services received in or delivered to Vermont. **4B.** 26892 **.00**
5. Sales of tangible personal property delivered or shipped to
purchasers in Vermont from outside Vermont. **5B.** _____ **.00**
6. Sales of tangible personal property delivered or shipped to
purchasers in Vermont from within Vermont **6B.** _____ **.00**
7. Special Industries **7B.** _____ **.00**
8. Apportionable interest and
dividends. **8A.** _____ **.00** **8B.** _____ **.00**
9. Factors from pass through
entities. **9A.** _____ **.00** **9B.** _____ **.00**
10. Royalties **10A.** 492200 **.00** **10B.** _____ **.00**
11. Gross rents **11A.** _____ **.00** **11B.** _____ **.00**
12. Other apportionable income (attach
detailed supporting statement) . **12A.** _____ **.00** **12B.** _____ **.00**
13. Total INCOME, SALES, AND
GROSS RECEIPTS (ADD
Lines 3 through 12). **13A.** 1759775 **.00** **13B.** 26892 **.00**
14. Vermont Sales and Receipts factor as percent of Everywhere. (DIVIDE Line 13B
by Line 13A. MULTIPLY the result by 100 and carry the result out to
the sixth decimal place.) Enter this figure on Form CO-411, Line 6. **14.** 1.528150 **%**

2025 Schedule BA-402Page 1 of 2
Rev. 10/25

Entity Name (same as on Form CO-411 or Form BI-471)	
FALLING LEAVES INC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008087	20251231



Section B Salaries and Wages Factor (Informational purposes only)

A. Everywhere

B. Vermont

15. Total Salaries and Wages 15A. 579918 .00 15b. 4672 .00

Section C Property Factor (Average value during year) (Informational purposes only)

A. Everywhere

B. Vermont

16. Inventories 16A. 2231752 .00 16B. _____ .00

17. Buildings and other depreciable
assets (original cost) 17A. _____ .00 17B. _____ .00

18. Depletable assets (original cost) 18A. _____ .00 18B. _____ .00

19. Land 19A. _____ .00 19B. _____ .00

20. Other assets (Attach schedule) . 20A. _____ .00 20B. _____ .00

21. Rented real and personal property
(Multiply annual rent by 8). . . . 21A. _____ .00 21B. _____ .00

22. Total PROPERTY (Add
Lines 16 through 21). 22A. 2231752 .00 22B. _____ .00

2025 Schedule BA-404**Vermont Tax Credits Earned, Applied,
Expired, and Carried Forward**

Include with Form CO-411
or Form BI-471
or Form BI-476

PRINT in BLUE or BLACK INK

Enter all amounts in whole dollars.

Entity Name (same as on Form CO-411, Form BI-471, or Form BI-476)	Fiscal Year Ending (YYYYMMDD)	FEIN
FALLING LEAVES INC	20251231	400008087

	(A) Amount Carried Forward from Prior Years	(B) Amount Earned Current Year	(C) Amount Applied Current Year	(D) Amount Carried Forward to Future Years
1. Research and Development (32 V.S.A. § 5930ii)	2000	5000	828	6172
2. Charitable Housing (32 V.S.A. § 5830c)				
3. Affordable Housing (32 V.S.A. § 5930u)				
4. Qualified Sale of Mobile Home Park (32 V.S.A. § 5828)				
5. Code Improvement (32 V.S.A. § 5930cc(c))				
6. Historic Rehabilitation (32 V.S.A. § 5930cc(a))				
7. Facade Improvement (32 V.S.A. § 5930cc(b))				
8. Investment Tax Credit - Solar Energy (32 V.S.A. § 5822(d))				
9. Investment Tax Credit - Other (32 V.S.A. § 5822(d))				
10. TOTAL FOR ALL CREDITS (ADD Lines 1 through 9)	2000	5000	828	6172

2025 Schedule CO-419**Vermont Apportionment of Foreign Dividends
(for Unitary Filers Only)**

* 2 5 4 1 9 1 1 0 0 *

Include with Form CO-411

Entity Name (same as on Form CO-411)	Fiscal Year Ending (YYYYMMDD)	FEIN
FALLING LEAVES INC	20251231	400008087

	Column A EVERYWHERE (Denominator)	Column B VERMONT (Numerator)	Column C Vermont as portion of EVERYWHERE
1. Total Income, Sales, and Gross Receipts (Schedule BA-402, Lines 13A and 13B). . . . 1A.	1759775 .00	1B.	26892 .00
2. Sales Increment (ADD Both Lines 10 from all attached Schedules CO-420). . . . 2A.	55000 .00		
3. Adjusted Sales Increment (ADD Lines 1A and 2A) 3A.	1814775 .00		
4. Modified Sales Factor (DIVIDE Line 1B by Line 3A. MULTIPLY the result by 100 and carry the result out to the sixth decimal place.) 4.			1 . 481837 %
5. FOREIGN DIVIDENDS as defined in Reg. § 1.5862(d). (Schedule BA-402, Line 2A) 5.			227325 .00
6. VERMONT FOREIGN DIVIDENDS TAXABLE INCOME (MULTIPLY Line 5 by Line 4). Enter onto Schedule BA-402, Line 2B and Form CO-411, Line 9. 6.			3369 .00

2025 Schedule CO-420

* 2 5 4 2 0 1 1 0 0 *

Vermont Foreign Dividend Factor Increments
(for Unitary Filers only)

Complete for each dividend payor affiliate.
 More than one Schedule CO-420 may be attached.

