

# Schedule BA-410

## Vermont Corporate and Business Income Tax Affiliation



\* 2 1 4 1 0 1 1 0 0 \*

Attach to Form CO-411  
or Form BI-471

### REQUIRED FOR COMBINED AND CONSOLIDATED RETURNS

Please provide information only for affiliates/subsidiaries with nexus in Vermont.

Entity Name (same as on Form CO-411 or Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
12345678901234567890123456789012(36)	20211231	123456789

Affiliate Name	FEIN
12345678901234567890123456789012(36)	123456789
Address	
12345678901234567890123456789012(36)	
Address (Line 2)	
12345678901234567890123456789012(36)	
City	State
12345678901234567(21)	12
ZIP Code	1234567890
Foreign Country	
1234567890123456789012345678(32)	

For Department Use Only

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Address (Line 2)	
12345678901234567890123456789012(36)	
City	State
12345678901234567(21)	12
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USE ADDITIONAL SCHEDULES, IF NECESSARY