



VT Schedule BA-410	CORPORATE INCOME TAX AFFILIATION SCHEDULE
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REQUIRED FOR COMBINED AND CONSOLIDATED RETURNS

Attach to Form CO-411

Please provide information only for affiliates/subsidiaries with nexus in Vermont.

Entity Name (same as on Form CO-411)	Fiscal Year Ending (YYYYMMDD)	Federal ID Number
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Affiliate Name	Federal ID Number
Address	For Department Use Only
City	
State ZIP Code	
Foreign Country (if not United States)	

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Continue on back, if necessary

Entity Name (same as on Form CO-411)	
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