Include with Form CO-411
 Enter all amounts in WHOLE DOLLARS.

Entity Name (same as on Form CO-411)	Fiscal Year Ending (YYYYMMDD)	FEIN
FALLINGS LEAVES INC	20251231	400008087

Affiliate #1

Name of Affiliate	Affiliate's FEIN
ONE	445566778

1. Dividend paid 1. 113662 .00
2. Taxable Income 2. 113662 .00
3. Percentage of taxable income paid as dividend **(DIVIDE Line 1 by Line 2.**
MULTIPLY the result by 100, carry the result out to the sixth decimal place.)
 If taxable income is \$0 or less, enter 100.000000% 3. 100 .000000 %
4. Sales or gross receipts 4. 35000 .00
5. Business interest 5. _____ .00
6. Royalties 6. _____ .00
7. Gross rents 7. _____ .00
8. Other business income 8. _____ .00
9. TOTAL INCOME, SALES, AND GROSS RECEIPTS
(ADD Lines 4 through 8) 9. 35000 .00
10. Sales and Receipts Increment **(MULTIPLY Line 9 by Line 3)** 10. 35000 .00

Affiliate #2

Name of Affiliate	Affiliate's FEIN
TWO	887766554

1. Dividend paid 1. 113662 .00
2. Taxable Income 2. 113662 .00
3. Percentage of taxable income paid as dividend **(DIVIDE Line 1 by Line 2.**
MULTIPLY the result by 100, carry the result out to the sixth decimal place.)
 If taxable income is \$0 or less, enter 100.000000% 3. 100 .000000 %
4. Sales or gross receipts 4. 20000 .00
5. Business interest 5. _____ .00
6. Royalties 6. _____ .00
7. Gross rents 7. _____ .00
8. Other business income 8. _____ .00
9. TOTAL INCOME, SALES, AND GROSS RECEIPTS
(ADD Lines 4 through 8) 9. 20000 .00
10. Sales and Receipts Increment **(MULTIPLY Line 9 by Line 3)** 10. 20000 .00

Test 5

Required Vermont Forms/Schedules: CO-411, BA-402, BA-404 & BA-410

Taxpayer(s) Information:

Entity Name: Robotics Inc.
Federal Employer ID: 40-0008693
Primary 6-digit NAICS #: 541715
Mailing Address: 1776 Independence Rd.
City: Norwich
State: VT
Zip Code: 05055
Country: USA
Extended Return: Y
Tax Year Begin Date: Jan-01-2025
Tax Year End Date: Dec-31-2025
Federal Return Filed: 1120
of companies in VT Unitary Group: 4
of companies with VT Nexus: 1

Return Information:

Federal Taxable Income: \$ 12,452,620.00	Affiliate 2 Name: Bears Inc
Bonus Depreciation Adjustment: - \$ 1,445,250	Affiliate 2 FEIN: 40-0008002
State and local income or franchise taxes: \$505,575	Unitary Member? Y
Sales & Gross Receipts: \$ 12,500.00	Disregarded Entity? Y
	Pass-through Entity? N
	Vermont Nexus: N

Sales or gross receipts: \$552,650.00

Sales of Services received in
or delivered to Vermont: \$12,500.00

Business interest: \$772,000.00

Salaries and Wages: \$452,500.00

VT Salaries and Wages: \$22,722.00

Buildings & other depreciable assets: \$527,500.00

Research & Development: \$ 5,500.00

Affiliate 3 Name: Bobs Auto Inc

Affiliate 3 FEIN: 40-0008003

Unitary Member? Y

Disregarded Entity? N

Pass-through Entity? N

Vermont Nexus: Y

Affiliate 1 Name: Mechanics LLC

Affiliate 1 FEIN: 40-0008001

Unitary Member? Y

Disregarded Entity? N

Pass-through Entity? Y

Vermont Nexus: N

2025 Form CO-411

Vermont Corporate Income Tax Return



* 2 5 4 1 1 1 1 0 0 *

Check Appropriate Box(es)	<input type="checkbox"/> Name Change	<input type="checkbox"/> Accounting Period Change	<input checked="" type="checkbox"/> Extended Return	<input checked="" type="checkbox"/> Unitary	<input type="checkbox"/> PL 86-272 is Applicable
	<input type="checkbox"/> Address Change	<input type="checkbox"/> Amended Return	<input type="checkbox"/> Federal Extension Requested	<input type="checkbox"/> RAR Amended	<input type="checkbox"/> Pro Forma - Cannabis
	<input type="checkbox"/> Final Return (Cancels Account)				

