



**VERMONT** *Combined Report for Unitary Group* **FORM CO-411-U**



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

<b>REQUIRED ENTRIES</b>	
<b>A. CHECK APPROPRIATE BOX(ES)</b> <input type="checkbox"/> ACCOUNTING PERIOD CHANGE <input type="checkbox"/> AMENDED RETURN <input type="checkbox"/> EXTENDED RETURN <input type="checkbox"/> FINAL RETURN (CANCELS ACCOUNT)	
<b>B. Federal ID Number</b> <input style="width: 100%;" type="text"/>	RETURNS CANNOT BE PROCESSED WITHOUT THE FEDERAL ID NUMBER
<b>C.</b> Y Y Y Y M M D D <input style="width: 100%;" type="text"/> Tax Year <b>BEGIN</b> date Y Y Y Y M M D D <input style="width: 100%;" type="text"/> Tax Year <b>END</b> date	<b>D. ENTITY'S PRIMARY 6-DIGIT NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) NUMBER</b> <input style="width: 100%;" type="text"/>
<b>E. GROUP INFORMATION</b>	
Number of companies in Water's Edge Group <input style="width: 50px;" type="text"/>	Number with Vermont Nexus <input style="width: 50px;" type="text"/>

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 style="width: 90%;" type="text"/>
2. Bonus Depreciation Adjustment (see instructions) ..... <input type="checkbox"/>		2. <input style="width: 90%;" type="text"/>
3. Federal Taxable Income adjusted for disallowance of Bonus Depreciation (Line 1 plus Line 2) ..... <input type="checkbox"/>		3. <input style="width: 90%;" type="text"/>
4. <b>ADD (a)</b> Interest on non-Vermont state and local obligations ..... <b>4(a).</b> <input style="width: 80%;" type="text"/>		
(b) State and local income or franchise taxes. <input type="checkbox"/> <b>4(b).</b>		<input style="width: 80%;" type="text"/>
LESS <b>(c)</b> Interest on U.S. Government obligations. .... <b>4(c).</b>		<input style="width: 80%;" type="text"/>
(d) "Gross Up" required by IRC Sec. 78 and other excludable income. .... <b>4(d).</b>		<input style="width: 80%;" type="text"/>
(e) Targeted Job Credit salary and wage expense addback/allocated nonbusiness income; foreign dividends. .... <b>4(e).</b>		<input style="width: 80%;" 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 style="width: 90%;" type="text"/>
6. Total Tax Due (Sum of Lines 11 from all attached Forms CO-421) ..... <input type="checkbox"/>		6. <input style="width: 90%;" type="text"/>

(continued on back)

**No Vermont Activity**

Amount from Line 6 \_\_\_\_\_



\* 1 2 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
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<b>Paid Preparer's Use Only</b>	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	