

Vermont Corporate Income Tax Return

Form CO-411



Check Appropriate Box(es)

Accounting Period Change
 Amended Return
 Extended Return
 Federal Extension Requested
 Unitary Combined
 Unitary Consolidated
 PL 86-272 is Applicable
 Final Return (Cancels Account)

Entity Name (Principal Vermont Corporation) _____ FEIN _____ Primary 6-digit NAICS number _____
 Address _____ Tax year BEGIN date (YYYYMMDD) _____ Tax year END date (YYYYMMDD) _____
 City _____ State _____ ZIP Code _____ Number of companies in Water's Edge Group _____ Number with Vermont Nexus _____
 Foreign Country (if not United States) _____ Federal tax return filed (Check one box)
 1120 1120-F 990-T
 1120-H Other

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

Enter all amounts in whole dollars.

1. FEDERAL TAXABLE INCOME (Federal Form 1120, Line 30 plus any deduction for a federal net operating loss, Line 29a.)	<input type="checkbox"/>	Check to indicate loss	1		.00
2. Bonus Depreciation Adjustment (see instructions)	<input type="checkbox"/>	Check to indicate loss	2		.00
3. Federal Taxable Income adjusted for disallowance of Bonus Depreciation (Add Lines 1 and 2)	<input type="checkbox"/>	Check to indicate loss	3		.00
4. ADD (a) Interest on non-Vermont state and local Obligations			4a		.00
(b) State and local income or franchise taxes	<input type="checkbox"/>	Check to indicate loss	4b		.00
LESS (c) Non-business income or loss allocated everywhere (Schedule BA-402, Line 1a, or leave blank)	<input type="checkbox"/>	Check to indicate loss	4c		.00
(d) Foreign dividends received.			4d		.00
(e) Interest on U.S. Government obligations			4e		.00
(f) "Gross Up" required by IRC sec. 78 and other excludable income			4f		.00
(g) Targeted Job Credit salary and wage expense addback			4g		.00
5. NET APPORTIONABLE INCOME (Add Lines 3, 4(a), and 4(b). Then subtract Lines 4(c) through 4(g).)	<input type="checkbox"/>	Check to indicate loss	5		.00

Check box if exception to minimum tax applies:
 SMALL FARM CORPORATION (\$75 minimum)
 NO VERMONT ACTIVITY (\$0)
 HOMEOWNER'S / CONDO ASSOC. (Federal Form 1120-H only) (\$0)

Entity Name	
FEIN	Fiscal Year Ending (YYYYMMDD)



6. Vermont Percentage (100% or amount from Schedule BA-402, Line 22) Calculate percentage to six places to the right of the decimal point		6		%
7. Apportionable Income (From CO-411, Line 5)	<input type="checkbox"/> Check to indicate loss	7		.00
8. Income Apportioned to Vermont (Multiply Lines 6 and 7)	<input type="checkbox"/> Check to indicate loss	8		.00
9. Income Allocated to Vermont (Schedule BA-402, Line 1b)	<input type="checkbox"/> Check to indicate loss	9		.00
10. Foreign Dividends Allocated to Vermont (Schedule BA-402, Line 1d)		10		.00
11. Net Vermont Income Allocated and Apportioned to Vermont (Add Lines 8, 9, and 10.)	<input type="checkbox"/> Check to indicate loss	11		.00
12. Vermont Net Operating Loss deduction applied (attach schedule)		12		.00
13. Vermont Net taxable Income for this entity (Line 11 minus Line 12)	<input type="checkbox"/> Check to indicate loss	13		.00
14. Vermont Tax. Apply Vermont Tax Rates (below) to amount on Line 13		14		.00
15. Credits (Schedule BA-404, Column C, Line 11)		15		.00
16. Use Tax for taxable items on which no sales tax was charged, including online purchases		16		.00
17. Tax Due for this entity (Subtract Line 15 from Line 14. To that result, add Line 16)		17		.00
18. Gross Receipts (For purpose of minimum tax calculation. See instructions)		18		.00

TAX COMPUTATION SCHEDULE

(Effective for taxable periods beginning January 1, 2012)

<u>IF VERMONT NET INCOME IS</u>	<u>TAX IS</u>
\$10,000 or less6.00%
\$10,001 - \$25,000	\$600 plus 7.00% of excess over \$10,000
\$25,001 and over	\$1,650 plus 8.50% of excess over \$25,000

<u>IF GROSS RECEIPTS ARE</u>	<u>MINIMUM TAX IS</u>
\$2,000,000 or less	\$300
\$2,000,001 - \$5,000,000	\$500
\$5,000,001 and over	\$750

File the return on the due date required under the Internal Revenue Code, unless extended.

Pay by the due date required under the Internal Revenue Code, even if the return is extended.

Corporations with liabilities over \$500, see instructions for estimated payments on Vermont Form CO-414.

Entity Name _____
 FEIN _____ Fiscal Year Ending (YYYYMMDD) _____



Amount from Line 17 _____

19. Total Tax Due (Add Line 17 plus Line 13 of all attached Schedules CO-421)	20	.00
20. Payments		
20a. Estimated Payments	20a	.00
20b. Payment with Extension	20b	.00
20c. Nonresident Estimated Payments (Form WH-435)	20c	.00
20d. Real Estate Withholding Payments (Form RW-171)	20d	.00
20e. Prior Year Overpayment Applied	20e	.00
20f. Total Payments (Add Lines 20a through 20e)	20f	.00
21. Balance Due. If Line 19 is more than Line 20f, subtract Line 20f from Line 19. Make checks payable to Vermont DEPARTMENT OF TAXES.	21	.00
22. Payment submitted with this return	22	.00
23. Overpayment. If Line 20f is more than Line 19, Subtract Line 19 from Line 20f	23	.00
24. Overpayment to be applied to next tax year	24	.00
25. Overpayment to be refunded (Subtract Line 24 from Line 23)	25	.00

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 Responsible Officer		Date (MMDDYY)	Daytime Telephone Number
Printed Name		Email Address (optional)	
Preparer's Signature		Date (MMDDYY)	Check if Self-Employed <input type="checkbox"/>
Preparer's Printed Name		Preparer's SSN or PTIN	
Firm's Name (or yours if self-employed) and address		EIN	Preparer's Telephone Number

May the Department of Taxes Discuss this return with the preparer shown? Yes

Make check payable to: **Vermont Department of Taxes**

Send return and check to: Vermont Department of Taxes
 133 State Street
 Montpelier, VT 05633-1401