Entity Name (Principal Vermont Corporation)			FEIN	Primary 6-digit NAICS number
ROBOTICS INC			400008693	541715
Address			Tax year BEGIN date (YYYYMMDD)	Tax year END date (YYYYMMDD)
1776 INDEPENDENCE RD			20250101	20251231
Address (Line 2)			Number of companies in Vermont Unitary Group	Number of companies with Vermont Nexus
City	State	ZIP Code		
NORWICH	VT	05055		
Foreign Country				

Federal tax return filed (Check one box)	<input checked="" type="checkbox"/> 1120	<input type="checkbox"/> 1120-F	<input type="checkbox"/> 990-T
	<input type="checkbox"/> 1120-H	<input type="checkbox"/> Other	

Enter all amounts in whole dollars.

1. FEDERAL TAXABLE INCOME (federal Form 1120, Line 28, as filed) 1. 12452620 .00
- 1a. Special Deductions as filed with IRS
(federal Form 1120, Line 29b) 1a. _____ .00
- 1b. Income/Loss from unitary members included in
Vermont combined group 1b. _____ .00
- 1c. Income/Loss from affiliated entities filed in the
above federal consolidated returns but excluded
from Vermont combined group 1c. _____ .00
- 1d. Special Deductions: Vermont adjustments to
federal special deductions 1d. _____ .00
- 1e. Eliminations: Vermont adjustments to
federal eliminations 1e. _____ .00
- 1f. Other: Other Vermont adjustments to Combined
Net Income (charitable expenses, etc.) 1f. _____ .00
- 1g. Federal Taxable Income as Adjusted for Combined Net Income
(ADD Lines 1 through 1f) 1g. 12452620 .00
2. Bonus Depreciation Adjustment (see instructions) 2. -1445250 .00
3. Federal Taxable Income as Adjusted for Combined Net Income and
Bonus Depreciation (ADD Lines 1g and 2) 3. 11007370 .00
4. ADD
- 4a. Interest on non-Vermont state and local obligations .. 4a. _____ .00
- 4b. State and local income or franchise taxes 4b. 505575 .00

Check box if exception
to minimum tax applies:☐ SMALL FARM CORPORATION
(\$75 minimum)☐ NO VERMONT ACTIVITY
(\$0)☐ HOMEOWNER'S / CONDO ASSOC.
(Federal Form 1120-H only) (\$0)

Entity Name	
ROBOTICS INC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008693	20251231



LESS

4c. Non-Appportionable Income or loss allocated everywhere (Schedule BA-402, Line 1a, or leave blank)	4c.	_____	.00
4d. Foreign dividends received.	4d.	_____	.00
4e. Interest on U.S. Government obligations.	4e.	_____	.00
4f. "Gross Up" required by IRC § 78 and other excludable income	4f.	_____	.00
4g. Targeted Job Credit salary and wage expense addback.	4g.	_____	.00
5. NET APPORTIONABLE INCOME (ADD Lines 3, 4a, and 4b, then SUBTRACT Lines 4c through 4g.)	5.	11512945	.00
6. Vermont Percentage (Schedule BA-402, Line 14, or 100.000000%) Enter percentage with six places to the right of the decimal point.	6.	0.943645	%
7. Income Apportioned to Vermont (MULTIPLY Line 5 by Line 6)	7.	108641	.00
8. Non-Appportionable Income to Vermont (Schedule BA-402, Line 1B)	8.	_____	.00
9. Foreign Dividends Allocated to Vermont (Schedule BA-402, Line 2B)	9.	_____	.00
10. Net Vermont Income Allocated and Apportioned to Vermont (ADD Lines 7 through 9)	10.	108641	.00
11. Vermont Net Operating Loss deduction applied (Attach schedule).	11.	_____	.00
12. Vermont Net taxable income for this entity (Line 10 MINUS Line 11).	12.	108641	.00
13. Vermont Tax. Calculate Vermont tax due on Line 12 amount using the Tax Computation Schedule below	13.	8759	.00
14. Credits (Schedule BA-404, Column C, Line 10)	14.	_____	.00
15. Use Tax for taxable items on which no sales tax was charged, including online purchases	15.	_____	.00
16. Tax Due for this entity (Line 13 MINUS Line 14, then ADD Line 15)	16.	8759	.00
17. Gross Receipts (For purpose of minimum tax calculation. See instructions)	17.	12500	.00

TAX COMPUTATION SCHEDULE

(Effective for taxable periods beginning January 1, 2023)

IF VERMONT NET INCOME (Line 12) IS	TAX IS
\$10,000 or less	6.00%
\$10,001 to \$25,000	\$600 plus 7.00% of excess over \$10,000
\$25,001 and over	\$1,650 plus 8.50% of excess over \$25,000

IF VERMONT GROSS RECEIPTS ARE	MINIMUM TAX IS
\$500,000 or less	\$100
\$500,001 to 1,000,000	\$500
\$1,000,001 to \$5,000,000	\$2,000
\$5,000,001 to \$300,000,000	\$6,000
\$300,000,001 and over	\$100,000

File the return on the due date required under the Internal Revenue Code, unless extended.

