

Principal VT Corporation Name _____

Federal ID Number



* 1 0 4 1 0 1 2 0 0 *

Federal ID Number <input type="text"/>	Affiliate's group type (Check ONE)			Vermont Consolidated Group <input type="checkbox"/>	Check if Nexus in VT <input type="checkbox"/>
	<input type="checkbox"/> Water's Edge Combined Group Member	<input type="checkbox"/> Excluded from VT Water's Edge Combined Group as nonunitary member	<input type="checkbox"/> Excluded Qualified Overseas Business Organization		

Affiliate Name

Mailing Address, Line 1

Mailing Address, Line 2

City or Town State Zip Code -

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