



VERMONT

**Combined Report
for Unitary Group**

FORM
CO-411-U



* 1 1 4 1 U 1 1 0 0 *

PRINT OR TYPE COMPLETE NAME AND ADDRESS BELOW

Entity Name		
Address		
City	State	ZIP Code

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

REQUIRED ENTRIES

A. CHECK APPROPRIATE BOX(ES)

- ☐ ACCOUNTING PERIOD CHANGE ☐ AMENDED RETURN ☐ EXTENDED RETURN ☐ FINAL RETURN (CANCELS ACCOUNT)

B. Federal ID Number

RETURNS CANNOT BE
PROCESSED WITHOUT THE
FEDERAL ID NUMBER

C. Y Y Y Y M M D D

Tax Year **BEGIN** date

Y Y Y Y M M D D

Tax Year **END** date

**D. ENTITY'S PRIMARY
6-DIGIT NORTH AMERI-
CAN INDUSTRIAL CLAS-
SIFICATION SYSTEM
(NAICS) NUMBER**

E. GROUP INFORMATION

Number of companies in
Water's Edge Group

Number with
Vermont Nexus

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

Enter all amounts in whole dollars.
FOR UNITARY COMBINED ONLY

WATER'S EDGE GROUP

- | | | |
|---|--------------------------|----------------------------|
| 1. FEDERAL TAXABLE INCOME | <input type="checkbox"/> | 1. <input type="text"/> |
| 2. Bonus Depreciation Adjustment (see instructions) | <input type="checkbox"/> | 2. <input type="text"/> |
| 3. Federal Taxable Income adjusted for disallowance of Bonus
Depreciation (Line 1 plus Line 2) | <input type="checkbox"/> | 3. <input type="text"/> |
| 4. ADD (a) Interest on non-Vermont state and local
obligations | | 4(a). <input type="text"/> |
| (b) State and local income or franchise taxes | <input type="checkbox"/> | 4(b). <input type="text"/> |
| LESS(c) Interest on U.S. Government obligations | | 4(c). <input type="text"/> |
| (d) "Gross Up" required by IRC Sec. 78 and other
excludable income | | 4(d). <input type="text"/> |
| (e) Targeted Job Credit salary and wage expense
addback/allocated nonbusiness income;
foreign dividends | | 4(e). <input type="text"/> |
| 5. NET APPORTIONABLE INCOME
(Line 3 plus Lines 4(a) and 4(b) less Lines 4(c), 4(d), and 4(e)) | <input type="checkbox"/> | 5. <input type="text"/> |
| 6. Total Tax Due (Sum of Lines 11 from all attached Forms CO-421) | | 6. <input type="text"/> |

(continued on back)

☐ **No Vermont Activity**

**Form CO-411-U
For Unitary Filers ONLY**

Rev. 10/11

Amount from Line 6 _____



* 1 1 4 1 U 1 2 0 0 *

7. PAYMENTS

Estimated Payments _____

Payment with Extension _____

Nonresident Estimated Payments (Form WH-435) _____

Real Estate Withholding Payments (Form RW-171) _____

7a. Sum of payments above 7a. _____

7b. Prior Year Overpayment Applied 7b. _____

7c. Total Payments (Add Lines 7a and 7b). 7c. _____


8. Balance Due. If Line 6 is more than Line 7c, subtract Line 7c from Line 6. . . 8. _____
Make checks payable to **VT DEPARTMENT OF TAXES**

9. Overpayment. If Line 7c is more than Line 6, subtract Line 6 from Line 7c . . 9. _____

10. Overpayment to be applied to next tax year 10. _____

11. Overpayment to be refunded (Subtract Line 10 from Line 9). 11. _____

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

**Paid
Preparer's
Use Only**