Pay by the due date required under the Internal Revenue Code, even if the return is extended.

Corporations with liabilities over \$500, see instructions for estimated payments on Vermont Form CO-414.

2025 Schedule BA-402**Vermont Apportionment & Allocation**

* 2 5 4 0 2 1 1 0 0 *

Include with Form CO-411

Entity Name (same as on Form CO-411)	Fiscal Year Ending (YYYYMMDD)	FEIN
ROBOTICS INC	20251231	400008693

PART I Non-Apportionable Income and Foreign Dividends

Enter all amounts in WHOLE DOLLARS.

A. Everywhere**B. Vermont**

- | | | | | |
|-------------------------------------|------------------|------------|------------------|------------|
| 1. Non-Apportionable Income | 1A. _____ | .00 | 1B. _____ | .00 |
| 2. Foreign Dividends | 2A. _____ | .00 | 2B. _____ | .00 |

PART II Sales and Receipts Factor**Section A Sales and Receipts Factor****A. Everywhere****B. Vermont**

- | | | | | |
|--|-------------------|--------------------|-------------------|------------------|
| 3. Sales or gross receipts | 3A. _____ | 552650 .00 | | |
| 4. Sales of Services received in or delivered to Vermont. | 4B. _____ | | 12500 .00 | |
| 5. Sales of tangible personal property delivered or shipped to
purchasers in Vermont from outside Vermont. | 5B. _____ | | .00 | |
| 6. Sales of tangible personal property delivered or shipped to
purchasers in Vermont from within Vermont | 6B. _____ | | .00 | |
| 7. Special Industries | 7B. _____ | | .00 | |
| 8. Apportionable interest and
dividends. | 8A. _____ | 772000 .00 | 8B. _____ | .00 |
| 9. Factors from pass through
entities. | 9A. _____ | .00 | 9B. _____ | .00 |
| 10. Royalties | 10A. _____ | .00 | 10B. _____ | .00 |
| 11. Gross rents | 11A. _____ | .00 | 11B. _____ | .00 |
| 12. Other apportionable income (attach
detailed supporting statement) . | 12A. _____ | .00 | 12B. _____ | .00 |
| 13. Total INCOME, SALES, AND
GROSS RECEIPTS (ADD
Lines 3 through 12). | 13A. _____ | 1324650 .00 | 13B. _____ | 12500 .00 |
| 14. Vermont Sales and Receipts factor as percent of Everywhere. (DIVIDE Line 13B
by Line 13A. MULTIPLY the result by 100 and carry the result out to
the sixth decimal place.) Enter this figure on Form CO-411, Line 6. | 14. _____ | | 0 .943645 | % |

2025 Schedule BA-402

Page 1 of 2

Rev. 10/25

Entity Name (same as on Form CO-411 or Form BI-471)	
ROBOTICS INC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008693	20251231



Section B Salaries and Wages Factor (Informational purposes only)

	A. Everywhere	B. Vermont
15. Total Salaries and Wages 15A.	452500 .00	15b. 22722 .00

Section C Property Factor (Average value during year) (Informational purposes only)

	A. Everywhere	B. Vermont
16. Inventories 16A.	.00	16B. .00
17. Buildings and other depreciable assets (original cost) 17A.	527500 .00	17B. .00
18. Depletable assets (original cost) 18A.	.00	18B. .00
19. Land 19A.	.00	19B. .00
20. Other assets (Attach schedule) . 20A.	.00	20B. .00
21. Rented real and personal property (Multiply annual rent by 8). . . . 21A.	.00	21B. .00
22. Total PROPERTY (Add Lines 16 through 21). 22A.	527500 .00	22B. .00

2025 Schedule BA-404**Vermont Tax Credits Earned, Applied,
Expired, and Carried Forward**

* 2 5 4 0 4 1 1 0 0 *

Include with Form CO-411
or Form BI-471
or Form BI-476

PRINT in BLUE or BLACK INK

Enter all amounts in whole dollars.

