

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

\* 2 5 4 7 6 1 1 0 0 \*

<b>Check Appropriate Box(es)</b>	<input checked="" type="checkbox"/> Name Change	<input checked="" type="checkbox"/> Address Change	<input checked="" type="checkbox"/> Accounting Period Change	<input checked="" type="checkbox"/> Extended Return	<input checked="" type="checkbox"/> Initial Return	<input checked="" type="checkbox"/> Pro Forma - Cannabis	<input checked="" type="checkbox"/> Final Return (Cancels Account)
	Entity Name (Principal Vermont Corporation)			FEIN	Primary 6-digit NAICS number		
	12345678901234567890123456789012 (36)			123456789	123456		
	Address			Tax year BEGIN date (YYYYMMDD)	Tax year END date (YYYYMMDD)		
	12345678901234567890123456789012 (36)			20250101	20251231		
Address (Line 2)			<b>Federal tax return filed (Check one box)</b> <input checked="" type="checkbox"/> 1120S <input checked="" type="checkbox"/> 1065 <input checked="" type="checkbox"/> Other				
12345678901234567890123456789012 (36)							
City	State	ZIP Code					
12345678901234567 (21)	12	1234567890					
Foreign Country (if not United States)							
1234567890123456789012345678 (32)							

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. 123456

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

1. Bonus depreciation adjustment ..... 1. 123456789012345.00
2. Other Additions (include statement) ..... 2. 123456789012345.00
3. Other Subtractions (include statement) ..... 3. 123456789012345.00

**FOR TRUST PARTNERS ONLY**

4. SALT Add-back ..... 4. 123456789012345.00

**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	
FEIN	Fiscal Year Ending (YYYYMMDD)



# TAX COMPUTATION (see instructions)

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

5. Vermont minimum entity tax (\$250)..... 5. 123456789012345.00
6. Payments previously made for this tax year with extension Form BA-403 or credit available through prior year carryforward..... 6. 123456789012345.00
7. Balance Due (If Line 5 is greater than Line 6, Line 5 MINUS Line 6)..... 7. 123456789012345.00
8. Overpayment (If Line 6 is greater than Line 5, Line 6 MINUS Line 5)..... 8. 123456789012345.00
9. Overpayment to be Refunded..... 9. 123456789012345.00
10. Overpayment to be credited to next tax year..... 10. 123456789012345.00

# 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
		12 31 2025	802-123-1234
Printed Name	Email Address (optional)		
12345678901234567890123	1234567890123456789012345678901234567890123456		

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

Signature of Paid Preparer		Date (MMDDYYYY)	Preparer's Telephone Number
		12 31 2025	802-123-1234
Preparer's Printed Name	Email Address (optional)		
12345678901234567890123	1234567890123456789012345678901234567890123456		
Firm's Name (or yours if self-employed)	EIN	Preparer's SSN or PTIN	
1234567890123456789012345678901234567890	123456789	123456789	
Firm's Address (or yours if self-employed) (Street, City, State, ZIP Code)			<input checked="" type="checkbox"/> Check if self-employed
12345678901234567890123456789012345678901234567890123456			