

**2010**  
**VT**

**Corporate Income  
Tax Return**



\* 1 0 4 1 1 1 1 0 0 \*

☐ Check here if name or address has changed☐ Check here if you will be using a computer-generated form next year

PRINT OR TYPE COMPLETE NAME AND ADDRESS BELOW

☐ Check here if this is an INTERNATIONAL address

☐ CONSOLIDATED  
RETURN

☐ AMENDED  
RETURN

☐ ACCOUNTING PERIOD CHANGE

INITIAL  
RETURN

☐ EXTENDED  
RETURN

☐ FINAL RETURN  
(CANCELS ACCOUNT)Fiscal Year **BEGINNING**

**D. ENTITY'S PRIMARY 6-DIGIT NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) NUMBER**

Y	Y	Y	Y	M	M	D	D

Fiscal Year **ENDING**

Enter all amounts in whole dollars.

- |  |   |
|--|---|
| <p><b>1. FEDERAL (or RECOMPUTED Federal) TAXABLE INCOME</b></p> <p>(See instructions)</p> <p><input type="checkbox"/> Check here if you have taken the "Bonus" depreciation {see IRC 168(K)}. If this box is checked, Line 1 <u>must</u> be recomputed eliminating the federal special bonus depreciation treatment. See instructions.</p><br><p><b>2. ADD</b></p> <p>(a) Interest on non-Vermont state and local obligations.   <b>2(a).</b></p> <p>(b) State and local income or franchise taxes.                 <b>2(b).</b></p> <p><b>LESS</b> (c) Interest on U.S. Government obligations.          <b>2(c).</b></p> <p>(d) "Gross Up" required by IRC Sec. 78 and other excludable income.      <b>2(d).</b></p> <p>(e) Targeted Job Credit salary and wage expense addback.      <b>2(e).</b></p><br><p><b>3. NET TAXABLE INCOME</b><br/>(Line 1 <b>plus</b> Lines 2(a) and 2(b) <b>less</b> Line 2(c), 2(d), and 2(e)).</p> <p><b>4. NON-BUSINESS INCOME ALLOCATED EVERYWHERE</b><br/>(VT Form BA-402, Part 1, Line 1a).</p> <p><b>5. NET APPORTIONABLE INCOME</b> (Subtract Line 4 from Line 3)</p> <p><b>6. VERMONT APPORTIONMENT PERCENTAGE</b> (100% or amount from VT Form BA-402, Line 22). . <b>6.</b></p> <p><b>7. NET INCOME APPORTIONED TO VERMONT</b> (Multiply Line 5 by Line 6). . . <b>7.</b></p> <p><b>8. NET INCOME ALLOCATED AND APPORTIONED TO VERMONT</b><br/>(Enter amount from Line 3 above, or if not entirely sourced in VT, add VT Form BA-402, Part 1, Line 1b and Line 7 above.)</p> <p><b>9. VERMONT Net Operating Loss deduction</b> (attach statement) (See instructions) . . . . . <b>9.</b></p> <p><b>10. VERMONT NET TAXABLE INCOME</b> (Subtract Line 9 from Line 8) . . . . . <b>10.</b></p> <p><b>11. VERMONT TAX per tax computation schedules on Side 2 (\$250. minimum).</b> . . . . . <b>11.</b></p> | <p>1. [ ][ ] , [ ][ ] , [ ][ ] , [ ][ ] , [ ][ ] .</p><br><br><p>2(a). [ ][ ] , [ ][ ] , [ ][ ] , [ ][ ] .</p> <p>2(b). [ ][ ] , [ ][ ] , [ ][ ] , [ ][ ] .</p> <p>2(c). [ ][ ] , [ ][ ] , [ ][ ] , [ ][ ] .</p> <p>2(d). [ ][ ] , [ ][ ] , [ ][ ] , [ ][ ] .</p> <p>2(e). [ ][ ] , [ ][ ] , [ ][ ] , [ ][ ] .</p><br><p>3. [ ][ ] , [ ][ ] , [ ][ ] , [ ][ ] , [ ][ ] .</p> <p>4. [ ][ ] , [ ][ ] , [ ][ ] , [ ][ ] , [ ][ ] .</p> <p>5. [ ][ ] , [ ][ ] , [ ][ ] , [ ][ ] , [ ][ ] .</p> <p>6. [ ][ ] . [ ][ ][ ][ ] %</p> <p>7. [ ][ ] , [ ][ ] , [ ][ ] , [ ][ ] , [ ][ ] .</p> <p>8. [ ][ ] , [ ][ ] , [ ][ ] , [ ][ ] , [ ][ ] .</p> <p>9. [ ][ ] , [ ][ ] , [ ][ ] , [ ][ ] , [ ][ ] .</p> <p>10. [ ][ ] , [ ][ ] , [ ][ ] , [ ][ ] , [ ][ ] .</p> <p>11. [ ][ ] , [ ][ ] , [ ][ ] , [ ][ ] , [ ][ ] .</p> |
|--|---|

