Vermont Department of Taxes

Schedule BA-410

Vermont Corporate and Business Income Tax Affiliation



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	
Affiliate Name			FEIN		
Address			For Department Use Only		
Address (Line 2)					
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City	State	ZIP Code			
Foreign Country			\neg		
Affiliate Name			FEIN		
Address			For Department Use Only		
Address (Line 2)				1	
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City	State	ZIP Code	_		
Foreign Country			\neg		
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Address (Line 2)					
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City	State	ZIP Code			
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City	State	ZIP Code			
City	State	ZIP Code			
City Foreign Country	State	ZIP Code			
City	State	ZIP Code	FEIN		
City Foreign Country	State	ZIP Code	FEIN		
City Foreign Country Affiliate Name	State	ZIP Code		sa Only	
City Foreign Country	State	ZIP Code	FEIN For Department Us	se Only	
City Foreign Country Affiliate Name Address	State	ZIP Code		se Only	
City Foreign Country Affiliate Name	State	ZIP Code		se Only	
City Foreign Country Affiliate Name Address	State	ZIP Code		se Only	
City Foreign Country Affiliate Name Address Address (Line 2)				se Only	
City Foreign Country Affiliate Name Address	State	ZIP Code ZIP Code		se Only	
City Foreign Country Affiliate Name Address Address (Line 2) City				se Only	
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