



VT Schedule BA-410	CORPORATE INCOME TAX AFFILIATION SCHEDULE
------------------------------	---

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
--------------------------------------	-------------------------------	-------------------

Affiliate Name	Federal ID Number
Address	For Department Use Only
City State ZIP Code	
Foreign Country (if not United States)	

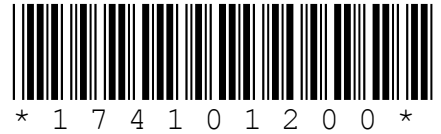
Affiliate Name	Federal ID Number
Address	For Department Use Only
City State ZIP Code	
Foreign Country (if not United States)	

Affiliate Name	Federal ID Number
Address	For Department Use Only
City State ZIP Code	
Foreign Country (if not United States)	

Affiliate Name	Federal ID Number
Address	For Department Use Only
City State ZIP Code	
Foreign Country (if not United States)	

Continue on back, if necessary

Entity Name (same as on Form CO-411)	
Federal ID Number	Fiscal Year Ending (YYYYMMDD)



Affiliate Name			Federal ID Number		
Address			For Department Use Only		
City	State	ZIP Code			
Foreign Country (if not United States)					

Affiliate Name			Federal ID Number		
Address			For Department Use Only		
City	State	ZIP Code			
Foreign Country (if not United States)					

Affiliate Name			Federal ID Number		
Address			For Department Use Only		
City	State	ZIP Code			
Foreign Country (if not United States)					

Affiliate Name			Federal ID Number		
Address			For Department Use Only		
City	State	ZIP Code			
Foreign Country (if not United States)					