Entity Name (same as on Form CO-411, Form BI-471, or Form BI-476)	Fiscal Year Ending (YYYYMMDD)	FEIN
ROBOTICS INC	20251231	400008693

	(A) Amount Carried Forward from Prior Years	(B) Amount Earned Current Year	(C) Amount Applied Current Year	(D) Amount Carried Forward to Future Years
1. Research and Development (32 V.S.A. § 5930ii)		5500		5500
2. Charitable Housing (32 V.S.A. § 5830c)				
3. Affordable Housing (32 V.S.A. § 5930u)				
4. Qualified Sale of Mobile Home Park (32 V.S.A. § 5828)				
5. Code Improvement (32 V.S.A. § 5930cc(c))				
6. Historic Rehabilitation (32 V.S.A. § 5930cc(a))				
7. Facade Improvement (32 V.S.A. § 5930cc(b))				
8. Investment Tax Credit - Solar Energy (32 V.S.A. § 5822(d))				
9. Investment Tax Credit - Other (32 V.S.A. § 5822(d))				
10. TOTAL FOR ALL CREDITS (ADD Lines 1 through 9)				

2025 Schedule BA-410**Vermont Corporate and Business
Income Tax Affiliation**

* 2 5 4 1 0 1 1 0 0 *

**Include with Form CO-411
or Form BI-471****REQUIRED FOR COMBINED AND CONSOLIDATED RETURNS****Please provide information for all affiliates/subsidiaries/entities contributing income/activity to Vermont Unitary Group.**

Entity Name (same as on Form CO-411 or Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
ROBOTICS INC	20251231	400008693

Affiliate Name	FEIN	Unitary group member? ("Y" or "N")	Disregarded entity? ("Y" or "N")	Pass-through entity directly owned? ("Y" or "N")	Has Vermont sales or activity? ("Y" or "N")
1. MECHANICS LLC	400008001	Y	N	Y	N
2. BEARS INC	400008002	Y	Y	N	N
3. BOBS AUTO INC	400008003	Y	N	N	Y
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

2025 Schedule BA-410**USE ADDITIONAL SCHEDULES, IF NECESSARY**Page 1 of 1
Rev. 10/25

Test 6**Required Vermont Forms/Schedules: BA-403****Taxpayer(s) Information:**

Entity Name: Spooky Inc.

Federal Employer ID: 40-0003213

Mailing Address: 100 Main St.

City: Montpelier

State: VT

Zip Code: 05602

Country: USA

Tax Year Begin Date: Jan-01-2025

Tax Year End Date: Dec-31-2025

Federal Return Filed: 1120

Consolidated or Group Return: Yes

Return Information:

Estimated Tax Liability: \$24,000.00

Previous payments: \$12,000.00

Tax due: \$12,000.00

Form BA-403**Application for Extension of Time to File
Vermont Corporate/Business Income Tax Returns**

- File this application on or before the due date of the Vermont Corporate Income Tax Return (Form CO-411) or Vermont Business Income Tax Return (Form BI-471 or Form BI-476).
- An extension of time to file a federal return automatically extends the time to file with Vermont until 30 days beyond the federal extension date. However, tax is due on the original due date.
- For businesses filing a Vermont Consolidated or Unitary Group return, the extension, payments and return must be submitted by the Vermont Parent or Principal Vermont Corporation (PVC), respectively, using their name and Federal Employee Identification Number. The Parent or PVC must have nexus in Vermont.

Entity Name			FEIN	
SPOOKY INC			400003213	
Address			Tax year BEGIN date (YYYYMMDD)	Tax year END date (YYYYMMDD)
100 MAIN ST			20250101	20251231
Address (Line 2)			<input checked="" type="checkbox"/> CONSOLIDATED OR GROUP RETURN TO BE FILED (1120 series) <input type="checkbox"/> COMPOSITE RETURN TO BE FILED (1120S or 1065)	
City	State	ZIP Code		
MONTPELIER	VT	05602		
Foreign Country (if not United States)				
Federal tax return to be filed (Check one box)			<input type="checkbox"/> 990 or 1120 series (EXCEPT for 1120S)	
			<input type="checkbox"/> 1120S	
			<input type="checkbox"/> 1065/1065-B	

CALCULATION OF TAX DUEEnter all amounts in whole dollars.

1. Estimated tax liability 1. 24000 .00
2. Previous payments 2. 12000 .00
3. **Amount of tax due with this application.**
 Line 1 minus Line 2. Do not enter negative value.
 Make check payable to **Vermont Department of Taxes**. 3. 12000 .00

An extension of time to file a Vermont corporate or business income tax return does not extend the time for paying the tax. Any tax due and unpaid by the original due date will bear interest at the statutory rate, and a penalty of 1% or 5% per month, up to a maximum of 25%. Returns filed after the due date without an authorized extension are subject to a late filing fee. The interest rate is set annually by the Commissioner of Taxes under 32 V.S.A. § 3108.

Mail to:

Vermont Department of Taxes
133 State Street
Montpelier, VT 05633-1401

Form BA-403
 Page 1 of 1
 Rev. 10/25

Test 7:

Required Vermont Forms/Schedules: WH-435 x 4

Taxpayer(s) Information:

Entity Name: Sit and Stew Inc

Federal Employer ID: 40-0003658

Mailing Address: 21 Church St

City: Woodsville

State: NH

Zip Code: 03785

Country: USA

Tax Year Begin Date: Jan-01-2026

Tax Year End Date: Dec-31-2026

Entity Type S-Corporation

Return Information:

1st Quarter: \$ 225.00

2nd Quarter: \$ 150.00

3rd Quarter: \$ 190.00

4th Quarter: \$ 320.00

Form WH-435

* 2 5 4 3 5 1 1 0 0 *

**Vermont Estimated Income Tax Payments
For Nonresident Shareholders, Partners, or Members**

DUE DATES (for calendar year filers): April 15, June 15, September 15 of the current year, and January 15 of the following calendar year, and at the "catch-up" date, if required. SEE INSTRUCTIONS.