**Check box if exception to minimum tax applies:**

☐ SMALL FARM CORPORATION  
(\$75 minimum)

☐ NO VERMONT  
ACTIVITY (\$0)

☐ HOMEOWNER'S / CONDO ASSOC.  
(Federal Form 1120-H only) (\$0)

Carried forward from Line 11



\* 1 0 4 1 1 1 2 0 0 \*

12. LESS TOTAL CREDITS (Form BA-404, Column C, Line 15). Attach Form BA-404 and all required documentation . . . . . 12.  ,  ,  ,  ,  .

13. TAX (Subtract Line 12 from Line 11, but not less than the minimum tax) . . . . . 13.  ,  ,  ,  ,  .

14. Less (a) Estimated Payment, and Payments with Extension . . 14(a).  ,  ,  ,  ,  .

(b) Nonresident Estimated Payments (Form WH-435). . . 14(b).  ,  ,  ,  ,  .

(c) Real Estate Withholding (Form RW-171). . . . . 14(c).  ,  ,  ,  ,  .

(d) 2009 Overpayment Applied . . . . . 14(d).  ,  ,  ,  ,  .

(e) Add Lines 14(a) through 14(d). . . . . 14(e).  ,  ,  ,  ,  .

15. BALANCE DUE  
Subtract Line 14(e) from Line 13 . . . . . 15.  ,  ,  ,  ,  .

OR

16. Overpayment to be applied to 2011 . . . . . 16.  ,  ,  ,  ,  .

17. Overpayment to be refunded. . . . . 17.  ,  ,  ,  ,  .

**TAX COMPUTATION SCHEDULE**

(Effective for taxable periods beginning January 1, 2007)

**IF VERMONT****NET INCOME IS****TAX IS**

\$10,000 or less . . . . . 6.00% (minimum tax is \$250.).

\$10,001 to \$25,000 . . . . . \$600 plus 7.00% of excess over \$10,000.

\$25,001 and over . . . . . \$1,650 plus 8.50% of excess over \$25,000.

Return is due on the 15th day of the 3rd month following the year end, unless extended.

Payment is due on the 15th day of the 3rd month following the year end, even if the return is extended. Corporations with liabilities over \$500, see instructions for estimated payments, VT Form CO-414.

Make check payable to: **Vermont Department of Taxes**  
 Send return Vermont Department of Taxes  
 and check to: 133 State Street  
 Montpelier, VT 05633-1401

I hereby certify that I am an officer or authorized agent responsible for the taxpayer's compliance with the requirements of Title 32 of the Vermont Statutes 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 Officer or Authorized Agent

Printed name

Date

Daytime telephone number (optional)  
( )

May the Dept. of Taxes discuss this return with the preparer shown?

☐ Yes ☐ No

**Paid**  
**Preparer's**  
**Use Only**

Preparer's signature

Preparer's printed name

Firm's name (or yours if self-employed) and address

Date

Preparer's Social Security No. or PTIN

EIN

Preparer's Telephone Number

Check if self-employed ☐

Form CO-411

Rev. 11/10