

Vermont Department of Taxes

Schedule BA-410

Vermont Corporate and Business Income Tax Affiliation



* 2 3 4 1 0 1 1 0 0 *

**Include with Form CO-411
or Form BI-471**

REQUIRED FOR COMBINED AND CONSOLIDATED RETURNS

Please provide information for all affiliates/subsidiaries/entities contributing income/activity to Vermont Unitary Group.

Entity Name (same as on Form CO-411 or Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
12345678901234567890123456789012 (36)	20231231	123456789

	Affiliate Name	FEIN	Unitary group member? ("Y" or "N")	Disregarded entity? ("Y" or "N")	Pass-through entity directly owned? ("Y" or "N")	Has Vermont sales or activity? ("Y" or "N")
1.	12345678901234567890123456789012 (36)	123456789	Y	N	Y	N
2.	12345678901234567890123456789012 (36)	123456789	Y	N	Y	N
3.	12345678901234567890123456789012 (36)	123456789	Y	N	Y	N
4.	12345678901234567890123456789012 (36)	123456789	Y	N	Y	N
5.	12345678901234567890123456789012 (36)	123456789	Y	N	Y	N
6.	12345678901234567890123456789012 (36)	123456789	Y	N	Y	N
7.	12345678901234567890123456789012 (36)	123456789	Y	N	Y	N
8.	12345678901234567890123456789012 (36)	123456789	Y	N	Y	N
9.	12345678901234567890123456789012 (36)	123456789	Y	N	Y	N
10.	12345678901234567890123456789012 (36)	123456789	Y	N	Y	N
11.	12345678901234567890123456789012 (36)	123456789	Y	N	Y	N
12.	12345678901234567890123456789012 (36)	123456789	Y	N	Y	N
13.	12345678901234567890123456789012 (36)	123456789	Y	N	Y	N
14.	12345678901234567890123456789012 (36)	123456789	Y	N	Y	N
15.	12345678901234567890123456789012 (36)	123456789	Y	N	Y	N
16.	12345678901234567890123456789012 (36)	123456789	Y	N	Y	N
17.	12345678901234567890123456789012 (36)	123456789	Y	N	Y	N
18.	12345678901234567890123456789012 (36)	123456789	Y	N	Y	N
19.	12345678901234567890123456789012 (36)	123456789	Y	N	Y	N
20.	12345678901234567890123456789012 (36)	123456789	Y	N	Y	N

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USE ADDITIONAL SCHEDULES, IF NECESSARY

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