

Vermont Substitute Forms
Test Cases
For COBI Tax



Tax Year 201**8**

VERMONT TEST CASES:

Test 1:

Vermont Forms Required: BI-476

Vermont Business Income Tax Return For Resident Only Form BI-476



* 1 8 4 7 6 1 1 0 0 *

Entity Name THE BLACK GREAT DANE LLC			Check Appropriate Box(es)	Accounting Period Change Extended Return	<input checked="" type="checkbox"/> Initial Return Final Return (Cancels Account)
Address 54 JOY ROAD			FEIN 516499751		
Address, Line 2			Tax year BEGIN DATE (YYYYMMDD) 20180101	Tax year END DATE (YYYYMMDD) 20181231	
City MONTPELIER	State VT	ZIP Code 05602	Entity's Primary 6-digit NAICS Number 56110		
Foreign Country (if not United States)			Federal tax return filed (check one box)		
			<input type="checkbox"/> 1120S	<input checked="" type="checkbox"/> 1065	<input type="checkbox"/> Other:

- A. Were any shareholders, partners, or members nonresidents of Vermont during this reporting tax year? Yes No
If Yes, STOP and complete Form BI-471, Business Income Tax Return
- B. Did this entity have income or losses derived from at least one state other than Vermont? Yes No
If Yes, STOP and complete Form BI-471, Business Income Tax Return
- C. Total number of Vermont shareholders, partners, or members

TAX COMPUTATION (see instructions)

Enter all amounts in whole dollars.

1. Vermont minimum entity tax (\$250)	1	250 .00
NOTE: If you qualify for an exception to the Vermont minimum entity tax, you must complete Form BI-471 and attach supporting documentation		
2. Payments previously made for this tax year with extension Form BA-403 or credit available through prior year carryforward	2	.00
3. Balance Due (If Line 1 is greater than Line 2)	3	250 .00
4. Overpayment (If Line 2 is greater than Line 1)	4	.00
5. Overpayment to be Refunded	5	.00
6. Overpayment to be credited to next tax year	6	.00

I hereby certify that I am an officer or authorized agent responsible for the taxpayer's compliance with the requirements of Title 32 of the Vermont Statutes 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 (MMDDYY)	Daytime Telephone Number
Printed Name		Email Address (optional)	
Preparer's Signature		Date (MMDDYY)	Check if Self-Employed
Preparer's Printed Name		Preparer's SSN or PTIN	
Firm's Name (or yours if self-employed) and address		FEIN	Preparer's Telephone Number

May the Department of Taxes discuss this return with the preparer shown? Yes

Test 2:

Vermont Forms Required: BI-471, BI-472, 2 K1 VT

Vermont Business Income Tax Return

Form BI-471



* 1 8 4 7 1 1 1 0 0 *

For Partnerships, Subchapter S Corporations, and LLCs

Entity Name BIG GIRL JEEPS			Check Appropriate Box(es)		
Address 1186 ROUTE 2			<input type="checkbox"/> COMPOSITE RETURN	<input type="checkbox"/> ACCOUNTING PERIOD CHANGE	<input type="checkbox"/> INITIAL RETURN
Address, Line 2			<input type="checkbox"/> AMENDED RETURN	<input type="checkbox"/> EXTENDED RETURN	<input checked="" type="checkbox"/> FEDERAL EXTENSION REQUESTED
City MILTON			FEIN 40-0996458		Entity's Primary 6-digit NAICS number 61945
State VT	ZIP Code 05468		Tax year BEGIN date (YYYYMMDD) 20180101		Tax year END date (YYYYMMDD) 20181231
Foreign Country (if not United States)			Federal tax return filed (check one box)		
			<input checked="" type="checkbox"/> 1120S	<input type="checkbox"/> 1065	Other

A. Were any shareholders, partners, or members nonresidents of Vermont during this tax year? Yes No

B. Did this entity have income or losses derived from at least one state other than Vermont? If Yes, complete and attach Schedule BA-402 Yes No

C. Net adjustment to income resulting from Vermont's disallowance of "bonus depreciation" (IRC 168(k))

C	19600	.00
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D. Total number of Shareholders, Partners, or Members

D	2	.00
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E. How many are Vermont Residents?