DO NOT SUBMIT PAPER FORM IF FILING ELECTRONICALLY

Entity Name			FEIN	
SIT AND STEW INC			400003658	
Address			Tax year BEGIN date (YYYYMMDD)	Tax year END date (YYYYMMDD)
21 CHURCH ST			20260101	20261231
Address (Line 2)				
City	State	ZIP Code	Amount of this payment (Use WHOLE DOLLARS) If "\$0," DO NOT file..... <u>225.00</u>	
WOODSVILLE	NH	03785		
Foreign Country (if not United States)				

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

Phone: (802) 828-5723

Form WH-435

Page 1 of 1

Rev. 10/25

5454

FORM WH-435 Instructions

Vermont Estimated Income Tax Payments for Nonresident Shareholders, Partners, or Members

If no payment is due, DO NOT file Form WH-435.

NOTES

Pass-through entities are required to make estimated income tax payments on behalf of shareholders, partners, or members who are Vermont nonresidents. Estimated payments are due quarterly on the 15th day of the 4th, 6th, and 9th months of the fiscal year, and the 1st month of the following year (April, June, September, and January for a calendar-year entity).

The total required annual payment is calculated by applying the current rate of 6.6% to the Vermont-sourced income (including guaranteed partnership payments) distributed or allocable to nonresident shareholders, partners, or members. The income amount will be calculated on Schedule BI-472, Vermont Non-Composite, or Schedule BI-473, Vermont Composite.

A “safe harbor catch-up” payment may be made at the original (not extended) due date for the entity return. For “catch-up” payments, be sure to indicate the correct fiscal year to which the payment should be credited. Catch-up payments made after the original due date for the entity return will be subject to late payment penalties and interest. Late payment penalties and interest are separate and apart from underpayment penalties and interest and their accrual generally begins when the accrual period for underpayment penalties and interest ends. In order for the catch-up payment to be valid and to eliminate underpayment interest and penalty, the taxpayer must have made four quarterly payments sufficient to cover at least the lesser of 90% of the current year’s or 100% of the prior year’s tax liability.

If either the current or prior year total estimated payment amount is \$500 or less, then no underpayment interest and penalty is assessed, but a single payment by the fourth due date must be made.

All estimated payments will be distributed to nonresident shareholders, partners, and members, or applied to entity composite tax, as directed on Form BI-471, Business Income Tax Return, that is filed annually.

Review **32 V.S.A. §§ 5914 & 5920**, and **Technical Bulletin TB-06**, Estimated Payments by S Corporations, Partnerships, and Limited Liability Companies on Behalf of Shareholders, Partners, and Members, for details. Information is available at tax.vermont.gov

INSTRUCTIONS

- Print in blue or black ink.
- Enter the beginning and ending date of the entity’s tax year in the required format —YYYYMMDD.
- Enter the Federal Employer Identification Number (FEIN).
- This form should not be used for C-Corporations. If Vermont Form CO-411, Corporate Income Tax Return, will be filed, use Form CO-414, Corporate Estimated Tax Payment Voucher, to make your estimated payments.
- Enter the business name and address.
- Enter the total amount of payment included with this coupon. Enter a whole dollar amount.
- Do not file Form WH-435 if no payment is due.

Form WH-435

* 2 5 4 3 5 1 1 0 0 *

**Vermont Estimated Income Tax Payments
For Nonresident Shareholders, Partners, or Members**

DUE DATES (for calendar year filers): April 15, June 15, September 15 of the current year, and January 15 of the following calendar year, and at the "catch-up" date, if required. SEE INSTRUCTIONS.

DO NOT SUBMIT PAPER FORM IF FILING ELECTRONICALLY

Entity Name			FEIN	
SIT AND STEW INC			400003658	
Address			Tax year BEGIN date (YYYYMMDD)	Tax year END date (YYYYMMDD)
21 CHURCH ST			20260101	20261231
Address (Line 2)				
City	State	ZIP Code	Amount of this payment (Use WHOLE DOLLARS) If "\$0," DO NOT file..... <u>150</u> .00	
WOODSVILLE	NH	03785		
Foreign Country (if not United States)				

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

Phone: (802) 828-5723

Form WH-435

Page 1 of 1

Rev. 10/25

5454

FORM WH-435 Instructions

Vermont Estimated Income Tax Payments for Nonresident Shareholders, Partners, or Members

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All estimated payments will be distributed to nonresident shareholders, partners, and members, or applied to entity composite tax, as directed on Form BI-471, Business Income Tax Return, that is filed annually.

