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- 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) Prior Year 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 next tax year** **16.**
- 17. Overpayment to be refunded.** **17.**
- 18. Gross Receipts** (For purpose of minimum tax calculation. See instructions.) **18.**

TAX COMPUTATION SCHEDULE	
(Effective for taxable periods beginning January 1, 2012)	
IF VT NET INCOME IS	TAX IS
\$10,000 or less	6.00%
\$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.
IF GROSS RECEIPTS ARE	MINIMUM TAX IS
\$2,000,000 or less	\$300
\$2,000,001 - \$5,000,000	\$500
\$5,000,001 and over	\$750

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Preparer's signature	Preparer's printed name	Date	Preparer's Social Security No. or PTIN	Check if self-employed <input type="checkbox"/>
Paid Preparer's Use Only	Firm's name (or yours if self-employed) and address	EIN	Preparer's Telephone Number		