**Vermont Corporate Income Tax Return**

**Check appropriate box(es):**
- Name Change
- Accounting Period Change
- Extended Return
- Unitary Combined
- PL 96-272 is Applicable

**Entity Name (Principal Vermont Corporation):**

**FEIN:**

**Primary 6-digit NAICS number:**

**Address:**

**Tax year BEGIN date (YYYYMMDD):**

**Tax year END date (YYYYMMDD):**

**Address (Line 2):**

**Number of companies in Water’s Edge Group:**

**Number of companies with Vermont Nexus:**

**City**

**State**

**ZIP Code**

**Foreign Country**

**Federal tax return filed (Check one box):**
- 1120
- 1120-F
- 990-T
- 1120-H
- Other

**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)

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.)
   - Check to indicate loss:
   - ______________.00

2. **Bonus Depreciation Adjustment** (See instructions)
   - Check to indicate loss:
   - ______________.00

3. **Federal Taxable Income adjusted for disallowance of Bonus Depreciation**
   (Add Lines 1 and 2)
   - Check to indicate loss:
   - ______________.00

4. **ADD (a)** Interest on non-Vermont state and local obligations
   - ______________.00

   - (b) State and local income or franchise taxes
   - ______________.00

   **LESS (c)** Non-business income or loss allocated everywhere
   (Schedule BA-402, Line 1a, or leave blank)
   - ______________.00

   - (d) Foreign dividends received.
   - ______________.00

   - (e) Interest on U.S. Government obligations
   - ______________.00

   - (f) “Gross Up” required by IRC sec. 78 and other
   excludable income
   - ______________.00

   - (g) Targeted Job Credit salary and wage expense addback
   - ______________.00

5. **NET APPORTIONABLE INCOME**
   (Add Lines 3, 4(a), and 4(b). Then subtract Lines 4(c) through 4(g).)
   - Check to indicate loss:
   - ______________.00

Form CO-411
Page 1 of 3
Rev. 10/21
TAX COMPUTATION SCHEDULE
(Effective for taxable periods beginning January 1, 2012)

IF VERMONT NET INCOME IS

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Tax Is</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,000 or less</td>
<td>6.00%</td>
</tr>
<tr>
<td>$10,001 - $25,000</td>
<td>$600 plus 7.00% of excess over $10,000</td>
</tr>
<tr>
<td>$25,001 and over</td>
<td>$1,650 plus 8.50% of excess over $25,000</td>
</tr>
</tbody>
</table>

IF VERMONT GROSS RECEIPTS ARE

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Minimum Tax Is</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000,000 or less</td>
<td>$300</td>
</tr>
<tr>
<td>$2,000,001 - $5,000,000</td>
<td>$500</td>
</tr>
<tr>
<td>$5,000,001 and over</td>
<td>$750</td>
</tr>
</tbody>
</table>

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.
Amount from Line 17

19. Total Tax Due (Add Line 17 plus Line 13 of all attached Schedules CO-421) .............................................. 19. _________________.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.

<table>
<thead>
<tr>
<th>Signature of Responsible Officer</th>
<th>Date (MMDDYYYY)</th>
<th>Daytime Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name</td>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

☐ Check if the Department of Taxes may discuss this return with the preparer shown.

<table>
<thead>
<tr>
<th>Paid Preparer’s Signature</th>
<th>Date (MMDDYYYY)</th>
<th>Preparer’s Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparer’s Printed Name</td>
<td>Email Address (optional)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Firm’s Name (or yours if self-employed)</th>
<th>EIN</th>
<th>Preparer’s SSN or PTIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firm’s Address (or yours if self-employed) (Street, City, State, ZIP Code)</td>
<td></td>
<td>Check if self-employed</td>
</tr>
</tbody>
</table>

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