

**2025 Schedule BI-473****Vermont Composite**

\* 2 5 4 7 3 1 1 0 0 \*

PRINT in BLUE or BLACK INK

Include with Form BI-471

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

Enter all amounts in whole dollars.

1. Federal Adjusted Gross Income Equivalent (Schedule BI-477, Line 28) . . . . . 1. \_\_\_\_\_ .00
  2. Vermont Income Tax Adjustment % (Schedule BI-477, Line 32). . . . . 2. \_\_\_\_\_ . \_\_\_\_\_ %
  3. Vermont Adjusted Income (**MULTIPLY Line 1 by Line 2**) . . . . . 3. \_\_\_\_\_ .00
  4. Percentage of income from Line 3 passed through to nonresidents. . . . . 4. \_\_\_\_\_ . \_\_\_\_\_ %
  5. Total nonresident income (**MULTIPLY Line 3 by Line 4**) . . . . . 5. \_\_\_\_\_ .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. \_\_\_\_\_ .00
  9. Composite Tax (**MULTIPLY Line 8 by 7.6% (0.076)**). If negative, enter -0- . . . . . 9. \_\_\_\_\_ .00
  10. Tax credits available for composite shareholders/partners/members  
(Attach Schedules BA-404 and BA-406). . . . . 10. \_\_\_\_\_ .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. \_\_\_\_\_ .00