



VT Form CO-411	CORPORATE INCOME TAX RETURN
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Entity Name (Principal Vermont Corporation)			Check appropriate box(es) <input type="checkbox"/> ACCOUNTING PERIOD CHANGE <input type="checkbox"/> AMENDED RETURN <input type="checkbox"/> EXTENDED RETURN		
Address			Federal ID Number		Primary 6-digit NAICS number
			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) <input type="checkbox"/> 1120 <input type="checkbox"/> 1120-F <input type="checkbox"/> 990-T <input type="checkbox"/> 1120-H <input type="checkbox"/> 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 1. _____

2. Bonus Depreciation Adjustment (see instructions) 2. _____

3. Federal Taxable Income adjusted for disallowance of Bonus Depreciation (Line 1 plus Line 2) 3. _____

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

(b) State and local income or franchise taxes **4(b).** _____

LESS (c) Non-business income or loss allocated everywhere (Schedule BA-402, Line 1a, or leave blank) **4(c).** _____

(d) Foreign dividends received **4(d).** _____

(e) Interest on U.S. Government obligations. . . . **4(e).** _____

(f) "Gross Up" required by IRC Sec. 78 and other excludable income. **4(f).** _____

(g) Targeted Job Credit salary and wage expense addback **4(g).** _____

5. NET APPORTIONABLE INCOME 5. _____
 (Line 3 plus Lines 4(a) and 4(b) less Lines 4(c) through 4(g)).

Check box if exception to minimum tax applies:

<input type="checkbox"/> SMALL FARM CORPORATION (\$75 minimum)	<input type="checkbox"/> NO VERMONT ACTIVITY (\$0)	<input type="checkbox"/> HOMEOWNER'S / CONDO ASSOC. (Federal Form 1120-H only) (\$0)
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Entity Name	
Federal ID Number	Fiscal Year Ending (YYYYMMDD)



- 6. Vermont Apportionment 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 (Form CO-411, Line 5) 7. _____ .
- 8. Income Apportioned to Vermont (Multiply Line 6 by Line 7) 8. _____ .
- 9. Income Allocated to Vermont (Schedule BA-402, Line 1b) 9. _____ .
- 10. Foreign Dividends Allocated to Vermont (Schedule BA-402, Line 1d) 10. _____ .
- 11. Net VT Income Allocated and Apportioned to Vermont (Add Lines 8, 9, and 10) 11. _____ .
- 12. VT Net Operating Loss deduction applied (attach schedule) 12. _____ .
- 13. VT Net Taxable Income for this entity. (Subtract Line 12 from Line 11) 13. _____ .
- 14. VT Tax. Apply VT Tax Rates (below) to amount on Line 13 14. _____ .
- 15. Credits (Schedule BA-404, Column C, Line 13) 15. _____ .
- 16. **Tax Due** for this entity (Subtract Line 15 from Line 14) 16. _____ .
- 17. Gross Receipts (For purpose of minimum tax calculation. See instructions) 17. _____ .

TAX COMPUTATION SCHEDULE	
(Effective for taxable periods beginning January 1, 2012)	
<u>IF VT NET INCOME IS</u>	<u>TAX IS</u>
\$10,000 or less	6.00%
\$10,001 to \$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

Return is due on the date prescribed for filing under the Internal Revenue Code, unless extended.

Payment is due on the date prescribed for filing under the Internal Revenue Code, even if the return is extended. Corporations with liabilities over \$500, see instructions for estimated payments, VT Form CO-414.

Entity Name	
Federal ID Number	Fiscal Year Ending (YYYYMMDD)



Amount from Line 16 _____

18. Total Tax Due (Sum of Line 16 on page 2 and Line 11 of all attached CO-421) **18.** _____

19. PAYMENTS

19a. Estimated Payments **19a.** _____

19b. Payment with Extension **19b.** _____

19c. Nonresident Estimated Payments (Form WH-435) **19c.** _____

19d. Real Estate Withholding Payments (Form RW-171) **19d.** _____

19e. Prior Year Overpayment Applied **19e.** _____

19f. Total Payments (Add Lines 19a through 19e) **19f.** _____


20. Balance Due. If Line 18 is more than Line 19f, subtract Line 19f from Line 18. . . **20.** _____
 Make checks payable to **VT DEPARTMENT OF TAXES**

21. Overpayment. If Line 19f is more than Line 18, subtract Line 18 from Line 19f . **21.** _____

22. Overpayment to be applied to next tax year **22.** _____

23. Overpayment to be refunded (Subtract Line 22 from Line 21) **23.** _____

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	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
	Printed name	E-mail address (optional)		

Paid Preparer's Use Only	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 ()	Preparer's e-mail address (optional)

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

5454 **Send return and check to:** Vermont Department of Taxes
 133 State Street
 Montpelier, VT 05633-1401