E	1	.00
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F. How many are nonresidents?

F	1	.00
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G. Check box if § 5920(f), (g), or (h) applies (regarding nonresident estimated payments for affordable housing projects, federal new market tax credit projects, or publicly traded partnerships). Attach authorization or documentation.

TAX COMPUTATION (see instructions):

Enter all amounts in whole dollars.

Check box if exception applies	<input type="checkbox"/> SMALL FARM § 5832(2)(A)(\$75 minimum)	<input type="checkbox"/> INVESTMENT CLUB § 5921 (\$0)
	<input type="checkbox"/> NO VERMONT ACTIVITY / INACTIVE (\$0)	<input type="checkbox"/> IRC SEC. 761 (\$0)

1. Vermont minimum entity tax (\$250) or above exception (see instructions)	1	250	.00
2. For non-composite entities			
2a. Nonresident estimated payment requirement (Schedule BI-472, Line 19)	2a	31835	.00
2b. Overpayment distributed to owners (Enter the sum of all K-1VT's Lines 5 and 6, minus Schedule BI-472, Line 19)	2b	8165	.00
2c. Enter the sum of Lines 2a and 2b	2c	40000	.00
3. For composite entities, Vermont composite tax due (Schedule BI-473, Line 24)	3		.00
4. Vermont apportionment of entity level taxes (see instructions)	4		.00
5. Use Tax for taxable items on which no sales tax was charged, including online purchases	5	150	.00
6. Total tax due (Add Lines 1, 2c, 3, 4, and 5)	6	40400	.00

Entity Name BIG GIRL JEEPS	
FEIN 40-0996458	Fiscal Year Ending (YYYYMMDD)



* 1 8 4 7 1 1 2 0 0 *

PAYMENTS AND CREDITS

Enter all amounts in whole dollars.

- 7. Prior Year Overpayment Applied.
- 8. Payments with Extension
- 9. Real estate withholding paid for this entity with Form RW-171, REW Schedule A.....
- 10. Real estate withholding distributed to this entity by a different company through a Schedule K-1VT
- 11. Nonresident estimated payments paid by this entity with Form WH-435
- 12. Nonresident estimated payments distributed to this entity by a different company through a Schedule K-1VT
- 13. Total payments (Add Lines 7 through 12).....

7		.00
8	1000	.00
9		.00
10		.00
11	32500	.00
12	767	.00
13	34267	.00

RECONCILIATION

Enter all amounts in whole dollars.

- 14. Balance Due: If Line 6 is greater than Line 13, enter the difference.....
- 15. Payment attached to this return
- 16. Overpayment: If Line 6 is less than the sum of Lines 13 and 15, enter the difference
- 17. Overpayment to be credited to the next tax year
- 18. Overpayment to be refunded.....

14	6133	.00
15	6133	.00
16		.00
17		.00
18		.00

I hereby certify that I am an officer or authorized agent responsible for the taxpayer's compliance with the requirements of Title 32 of the Vermont Statutes 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 (MMDDYY)	Daytime Telephone Number
Printed Name		Email Address (optional)	
Preparer's Signature		Date (MMDDYY)	Check if Self-Employed
Preparer's Printed Name		KSMITH@GMAIL.COM	Preparer's SSN or PTIN
Firm's Name (or yours if self-employed) and address		EIN	Preparer's Telephone Number

May the Department of Taxes Discuss this return with the preparer shown? **Yes X**

Vermont Non-Composite Schedule BI-472



* 1 8 4 7 2 1 1 0 0 *

PRINT in BLUE or BLACK INK

ATTACH TO FORM BI-471

Entity Name (same as on Form BI-471) BIG GIRL JEEPS	Fiscal Year Ending (YYYYMMDD) FEIN 40-0996458
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Place an "X" in the box left of the line number to indicate a loss amount.

