

Schedule BI-472

Vermont Non-Composite



* 1 9 4 7 2 1 1 0 0 *

PRINT in BLUE or BLACK INK

Attach to Form BI-471

Entity Name (same as on Form BI-471 or Form BI-476)	Fiscal Year Ending (YYYYMMDD)	FEIN
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Place an "X" in the box left of the line number to indicate a loss amount.

Enter all amounts in whole dollars.

1. Ordinary Business Income (federal Form 1120S, Line 21 or federal Form 1065, Line 22) ← Check to indicate loss 1. _____ .00

2. Net Rental Real Estate Income (federal Form 1120S, Schedule K, Line 2, or federal Form 1065, Schedule K, Line 2) ← Check to indicate loss 2. _____ .00

3. Other Net Rental Income (federal Form 1120S, Schedule K, Line 3c, or federal Form 1065, Schedule K, Line 3c) ← Check to indicate loss 3. _____ .00

4. Guaranteed Payments (Partnership only - federal Form 1065, Schedule K, Line 4) 4. _____ .00

5. Net short term and long term capital gains or losses. (federal Form 1120S, Schedule K, Lines 7 and 8a, or federal Form 1065, Schedule K, Lines 8 and 9a.) ← Check to indicate loss 5. _____ .00

6. Net section 1231 gain or loss. (federal Form 1120S, Schedule K, Line 9, or federal Form 1065, Schedule K Line 10) ← Check to indicate loss 6. _____ .00

7. Other income or loss. (federal Form 1120S, Schedule K, Line 10, or federal Form 1065, Schedule K, Line 11.) ← Check to indicate loss 7. _____ .00

8. Section 179 Deduction (federal Form 1120S, Schedule K, Line 11 or Federal Form 1065, Schedule K, Line 12) 8. _____ .00

9. Apportionable income (Add Lines 1-7, then subtract Line 8) ← Check to indicate loss 9. _____ .00

10. Apportionment percentage (From Schedule BA-402, or 100%) 10. _____ %

11. Business Income Apportioned to Vermont (Multiply Line 9 by Line 10) ← Check to indicate loss 11. _____ .00

12. Income directly allocable to Vermont generated by this entity (Capital gain on real estate and physical assets located in Vermont, royalties on property located in Vermont, etc.) ← Check to indicate loss 12. _____ .00

13. Vermont business income distributed to this entity by a different entity via Schedule K-1VT. ← Check to indicate loss 13. _____ .00

14. Vermont sourced capital gain distributed to this entity via Schedule K-1VT ← Check to indicate loss 14. _____ .00

15. Other Vermont sourced income distributed to this entity by a different entity via Schedule K-1VT ← Check to indicate loss 15. _____ .00

16. Total Vermont Net Income (Add Lines 11 through 15) ← Check to indicate loss 16. _____ .00

17. Percentage of income from Line 16 passed through to nonresidents 17. _____ %

18. Total income passed through to nonresidents (Multiply Line 16 by Line 17) ← Check to indicate loss 18. _____ .00

19. Nonresident estimated payment requirement (Multiply Line 18 by 6.6%) 19. _____ .00

