

**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	
Address			Tax year BEGIN date (YYYYMMDD)		Tax year END date (YYYYMMDD)	
Address (Line 2)			<b>Federal tax return filed (Check one box)</b> <input type="checkbox"/> 1120S <input type="checkbox"/> 1065 <input type="checkbox"/> Other			
City	State	ZIP Code				
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. \_\_\_\_\_
- D. How many are Vermont Residents? ..... D. \_\_\_\_\_
- E. How many are Nonresidents? ..... E. \_\_\_\_\_
- 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.**

<b>Check box if exception to minimum tax applies:</b>	<input type="checkbox"/> NO VERMONT ACTIVITY / INACTIVE (\$0)	<input type="checkbox"/> INVESTMENT CLUB § 5921 (\$0)	<input type="checkbox"/> I.R.C. § 761 (\$0)
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1. Vermont minimum entity tax (\$250) or above exception (See instructions) ..... 1. \_\_\_\_\_ .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. \_\_\_\_\_ .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. \_\_\_\_\_ .00

Entity Name	
FEIN	Fiscal Year Ending (YYYYMMDD)



# **PAYMENTS AND CREDITS**

Enter all amounts in whole dollars.

7. Prior Year Overpayment Applied. ....	7.	_____	.00
8. Payments with Extension (Form BA-403) .....	8.	_____	.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.	_____	.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.	_____	.00

# **RECONCILIATION**

14. Balance Due: If Line 6 is greater than Line 13, subtract Line 13 from Line 6. ....	14.	_____	.00
15. Payment included with this return. Make check payable to <b>Vermont Department of Taxes</b> . ....	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

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