Enter all amounts in whole dollars.

1. Ordinary Business Income (federal Form 1120S, Line 21 or federal Form 1065, Line 22)	<input type="checkbox"/>	Check to indicate loss	1	846932	.00
2. Net Real Estate Income (federal Form 1120S, Schedule K, Line 2, or federal Form 1065, Schedule K, Line 2)	<input type="checkbox"/>	Check to indicate loss	2		.00
3. Other Net Rental Income (federal Form 1120S, Schedule K, Line 3, or federal Form 1065, Schedule K, Line 3)	<input type="checkbox"/>	Check to indicate loss	3		.00
4. Guaranteed Payments (Partnership only - federal Form 1065, Schedule K, Line 4)			4		.00
5. Net short term and long term capital gains. (federal Form 1120S, Schedule K, Lines 7 and 8a, or federal Form 1065, Schedule K, Lines 7 and 8.)			5	16235	.00
6. Net section 1031 gain or loss. (federal Form 1120S, Schedule K, Line 9, or federal Form 1065, Schedule K Line 10)	X	Check to indicate loss	6	2045	.00
7. Other income or loss. (federal Form 1120S, Schedule K, Line 10, or federal Form 1065, Schedule K, Line 11.)	<input type="checkbox"/>	Check to indicate loss	7	10000	.00
8. Section 179 Deduction (federal Form 1120S, Schedule K, Line 11 or Federal Form 1065, Schedule K, Line 12)			8		.00
9. Apportionable income (Add Lines 1-7, then subtract Line 8)	<input type="checkbox"/>	Check to indicate loss	9	871122	.00
10. Apportionment percentage (From Schedule BA-402, or 100%)			10	100	%
11. Business Income Apportioned to Vermont (Multiply Line 9 by Line 10)	<input type="checkbox"/>	Check to indicate loss	11	871122	.00
12. Income directly allocable to Vermont generated by this entity (Capital gain on real estate and physical assets located in Vermont, royalties on property located in Vermont, etc.)	<input type="checkbox"/>	Check to indicate loss	12	43571	.00
13. Vermont business income distributed to this entity by a different entity via Schedule K-1VT	<input type="checkbox"/>	Check to indicate loss	13	50000	.00
14. Vermont sourced capital gain distributed to this entity via Schedule K-1VT	<input type="checkbox"/>	Check to indicate loss	14		.00
15. Other Vermont sourced income distributed to this entity by a different entity via Schedule K-1VT	<input type="checkbox"/>	Check to indicate loss	15		.00
16. Total Vermont Net Income (Add Lines 11 through 15)	<input type="checkbox"/>	Check to indicate loss	16	964693	.00
17. Percentage of income from Line 16 passed through to nonresidents			17	50	%
18. Total income passed through to nonresidents (Multiply Line 13 by Line 14)	<input type="checkbox"/>	Check to indicate loss	18	482346	.00
19. Nonresident estimated payment requirement (Multiply Line 18 by 6.6%)			19	31835	.00

Vermont Shareholder, Partner, or Member Information Schedule K-1VT



* 1 8 K 1 V 1 1 0 0 *

**This schedule is REQUIRED.
Attach to Form BI-471**

Entity Name (same as on Form BI-471) BIG GIRL JEEPS	Fiscal Year Ending (YYYYMMDD)	FEIN 40-0996458
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HEADER INFORMATION - REQUIRED ENTRIES

Entity Name (Shareholder, Partner, or Member)			FEIN	
OR Individual Last Name (Shareholder, Partner, or Member) COLEMAN			First Name JANE	MI Social Security Number 096-24-5614
Address 125 GROUT ROAD			Recipient Type (I, C, S, L, P, X, or T) I	
Address, Line 2 (if needed)			Residency Status <input checked="" type="checkbox"/> Vermont Resident <input type="checkbox"/> Nonresident	
City MONTPELIER	State VT	ZIP Code 05602		
Foreign Country (if not United States)		Percentage of Entity's income or loss to this recipient. Calculate percentage to six places to the right of the decimal point		50 %

