



VT Form <b>CO-411</b>	<b>CORPORATE INCOME TAX RETURN</b>
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Entity Name			Check appropriate box(es) <input type="checkbox"/> ACCOUNTING PERIOD CHANGE <input type="checkbox"/> AMENDED RETURN <input type="checkbox"/> EXTENDED RETURN <input type="checkbox"/> UNITARY COMBINED <input type="checkbox"/> UNITARY CONSOLIDATED <input type="checkbox"/> FINAL RETURN (CANCELS ACCOUNT)		
Address			Federal ID Number		Primary 6-digit NAICS number
			Tax year BEGIN date (YYYYMMDD)		Tax year END date (YYYYMMDD)
City		State	ZIP Code		
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		
Number of companies in Water's Edge Group			Number with Vermont Nexus		

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



- 6. Vermont Apportionment Percentage (100% or amount from VT 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 15) . . . . . 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. \_\_\_\_\_ .

<b>TAX COMPUTATION SCHEDULE</b>	
(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 15th day of the 3rd month following the year end, unless extended.**

Payment is due on the 15th day of the 3rd month following the year end, even if the return is extended. Corporations with liabilities over \$500, see instructions for estimated payments, VT Form CO-414.

Entity name
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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)		

<b>Paid Preparer's Use Only</b>	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