

Form CO-411

Vermont Corporate Income Tax Return



Check Appropriate Box(es)	<input checked="" type="checkbox"/> Name Change	<input checked="" type="checkbox"/> Accounting Period Change	<input checked="" type="checkbox"/> Extended Return	<input checked="" type="checkbox"/> Unitary	<input checked="" type="checkbox"/> PL 86-272 is Applicable	
	<input checked="" type="checkbox"/> Address Change	<input checked="" type="checkbox"/> Amended Return	<input checked="" type="checkbox"/> Federal Extension Requested	<input checked="" type="checkbox"/> RAR Amended	<input checked="" type="checkbox"/> Pro Forma - Cannabis	<input checked="" type="checkbox"/> Final Return (Cancels Account)
Entity Name (Principal Vermont Corporation)			FEIN	Primary 6-digit NAICS number		
12345678901234567890123456789012 (36)			123456789	123456		
Address			Tax year BEGIN date (YYYYMMDD)	Tax year END date (YYYYMMDD)		
12345678901234567890123456789012 (36)			20230101	20231231		
Address (Line 2)			Number of companies in Vermont Unitary Group	Number of companies with Vermont Nexus		
12345678901234567890123456789012 (36)			123	123		
City	State	ZIP Code	Federal tax return filed (Check one box)	<input checked="" type="checkbox"/> 1120	<input checked="" type="checkbox"/> 1120-F	<input checked="" type="checkbox"/> 990-T
12345678901234567 (21)	12	1234567890		<input checked="" type="checkbox"/> 1120-H	<input checked="" type="checkbox"/> Other	
Foreign Country						
1234567890123456789012345678 (32)						

Enter all amounts in whole dollars.

- 1. FEDERAL TAXABLE INCOME (federal Form 1120, Line 28, as filed) **1.** -123456789012345.00
- 1a. Special Deductions as filed with IRS (federal Form 1120, Line 29b) **1a.** -123456789012345.00
- 1b. Income/Loss from unitary members **included** in Vermont combined group **1b.** -123456789012345.00
- 1c. Income/Loss from affiliated entities filed in the above federal consolidated returns but **excluded** from Vermont combined group. **1c.** 123456789012345.00
- 1d. Special Deductions: Vermont adjustments to federal special deductions. **1d.** 123456789012345.00
- 1e. Eliminations: Vermont adjustments to federal eliminations **1e.** 123456789012345.00
- 1f. Other: Other Vermont adjustments to Combined Net Income (charitable expenses, etc.) **1f.** 123456789012345.00
- 1g.** Federal Taxable Income as Adjusted for Combined Net Income (**ADD Lines 1 through 1f**) **1g.** -123456789012345.00
- 2. Bonus Depreciation Adjustment (see instructions). **2.** 123456789012345.00
- 3. Federal Taxable Income as Adjusted for Combined Net Income and Bonus Depreciation (**ADD Lines 1g and 2**) **3.** 123456789012345.00
- 4. **ADD 4a.** Interest on non-Vermont state and local obligations **4a.** 123456789012345.00
- 4b.** State and local income or franchise taxes **4b.** 123456789012345.00

Check box if exception to minimum tax applies:	<input checked="" type="checkbox"/> SMALL FARM CORPORATION (\$75 minimum)	<input checked="" type="checkbox"/> NO VERMONT ACTIVITY (\$0)	<input checked="" type="checkbox"/> HOMEOWNER'S / CONDO ASSOC. (Federal Form 1120-H only) (\$0)
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Entity Name	
12345678901234567890123456789012 (36)	
FEIN	Fiscal Year Ending (YYYYMMDD)
123456789	20231231



LESS	4c. Non-Appportionable Income or loss allocated everywhere (Schedule BA-402, Line 1a, or leave blank)	4c.	<u>123456789012345</u>	.00
	4d. Foreign dividends received.	4d.	<u>123456789012345</u>	.00
	4e. Interest on U.S. Government obligations.	4e.	<u>123456789012345</u>	.00
	4f. "Gross Up" required by IRC § 78 and other excludable income	4f.	<u>123456789012345</u>	.00
	4g. Targeted Job Credit salary and wage expense addback.	4g.	<u>123456789012345</u>	.00
5.	NET APPORTIONABLE INCOME (ADD Lines 3, 4a, and 4b, Then SUBTRACT Lines 4c through 4g.)	5.	<u>-123456789012345</u>	.00
6.	Vermont Percentage (Schedule BA-402, Line 14, or 100.000000%) Enter percentage with six places to the right of the decimal point	6.	<u>123.123456</u>	%
7.	Income Apportioned to Vermont (MULTIPLY Line 5 by Line 6)	7.	<u>123456789012345</u>	.00
8.	Non-Appportionable Income to Vermont (Schedule BA-402, Line 1B)	8.	<u>-123456789012345</u>	.00
9.	Foreign Dividends Allocated to Vermont (Schedule BA-402, Line 2B)	9.	<u>123456789012345</u>	.00
10.	Net Vermont Income Allocated and Apportioned to Vermont (ADD Lines 7 through 9)	10.	<u>-123456789012345</u>	.00
11.	Vermont Net Operating Loss deduction applied (Attach schedule)	11.	<u>123456789012345</u>	.00
12.	Vermont Net taxable income for this entity (Line 10 MINUS Line 11)	12.	<u>123456789012345</u>	.00
13.	Vermont Tax. Calculate Vermont tax due on Line 12 amount using the Tax Computation Schedule below	13.	<u>123456789012345</u>	.00
14.	Credits (Schedule BA-404, Column C, Line 11)	14.	<u>123456789012345</u>	.00
15.	Use Tax for taxable items on which no sales tax was charged, including online purchases	15.	<u>123456789012345</u>	.00
16.	Tax Due for this entity (Line 13 MINUS Line 14, then ADD Line 15)	16.	<u>123456789012345</u>	.00
17.	Gross Receipts (For purpose of minimum tax calculation. See instructions)	17.	<u>123456789012345</u>	.00

TAX COMPUTATION SCHEDULE

(Effective for taxable periods beginning January 1, 2023)

IF VERMONT NET INCOME (Line 12) IS	TAX IS
\$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
IF VERMONT GROSS RECEIPTS ARE	MINIMUM TAX IS
\$500,000 or less	\$100
\$500,001 to 1,000,000	\$500
\$1,000,001 to \$5,000,000	\$1,000
\$5,000,001 to \$300,000,000	\$2,000
\$300,000,001 and over	\$100,000

File the return on the due date required under the Internal Revenue Code, unless extended.

Pay by the due date required under the Internal Revenue Code, even if the return is extended.

Corporations with liabilities over \$500, see instructions for estimated payments on Vermont Form CO-414.