Did this entity pay tax on this income as part of a composite return Yes No

Place an "X" in the box left of the line number to indicate a loss amount **Enter all amounts in whole dollars.**

1.	Vermont Business Income	<input type="checkbox"/> Check to indicate loss	1	435561	.00
2.	Capital gains allocated to Vermont	<input type="checkbox"/> Check to indicate loss	2		.00
3.	Other income allocated to Vermont	<input type="checkbox"/> Check to indicate loss	3	46786	.00
4.	Exempt Income - Vermont income not characterized as Unrelated Business Income (UBI) for Federal purposes (tax-exempt entities only)		4		.00
5.	Total annual nonresident estimated payments allocated to this shareholder		5		.00
6.	Total annual real estate withholding payments allocated to this shareholder		6		.00
7.	Share of total federal bonus depreciation difference (Enter on Schedule IN-112, Line 4 or Line 8)	<input type="checkbox"/> Check to indicate loss	7	9800	.00

Vermont Shareholder, Partner, or Member Information Schedule K-1VT



* 1 8 K 1 V 1 1 0 0 *

**This schedule is REQUIRED.
Attach to Form BI-471**

Entity Name (same as on Form BI-471) BIG GIRL JEEPS	Fiscal Year Ending (YYYYMMDD)	FEIN 40-0996458
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HEADER INFORMATION - REQUIRED ENTRIES

Entity Name (Shareholder, Partner, or Member)			FEIN	
OR Individual Last Name (Shareholder, Partner, or Member) ROONEY	First Name ALICE	MI	Social Security Number 094-44-5552	
Address 3757 CHERRYSTONE ROAD			Recipient Type (I, C, S, L, P, X, or T) I	
Address, Line 2 (if needed)			Residency Status	
City CAPE CHARLES			<input type="checkbox"/> Vermont Resident <input checked="" type="checkbox"/> Nonresident	
State VA		ZIP Code 23111		
Foreign Country (if not United States)		Percentage of Entity's income or loss to this recipient. Calculate percentage to six places to the right of the decimal point	50 %	

Did this entity pay tax on this income as part of a composite return Yes No

Place an "X" in the box left of the line number to indicate a loss amount **Enter all amounts in whole dollars.**

1. Vermont Business Income	<input type="checkbox"/>	← Check to indicate loss	1	435561	.00
2. Capital gains allocated to Vermont	<input type="checkbox"/>	← Check to indicate loss	2		.00
3. Other income allocated to Vermont	<input type="checkbox"/>	← Check to indicate loss	3	46786	.00
4. Exempt Income - Vermont income not characterized as Unrelated Business Income (UBI) for Federal purposes (tax-exempt entities only)			4		.00
5. Total annual nonresident estimated payments allocated to this shareholder			5	40000	.00
6. Total annual real estate withholding payments allocated to this shareholder			6		.00
7. Share of total federal bonus depreciation difference (Enter on Schedule IN-112, Line 4 or Line 8)	<input type="checkbox"/>	← Check to indicate loss	7	9800	.00

Test 3:

Vermont Forms Required: BI-471, BI-472, 2 K1 VT, BA402. BA404, BA406

Vermont Business Income Tax Return

Form BI-471



* 1 8 4 7 1 1 1 0 0 *

For Partnerships, Subchapter S Corporations, and LLCs

Entity Name RED SOX OPPORTUNITY CORP			Check Appropriate Box(es)		
Address 27 YAYNKEE LANE			<input type="checkbox"/> COMPOSITE RETURN	<input type="checkbox"/> ACCOUNTING PERIOD CHANGE	<input checked="" type="checkbox"/> INITIAL RETURN
Address, Line 2			<input type="checkbox"/> AMENDED RETURN	<input checked="" type="checkbox"/> EXTENDED RETURN	<input type="checkbox"/> PUBLIC LAW 86-272 APPLIES FINAL RETURN (CANCELS ACCOUNT)
City BARRE			FEIN 40-9090900		Entity's Primary 6-digit NAICS number 654321
State VT	ZIP Code 05461		Tax year BEGIN date (YYYYMMDD) 20180101		Tax year END date (YYYYMMDD) 20181231
Foreign Country (if not United States)			Federal tax return filed (check one box)		
			<input checked="" type="checkbox"/> 1120S	<input type="checkbox"/> 1065	Other

