

Schedule BI-473

Vermont Composite



\* 1 9 4 7 3 1 1 0 0 \*

PRINT in BLUE or BLACK INK

Attach to Form BI-471

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

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) . . . . .	<input type="checkbox"/>	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) . . . . .	<input type="checkbox"/>	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) . . . . .	<input type="checkbox"/>	Check to indicate loss	3.	_____	.00
4. Guaranteed Payments (Partnership only - federal Form 1065, Schedule K, Line 4) . . . . .	<input type="checkbox"/>		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.) . . . . .	<input type="checkbox"/>	Check to indicate loss	5.	_____	.00
6. Net section 1231 gain or loss. (federal Form 1120S, Schedule K, Line 9, or Federal 1065, Schedule K Line 10) . . . . .	<input type="checkbox"/>	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.) . . . . .	<input type="checkbox"/>	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) . . . . .	<input type="checkbox"/>		8.	_____	.00
9. Deduction for Charitable Contributions (federal Form 1120S, Schedule K, Line 12a, or federal Form 1065, Schedule K, Line 13a) . . . . .	<input type="checkbox"/>		9.	_____	.00
10. Apportionable income (Add Lines 1 through 7. Then subtract Lines 8 and 9) . . . . .	<input type="checkbox"/>	Check to indicate loss	10.	_____	.00
11. Apportionment percentage (From BA-402, or 100%) . . . . .			11.	_____	%
12. Business Income Apportioned to Vermont (Multiply Line 10 by Line 11) . . . . .	<input type="checkbox"/>	Check to indicate loss	12.	_____	.00
13. 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.) . . . . .	<input type="checkbox"/>	Check to indicate loss	13.	_____	.00
14. Vermont business income distributed to this entity by a different entity via Schedule K-1VT. . . . .	<input type="checkbox"/>	Check to indicate loss	14.	_____	.00
15. Vermont sourced capital gain distributed to this entity via Schedule K-1VT . . . . .	<input type="checkbox"/>	Check to indicate loss	15.	_____	.00
16. Other Vermont sourced income distributed to this entity by a different entity via Schedule K-1VT. . . . .	<input type="checkbox"/>	Check to indicate loss	16.	_____	.00
17. Total Vermont Net Income (Add Lines 12 through 16) . . . . .	<input type="checkbox"/>	Check to indicate loss	17.	_____	.00

DUPLICATE 10/15/2019

Entity Name	
FEIN	Fiscal Year Ending (YYYYMMDD)



Amount from Line 17 .....

Place an "X" in the box left of the line number to indicate a loss amount.

Enter all amounts in whole dollars.

- 18. Percentage of income from Line 17 passed through to nonresidents ..... 18. \_\_\_\_\_ %
  - 19. Total nonresident income (Multiply Line 17 by Line 18) .....  ← Check to indicate loss 19. \_\_\_\_\_ .00
  - 20. Vermont net operating loss deduction applied (attach Vermont NOL statement in PDF format) ..... 20. \_\_\_\_\_ .00
  - 21. Vermont taxable composite income (Subtract Line 20 from Line 19) .....  ← Check to indicate loss 21. \_\_\_\_\_ .00
  - 22. Composite Tax (Multiply Line 21 by 7.6%. If negative, enter -0-) ..... 22. \_\_\_\_\_ .00
  - 23. Tax credits available for composite shareholders/partners/members (attach BA-404 and BA-406) ..... 23. \_\_\_\_\_ .00
- NOTE:** Line 23 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.
- 24. Vermont Composite Tax due (Subtract Line 23 from Line 22) ..... 24. \_\_\_\_\_ .00

DRAFT 10/15/2019