Vermont Department of Taxes

2025 Form CO-411

Vermont Corporate Income Tax Return

☐ *25411111100*

Check Appropriate Box(es)

- [X] Name Change
- [X] Accounting Period Change
- [X] Extended Return
- [X] Unitary
- [X] PL 86-272 is Applicable
- [X] Address Change
- [X] Amended Return
- [X] Federal Extension Requested
- [X] RAR Amended
- [X] Pro Forma - Cannabis
- [X] 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)	20240101	20241231
Address (Line 2)	**Number of companies in Vermont Unitary Group** 123	**Number of companies with Vermont Nexus** 123
12345678901234567890123456789012(36)		
City / **State** / **ZIP Code**	**Federal tax return filed (Check one box)**	
1234567890123456 7(21) / 12 / 1234567890	[X] 1120 [X] 1120-F [X] 990-T [X] 1120-H [X] Other	
Foreign Country		
12345678901234567890123456 78(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:

- [X] SMALL FARM CORPORATION ($75 minimum)
- [X] NO VERMONT ACTIVITY ($0)
- [X] HOMEOWNER'S / CONDO ASSOC. (Federal Form 1120-H only) ($0)

Entity Name	
12345678901234567890123456789012(36)	
FEIN	Fiscal Year Ending (YYYYMMDD)
123456789	20241231

254111200

LESS

4c. Non-Apportionable Income or loss allocated everywhere (Schedule BA-402, Line 1a, or leave blank) . . . . . **4c.** 123456789012345 .00

4d. Foreign dividends received. . . . . **4d.** 123456789012345 .00

4e. Interest on U.S. Government obligations. . . . . **4e.** 123456789012345 .00

4f. "Gross Up" required by IRC § 78 and other excludable income . . . . . **4f.** 123456789012345 .00

4g. Targeted Job Credit salary and wage expense addback. . . . . **4g.** 123456789012345 .00

5. NET APPORTIONABLE INCOME **(ADD Lines 3, 4a, and 4b, then SUBTRACT Lines 4c through 4g.)** . . . . . **5.** -123456789012345 .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.** 123 123456 %

7. Income Apportioned to Vermont **(MULTIPLY Line 5 by Line 6)** . . . . . **7.** 123456789012345 .00

8. Non-Apportionable Income to Vermont (Schedule BA-402, Line 1B) . . . . . **8.** -123456789012345 .00

9. Foreign Dividends Allocated to Vermont (Schedule BA-402, Line 2B) . . . . . **9.** 123456789012345 .00

10. Net Vermont Income Allocated and Apportioned to Vermont **(ADD Lines 7 through 9)** . . . . . **10.** -123456789012345 .00

11. Vermont Net Operating Loss deduction applied (Attach schedule). . . . . **11.** 123456789012345 .00

12. Vermont Net taxable income for this entity **(Line 10 MINUS Line 11)**. . . . . **12.** 123456789012345 .00

13. Vermont Tax. Calculate Vermont tax due on Line 12 amount using the Tax Computation Schedule below . . . . . **13.** 123456789012345 .00

14. Credits (Schedule BA-404, Column C, Line 10) . . . . . **14.** 123456789012345 .00

15. Use Tax for taxable items on which no sales tax was charged, including online purchases . . . . . **15.** 123456789012345 .00

16. Tax Due for this entity **(Line 13 MINUS Line 14, then ADD Line 15)** . . . . . **16.** 123456789012345 .00

17. Gross Receipts (For purpose of minimum tax calculation. See instructions) . . . . **17.** 123456789012345 .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	$2,000
$5,000,001 to $300,000,000	$6,000
$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.

Entity Name	
12345678901234567890123456789012(36)	
FEIN	Fiscal Year Ending (YYYYMMDD)
123456789	20241231

254111300

Amount from Line 16 123456789012345.

18. Payments

18a. Estimated Payments (Form CO-414) . . . . . **18a.** 123456789012345 **.00**

18b. Payment with Extension (Form BA-403) . . . . . **18b.** 123456789012345 **.00**

18c. Nonresident estimated payments distributed to this entity by a different company through a Schedule K-1VT . **18c.** 123456789012345 **.00**

18d. Real Estate Withholding Payments (Form RW-171) **18d.** 123456789012345 **.00**

18e. Prior Year Overpayment Applied . . . . . **18e.** 123456789012345 **.00**

18f. Total Payments **(ADD Lines 18a through 18e)** . . . . . **18f.** 123456789012345 **.00**

19. Balance Due. If Line 16 is more than Line 18f, subtract Line 18f from Line 16. Make check payable to **Vermont Department of Taxes** . . . . . **19.** 123456789012345 **.00**

20. Payment submitted with this return . . . . . **20.** 123456789012345 **.00**

21. Overpayment. If Line 18f is more than Line 16, subtract Line 16 from Line 18f . **21.** 123456789012345 **.00**

22. Overpayment to be applied to next tax year. . . . . **22.** 123456789012345 **.00**

23. Overpayment to be refunded **(Line 21 MINUS Line 22)** . . . . . **23.** 123456789012345 **.00**

I hereby certify that I am an officer or authorized agent responsible for the taxpayer's compliance with the requirements of Vermont Statutes Annotated, Title 32, and that this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration further provides that under 32 V.S.A. § 5901, this information has not been and will not be used for any other purpose, or made available to any other person, other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

Signature of Responsible Officer	Date (MMDDYYYY)	Daytime Telephone Number
	12312023	802-123-1234
Printed Name	**Email Address**	
123456789012345678901234	123456789012345678901234567890123456789012345678901234567890123456	

X Check if the Vermont Department of Taxes may discuss this return with the preparer shown.

Signature of Paid Preparer	Date (MMDDYYYY)	Preparer's Telephone Number
	12312023	802-123-1234
Preparer's Printed Name	**Email Address (optional)**	
123456789012345678901234	123456789012345678901234567890123456789012345678901234567890123456	
Firm's Name (or yours if self-employed)	**EIN**	**Preparer's SSN or PTIN**
123456798012345678901234567890123456789	123456789	123456789
Firm's Address (or yours if self-employed) (Street, City, State, ZIP Code)		X Check if self-employed
123456789012345678901234567890123456789012345678901234567890123456 123456789012345678901234567890123456789012345678901234567890123456		

Send return and check to: Vermont Department of Taxes
133 State Street
Montpelier, VT 05633-1401