A. Were any shareholders, partners, or members nonresidents of Vermont during this tax year? Yes No

B. Did this entity have income or losses derived from at least one state other than Vermont? If Yes, complete and attach Schedule BA-402 Yes No

C. Net adjustment to income resulting from Vermont's disallowance of "bonus depreciation" (IRC 168(k)) C .00

D. Total number of Shareholders, Partners, or Members	D	2	.00
E. How many are Vermont Residents?	E	1	.00
F. How many are nonresidents?	F	1	.00

G. Check box if § 5920(f), (g), or (h) applies (regarding nonresident estimated payments for affordable housing projects, federal new market tax credit projects, or publicly traded partnerships). Attach authorization or documentation.

TAX COMPUTATION (see instructions):

Enter all amounts in whole dollars.

Check box if exception applies	<input type="checkbox"/> SMALL FARM § 5832(2)(A)(\$75 minimum)	<input type="checkbox"/> INVESTMENT CLUB § 5921 (\$0)
	<input type="checkbox"/> NO VERMONT ACTIVITY / INACTIVE (\$0)	<input type="checkbox"/> IRC SEC. 761 (\$0)

1. Vermont minimum entity tax (\$250) or above exception (see instructions)	1	250	.00
2. For non-composite entities			
2a. Nonresident estimated payment requirement (Schedule BI-472, Line 19)	2a	13175	.00
2b. Overpayment distributed to owners (Enter the sum of all K-1VT's Lines 5 and 6, minus Schedule BI-472, Line 19)	2b		.00
2c. Enter the sum of Lines 2a and 2b	2c	13175	.00
3. For composite entities, Vermont composite tax due (Schedule BI-473, Line 24)	3		.00
4. Vermont apportionment of entity level taxes (see instructions)	4		.00
5. Use Tax for taxable items on which no sales tax was charged, including online purchases	5	16	.00
6. Total tax due (Add Lines 1, 2c, 3, 4, and 5)	6	13441	.00

Entity Name
RED SOX OPPORTUNITY CORP
 FEIN Fiscal Year Ending (YYYYMMDD)
40-9090900



PAYMENTS AND CREDITS

Enter all amounts in whole dollars.

- 7. Prior Year Overpayment Applied.
- 8. Payments with Extension
- 9. Real estate withholding paid for this entity with Form RW-171, REW Schedule A.....
- 10. Real estate withholding distributed to this entity by a different company through a Schedule K-1VT
- 11. Nonresident estimated payments paid by this entity with Form WH-435
- 12. Nonresident estimated payments distributed to this entity by a different company through a Schedule K-1VT
- 13. Total payments (Add Lines 7 through 12).....

7		.00
8	2500	.00
9		.00
10		.00
11	13000	.00
12		.00
13	15500	.00

RECONCILIATION

Enter all amounts in whole dollars.

- 14. Balance Due: If Line 6 is greater than Line 13, enter the difference.....
- 15. Payment attached to this return
- 16. Overpayment: If Line 6 is less than the sum of Lines 13 and 15, enter the difference
- 17. Overpayment to be credited to the next tax year
- 18. Overpayment to be refunded.....

