

# Vermont Corporate and Business Income Tax Affiliation Schedule BA-410



\* 1 8 4 1 0 1 1 0 0 \*

**REQUIRED FOR COMBINED AND CONSOLIDATED RETURNS**  
Please provide information only for affiliates/subsidiaries with nexus in Vermont.

**ATTACH TO FORM CO-411  
OR FORM BI-471**

|   |                                    |
|---|------------------------------------|
| Entity Name (same as on Form CO-411 or Form BI-471) | Fiscal Year Ending (YYYYMMDD) FEIN |
|---|------------------------------------|

|  |                                |
|--|--------------------------------|
| Affiliate Name                         | FEIN                           |
| Address                                | <b>For Department Use Only</b> |
| Address, Line 2                        |                                |
| City                                   | State ZIP Code                 |
| Foreign Country (if not United States) |                                |

|  |                                |
|--|--------------------------------|
| Affiliate Name                         | FEIN                           |
| Address                                | <b>For Department Use Only</b> |
| Address, Line 2                        |                                |
| City                                   | State ZIP Code                 |
| Foreign Country (if not United States) |                                |

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|--|--------------------------------|
| Affiliate Name                         | FEIN                           |
| Address                                | <b>For Department Use Only</b> |
| Address, Line 2                        |                                |
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| Address, Line 2                        |                                |
| City                                   | State ZIP Code                 |
| Foreign Country (if not United States) |                                |

**USE ADDITIONAL SCHEDULES, IF NECESSARY**