

## Corporate Income Tax Return FORM CO-411

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39	A. C.		* 1 2 4	1 1 1 1 0 0 *
	Check here if you are filing as a nonprofit corporation	_		
	Check here if name or address has changed  Check here if you will be using a computer-generated form next year	Α.	CHECK APPROPRIATE BOX(ES)  CONSOLIDATED ACCOUNTING PERIOD CHANGE  AMENDED EXTENDED	INITIAL RETURN
	PRINT OR TYPE COMPLETE NAME AND ADDRESS BELOW	_ L	RETURN EXTENDED	FINAL RETURN (CAN- CELS ACCOUNT)
	Entity Name	В.	Federal ID Number	RETURNS CANNOT BE PROCESSED WITHOUT THE FEDERAL ID NUMBER
Α.	Address	c.	Y Y Y M M D D	T TEDETAL ID NOMBER
			Tax Year <b>BEGIN</b> date	D. ENTITY'S PRIMARY 6-DIGIT NORTH AMERICAN INDUSTRIAL
C	City State ZIP Code		Y Y Y M M D D	CLASSIFICATION SYSTEM (NAICS) NUMBER
	Check here if this is an INTERNATIONAL address		Tax Year <b>END</b> date	
Pla	ace an "X" in the box left of the line number to indicate a loss amo	ount.	Enter all amounts	in <u>whole dollars.</u>
	FEDERAL (or RECOMPUTED Federal) TAXABLE INCOME (See instructions)	[	1.	
	Check here if you have taken the "Bonus" depreciation {see IRC 168 the federal special bonus depreciation treatment. See instructions.	B(K)}.	If this box is checked, Line 1 must	be recomputed eliminating
2.	ADD (a) Interest on non-Vermont state and local obligations. 2(a).			<u> </u>
	(b) State and local income or franchise taxes			<u></u> .
	LESS(c) Interest on U.S. Government obligations 2(c).			
	(d) "Gross Up" required by IRC Sec. 78 and other excludable income			
	(e) Targeted Job Credit salary and wage expense addback			
	NET TAXABLE INCOME (Line 1 plus Lines 2(a) and 2(b) less Line 2(c), 2(d), and 2(e))	<u> </u>	3.	
	NON-BUSINESS INCOME ALLOCATED EVERYWHERE (VT Form BA-402, Part 1, Line 1a)		4.	
5.	NET APPORTIONABLE INCOME (Subtract Line 4 from Line 3)		5.	
6.	VERMONT APPORTIONMENT PERCENTAGE (100% or amount from VT Form BA-402, Line 22). Calculate percentage to six places to the right of	of the d		]
7.	NET INCOME APPORTIONED TO VERMONT (Multiply Line 5 by Line 6	6)	7.	
	NET INCOME ALLOCATED AND APPORTIONED TO VERMONT (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.)	<u> </u>	8.	
9.	VERMONT Net Operating Loss deduction (attach statement) (See instruction	ns)	9.	
10.	VERMONT NET TAXABLE INCOME (Subtract Line 9 from Line 8)	L	10.	
	VERMONT TAX per tax computation schedule and minimum tax amounts on Side 2		11.	
	eck box if exception SMALL FARM CORPORATION (\$75 minimum)			WNER'S / CONDO ASSOC Form 1120-H only) (\$0)



		-404, Column C, Line 15). Att		.12.				
13. TAX (Sub	btract Line 12 from Line 1	1, but not less than the minim	um tax) .	.13.				
14. Less (a) E	Estimated Payment, and Pay	ments with Extension <b>14(a).</b>						
<b>(b)</b> No	nresident Estimated Payme	ents (Form WH-435). <b>14(b).</b>						
(c) Re	al Estate Withholding (Fo	rm RW-171) <b>14(c).</b>						
<b>(d)</b> Pri	or Year Overpayment App	olied14(d).						
(e) Ad	ld Lines 14(a) through 14(	d)	1	4(e).				
15. BALANC	CE DUE Subtract Line 14	(e) from Line 13		.15.				
OF	₹							
<b>16.</b> Overpaym	nent to be applied to next t	ax year		16.				
<b>17.</b> Overpaym	nent to be refunded			.17.				
				Г				
18. Gross Rec	ceipts (For purpose of min	imum tax calculation. See ins	tructions	.)1 <b>8.</b> ∟				
(Effe	TAX COMPUTAT	ION SCHEDULE beginning January 1, 2012)		R	Return is due on the 15th day of the 3rd month following the year end, unless extended.			
IF VT NET I	_			Pavme				
\$10,000 or	less	<u>TAX IS</u>	6.00%	Payment is due on the 15th day of the 3rd month following the year end, even if the return is extended. Corporations with				
		0 plus 7.00% of excess over \$0 plus 8.50% of excess over \$2			es over \$500, see instruction rm CO-414.	ons for estimated payments,		
IF GROSS R	RECEIPTS ARE	<b>MINIMUM TAX IS</b>		Make	check payable to: Verm	ont Department of Taxes		
	or less		d return Vermont Department of Taxes check to: 133 State Street					
\$5,000,001 - \$5,000,000					Montpelier, VT 05633-1401			
return is true, corr §5901, this inform	rect and complete to the best of nation has not been and will not	igent responsible for the taxpayer's comy knowledge. If prepared by a person to be used for any other purpose, or not the taxpayer and retained by the presence of the taxpayer's compared to taxpayer's compared to the taxpayer's compared to ta	on other th	an the tax	xpayer, this declaration furthe	er provides that under 32 V.S.A		
Signature	e of Officer or Authorized Agent	Printed name	Date	1	Daytime telephone	May the Dept. of Taxes discuss this return with the preparer shown?		
1					number (optional) ( )	Yes No		
	Preparer's signature			Date	Check if self-employed			
Paid	Preparer's			Preparer's Social Security No. or PTIN				
Preparer's	printed name							
Preparer's Use Only	printed name  Firm's name (or yours if self-employed) and				EIN			