14		.00
15		.00
16	2059	.00
17	2000	.00
18	59	.00

I hereby certify that I am an officer or authorized agent responsible for the taxpayer's compliance with the requirements of Title 32 of the Vermont Statutes 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 (MMDDYY)	Daytime Telephone Number
Printed Name		Email Address (optional)	
Preparer's Signature		Date (MMDDYY)	Check if Self-Employed <input type="checkbox"/>
Preparer's Printed Name		THEBESTTAXGROUP@RSROCKS.COM	Preparer's SSN or PTIN
Firm's Name (or yours if self-employed) and address		EIN	Preparer's Telephone Number

May the Department of Taxes Discuss this return with the preparer shown? Yes

Vermont Non-Composite Schedule BI-472



* 1 8 4 7 2 1 1 0 0 *

PRINT in BLUE or BLACK INK

ATTACH TO FORM BI-471

Entity Name (same as on Form BI-471) RED SOX OPPORTUNITY CORP	Fiscal Year Ending (YYYYMMDD) FEIN 40-9090900
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Place an "X" in the box left of the line number to indicate a loss amount.

Enter all amounts in whole dollars.

1. Ordinary Business Income (federal Form 1120S, Line 21 or federal Form 1065, Line 22)	<input type="checkbox"/>	1	68911	.00
2. Net Real Estate Income (federal Form 1120S, Schedule K, Line 2, or federal Form 1065, Schedule K, Line 2)	<input type="checkbox"/>	2		.00
3. Other Net Rental Income (federal Form 1120S, Schedule K, Line 3, or federal Form 1065, Schedule K, Line 3)	<input type="checkbox"/>	3		.00
4. Guaranteed Payments (Partnership only - federal Form 1065, Schedule K, Line 4)		4	1000000	.00
5. Net short term and long term capital gains. (federal Form 1120S, Schedule K, Lines 7 and 8a, or federal Form 1065, Schedule K, Lines 7 and 8.)		5		.00
6. Net section 1031 gain or loss. (federal Form 1120S, Schedule K, Line 9, or federal Form 1065, Schedule K Line 10)	<input type="checkbox"/>	6		.00
7. Other income or loss. (federal Form 1120S, Schedule K, Line 10, or federal Form 1065, Schedule K, Line 11.)	<input type="checkbox"/>	7	250001	.00
8. Section 179 Deduction (federal Form 1120S, Schedule K, Line 11 or Federal Form 1065, Schedule K, Line 12)		8	250000	.00
9. Apportionable income (Add Lines 1-7, then subtract Line 8)	<input type="checkbox"/>	9	1068912	.00
10. Apportionment percentage (From Schedule BA-402, or 100%)		10	72.890672	%
11. Business Income Apportioned to Vermont (Multiply Line 9 by Line 10)	<input type="checkbox"/>	11	779137	.00
12. Income directly allocable to Vermont generated by this entity (Capital gain on real estate and physical assets located in Vermont, royalties on property located in Vermont, etc.)	<input type="checkbox"/>	12		.00
13. Vermont business income distributed to this entity by a different entity via Schedule K-1VT	<input type="checkbox"/>	13		.00
14. Vermont sourced capital gain distributed to this entity via Schedule K-1VT	<input type="checkbox"/>	14	219000	.00
15. Other Vermont sourced income distributed to this entity by a different entity via Schedule K-1VT	<input type="checkbox"/>	15		.00
16. Total Vermont Net Income (Add Lines 11 through 15)	<input type="checkbox"/>	16	998137	.00
17. Percentage of income from Line 16 passed through to nonresidents		17	20	%
18. Total income passed through to nonresidents (Multiply Line 13 by Line 14)	<input type="checkbox"/>	18	199627	.00
19. Nonresident estimated payment requirement (Multiply Line 18 by 6.6%)		19	13175	.00

Vermont Shareholder, Partner, or Member Information Schedule K-1VT



* 1 8 K 1 V 1 1 0 0 *

**This schedule is REQUIRED.
Attach to Form BI-471**

Entity Name (same as on Form BI-471) RED SOX OPPORTUNITY CORP	Fiscal Year Ending (YYYYMMDD)	FEIN 40-9090900
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HEADER INFORMATION - REQUIRED ENTRIES