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- Enter the business name and address.
- Enter the total amount of payment included with this coupon. Enter a whole dollar amount.
- Do not file Form WH-435 if no payment is due.

Form WH-435

* 2 5 4 3 5 1 1 0 0 *

**Vermont Estimated Income Tax Payments
For Nonresident Shareholders, Partners, or Members**

DUE DATES (for calendar year filers): April 15, June 15, September 15 of the current year, and January 15 of the following calendar year, and at the "catch-up" date, if required. SEE INSTRUCTIONS.

DO NOT SUBMIT PAPER FORM IF FILING ELECTRONICALLY

Entity Name			FEIN	
SIT AND STEW INC			400003658	
Address			Tax year BEGIN date (YYYYMMDD)	Tax year END date (YYYYMMDD)
21 CHURCH ST			20260101	20261231
Address (Line 2)				
City	State	ZIP Code	Amount of this payment (Use WHOLE DOLLARS) If "\$0," DO NOT file..... <u>190</u> .00	
WOODSVILLE	NH	03785		
Foreign Country (if not United States)				

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

Phone: (802) 828-5723

Form WH-435

Page 1 of 1

Rev. 10/25

5454

FORM WH-435 Instructions

Vermont Estimated Income Tax Payments for Nonresident Shareholders, Partners, or Members

If no payment is due, DO NOT file Form WH-435.

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INSTRUCTIONS

- Print in blue or black ink.
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- Enter the business name and address.
- Enter the total amount of payment included with this coupon. Enter a whole dollar amount.
- Do not file Form WH-435 if no payment is due.

Form WH-435

* 2 5 4 3 5 1 1 0 0 *

**Vermont Estimated Income Tax Payments
For Nonresident Shareholders, Partners, or Members**

DUE DATES (for calendar year filers): April 15, June 15, September 15 of the current year, and January 15 of the following calendar year, and at the "catch-up" date, if required. SEE INSTRUCTIONS.

DO NOT SUBMIT PAPER FORM IF FILING ELECTRONICALLY

Entity Name			FEIN	
SIT AND STEW INC			400003658	
Address			Tax year BEGIN date (YYYYMMDD)	Tax year END date (YYYYMMDD)
21 CHURCH ST			20260101	20261231
Address (Line 2)				
City	State	ZIP Code	Amount of this payment (Use WHOLE DOLLARS) If "\$0," DO NOT file..... <u>320</u> .00	
WOODSVILLE	NH	03785		
Foreign Country (if not United States)				

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

Phone: (802) 828-5723

Form WH-435

Page 1 of 1

Rev. 10/25

5454

FORM WH-435 Instructions

Vermont Estimated Income Tax Payments for Nonresident Shareholders, Partners, or Members

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INSTRUCTIONS

- Print in blue or black ink.
- Enter the beginning and ending date of the entity’s tax year in the required format —YYYYMMDD.
- Enter the Federal Employer Identification Number (FEIN).
- This form should not be used for C-Corporations. If Vermont Form CO-411, Corporate Income Tax Return, will be filed, use Form CO-414, Corporate Estimated Tax Payment Voucher, to make your estimated payments.
- Enter the business name and address.
- Enter the total amount of payment included with this coupon. Enter a whole dollar amount.
- Do not file Form WH-435 if no payment is due.

Test 8:

Required Vermont Forms/Schedules: CO-414 x4

Taxpayer(s) Information:

Entity Name: Winter Inc

Federal Employer ID: 40-0008071

Mailing Address: 123 South Main St

City: Burlington

State: VT

Zip Code: 05401

Country: USA

Tax Year Begin Date: Jan-01-2026

Tax Year End Date: Dec-31-2026

Entity Type Corporation

Return Information:

1st Quarter: \$ 9,000.00

2nd Quarter: \$ 12,000.00

3rd Quarter: \$ 10,500.00

4th Quarter: \$ 14,000.00

Form CO-414**Vermont Corporate Estimated
Tax Payment Voucher**

For a combined return for a unitary group, enter information for Principal Vermont Corporation.

The due date for this voucher and estimated tax payment is the 15th day of the 4th, 6th, 9th, or 12th month for calendar year and fiscal year filers. If the 15th day of a month falls on a weekend or holiday, the due date is the next business day.

DO NOT SUBMIT PAPER FORM IF FILING ELECTRONICALLY.

Entity Name			FEIN	
WINTER INC			400008071	
Address			Tax year BEGIN date (YYYYMMDD)	Tax year END date (YYYYMMDD)
123 SOUTH MAIN ST			20260101	20261231
Address (Line 2)			<input type="checkbox"/> Check box for Change of Year End	
City	State	ZIP Code		
BURLINGTON	VT	05401	Amount of payment being remitted with this voucher..... 9000.00	
Foreign Country (if not United States)				

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

Phone: (802) 828-5723

Form CO-414
Page 1 of 1
Rev. 10/25

5454

INSTRUCTIONS FOR FILING VERMONT CORPORATE ESTIMATED TAX PAYMENTS**If you are filing:**

- **Form CO-411, Vermont Corporate Income Tax Return**—Use this form, CO-414, to make estimated payments.
- **Form BI-471, Vermont Business Income Tax Return**—Use Form WH-435, Estimated Income Tax Payments for Nonresident Shareholders, Partners, or Members, to make estimated payments for nonresident shareholders.

