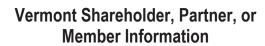
Vermont Department of Taxes

Schedule K-1VT





This schedule is REQUIRED. Attach to Form BI-471

Entity Name (same as on Form BI-4/1)	Fiscal Year Ending (YYYYMMDD)	FEIN
HEADER INFORMATION - RE	EQUIRED ENTRIES	
Entity Name (Shareholder, Partner, or Member)	FE	IN
OR Individual Last Name (Shareholder, Partner, or Member) First Name	Initial OR Soo	cial Security Number
Address	Recipient (I, C, S, L,	P, X, or T)
Address, Line 2 (if needed)	Residency	Status
City State 719	Code	Vermont Resident
Foreign Country (if not United States)		Nonresident
Percentage of Entity's income or loss to this recipient. Calculate percentage to six places to the right of the decimal point. Did this entity pay tax on this income as part of a composite return.		
Place an "X" in the box left of the line number to indicate a los	ss amount Enter all a	mounts in <u>whole dollars.</u>
1. Vermont Business Income		.00
2. Capital gains allocated to Vermont.	Check to indicate loss 2.	.00
3. Other income allocated to Vermont	Check to findicate 3.	.00.
4. Exempt Income - Vermont income not characterized as Unrelated Business Income (UBI) for Federal purposes (tax-exempt entities only)		
5. Total annual nonresident estimated payments allocated to this shareholder	5	.00.
6. Total annual real estate withholding payments allocated to this shareholder.		
7. Share of total federal bonus depreciation difference (Enter on Schedule IN-112, Line 4 or Line 8)	Check to indicate 7	