A corporation with an expected annual Vermont income tax liability greater than \$500 must file Form CO-414 and pay its estimated tax liability in four equal installments. Interest for underpayment will be assessed if the tax liability is underestimated or payments are late (**32 V.S.A. § 5859**). The tax liability is not considered to be underestimated or late if:

- the estimated payments are at least the amount which would be due by applying the current year's rates to the previous year's income, **OR**
- the estimated payments are at least 90% of the current year's actual tax liability, **OR**
- actual tax liability for this year or the prior year is less than \$500.

Form CO-414 vouchers and estimated tax payments are due on or before the 15th day of the 4th, 6th, 9th, or 12th month following the start of the fiscal year (April, June, September, and December for calendar-year filers). If the 15th day falls on a weekend or holiday, payment is due on the next business day. Exceptions are covered in **32 V.S.A. §§ 5857** and **5858**.

For Unitary or Consolidated groups, payments must be applied to the account of the Principal Vermont Corporation (PVC) or Vermont Parent Corporation, respectively. Provide name, address, and Federal Employee Identification Number of the PVC or Parent on Form CO-414.

For assistance, please call the Taxpayer Services Division of the Vermont Department of Taxes M, T, Th, F, between 7:45 a.m. and 4:30 p.m. at (802) 828-5723.

Form CO-414**Vermont Corporate Estimated
Tax Payment Voucher**

For a combined return for a unitary group, enter information for Principal Vermont Corporation.

The due date for this voucher and estimated tax payment is the 15th day of the 4th, 6th, 9th, or 12th month for calendar year and fiscal year filers. If the 15th day of a month falls on a weekend or holiday, the due date is the next business day.

DO NOT SUBMIT PAPER FORM IF FILING ELECTRONICALLY.

Entity Name			FEIN	
WINTER INC			400008071	
Address			Tax year BEGIN date (YYYYMMDD)	Tax year END date (YYYYMMDD)
123 SOUTH MAIN ST			20260101	20261231
Address (Line 2)			<input type="checkbox"/> Check box for Change of Year End	
City	State	ZIP Code	Amount of payment being remitted with this voucher.....12000.00	
BURLINGTON	VT	05401		
Foreign Country (if not United States)				

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

Phone: (802) 828-5723

Form CO-414
Page 1 of 1
Rev. 10/25

5454

INSTRUCTIONS FOR FILING VERMONT CORPORATE ESTIMATED TAX PAYMENTS**If you are filing:**

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WINTER INC			400008071	
Address			Tax year BEGIN date (YYYYMMDD)	Tax year END date (YYYYMMDD)
123 SOUTH MAIN ST			20260101	20261231
Address (Line 2)			<input type="checkbox"/> Check box for Change of Year End	
City	State	ZIP Code		
BURLINGTON	VT	05401	Amount of payment being remitted with this voucher.....10500.00	
Foreign Country (if not United States)				

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

Phone: (802) 828-5723

Form CO-414
Page 1 of 1
Rev. 10/25

5454

INSTRUCTIONS FOR FILING VERMONT CORPORATE ESTIMATED TAX PAYMENTS**If you are filing:**

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Entity Name			FEIN	
WINTER INC			400008071	
Address			Tax year BEGIN date (YYYYMMDD)	Tax year END date (YYYYMMDD)
123 SOUTH MAIN ST			20260101	20261231
Address (Line 2)			<input type="checkbox"/> Check box for Change of Year End	
City	State	ZIP Code		
BURLINGTON	VT	05401	Amount of payment being remitted with this voucher.....14000.00	
Foreign Country (if not United States)				

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

Phone: (802) 828-5723

Form CO-414
Page 1 of 1
Rev. 10/25

5454

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- actual tax liability for this year or the prior year is less than \$500.

Form CO-414 vouchers and estimated tax payments are due on or before the 15th day of the 4th, 6th, 9th, or 12th month following the start of the fiscal year (April, June, September, and December for calendar-year filers). If the 15th day falls on a weekend or holiday, payment is due on the next business day. Exceptions are covered in **32 V.S.A. §§ 5857** and **5858**.

For Unitary or Consolidated groups, payments must be applied to the account of the Principal Vermont Corporation (PVC) or Vermont Parent Corporation, respectively. Provide name, address, and Federal Employee Identification Number of the PVC or Parent on Form CO-414.

For assistance, please call the Taxpayer Services Division of the Vermont Department of Taxes M, T, Th, F, between 7:45 a.m. and 4:30 p.m. at (802) 828-5723.