Entity Name (Shareholder, Partner, or Member)			FEIN	
OR Individual Last Name (Shareholder, Partner, or Member) HENRY	First Name JOHN	MI	Social Security Number 008229184	
Address 125 GOLF COURSE LANE			Recipient Type (I, C, S, L, P, X, or T) I	
Address, Line 2 (if needed)			Residency Status <input checked="" type="checkbox"/> Vermont Resident <input type="checkbox"/> Nonresident	
City QUEECHE	State VT	ZIP Code 05421		
Foreign Country (if not United States)			Percentage of Entity's income or loss to this recipient. Calculate percentage to six places to the right of the decimal point	80 %

Did this entity pay tax on this income as part of a composite return Yes No

Place an "X" in the box left of the line number to indicate a loss amount **Enter all amounts in whole dollars.**

1.	Vermont Business Income	<input type="checkbox"/>	← Check to indicate loss	1	623310	.00
2.	Capital gains allocated to Vermont	<input type="checkbox"/>	← Check to indicate loss	2	175200	.00
3.	Other income allocated to Vermont	<input type="checkbox"/>	← Check to indicate loss	3		.00
4.	Exempt Income - Vermont income not characterized as Unrelated Business Income (UBI) for Federal purposes (tax-exempt entities only)			4		.00
5.	Total annual nonresident estimated payments allocated to this shareholder			5		.00
6.	Total annual real estate withholding payments allocated to this shareholder			6		.00
7.	Share of total federal bonus depreciation difference (Enter on Schedule IN-112, Line 4 or Line 8)	<input type="checkbox"/>	← Check to indicate loss	7		.00

Vermont Shareholder, Partner, or Member Information Schedule K-1VT



* 1 8 K 1 V 1 1 0 0 *

**This schedule is REQUIRED.
Attach to Form BI-471**

Entity Name (same as on Form BI-471) RED SOX OPPORTUNITY CORP	Fiscal Year Ending (YYYYMMDD)	FEIN 40-9090900
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HEADER INFORMATION - REQUIRED ENTRIES

Entity Name (Shareholder, Partner, or Member)			FEIN	
OR Individual Last Name (Shareholder, Partner, or Member) WARNER	First Name TOM	MI	Social Security Number 667509111	
Address 150 BUENA VISTA DRIVE			Recipient Type (I, C, S, L, P, X, or T) I	
Address, Line 2 (if needed)			Residency Status	
City SAN DIEGO			<input type="checkbox"/> Vermont Resident <input checked="" type="checkbox"/> Nonresident	
State CA	ZIP Code 92164	Foreign Country (if not United States)		
Percentage of Entity's income or loss to this recipient. Calculate percentage to six places to the right of the decimal point			20	%

Did this entity pay tax on this income as part of a composite return Yes No

Place an "X" in the box left of the line number to indicate a loss amount **Enter all amounts in whole dollars.**

1.	Vermont Business Income	<input type="checkbox"/> Check to indicate loss	1	155827	.00
2.	Capital gains allocated to Vermont	<input type="checkbox"/> Check to indicate loss	2	43800	.00
3.	Other income allocated to Vermont	<input type="checkbox"/> Check to indicate loss	3		.00
4.	Exempt Income - Vermont income not characterized as Unrelated Business Income (UBI) for Federal purposes (tax-exempt entities only)		4		.00
5.	Total annual nonresident estimated payments allocated to this shareholder		5	13175	.00
6.	Total annual real estate withholding payments allocated to this shareholder		6		.00
7.	Share of total federal bonus depreciation difference (Enter on Schedule IN-112, Line 4 or Line 8)	<input type="checkbox"/> Check to indicate loss	7		.00

Vermont Apportionment & Allocation Schedule BA-402



* 1 8 4 0 2 1 1 0 0 *

For Unitary filers, complete a separate Schedule BA-402 for each taxable affiliate

Attach to Form CO-411 or Form BI-471

Entity Name (same as on Form CO-411 or Form BI-471) RED SOX OPPORTUNITY CORP FOR UNITARY GROUPS ONLY - Name of Affiliate	Fiscal Year Ending (YYYYMMDD)	FEIN 40-9090900 Affiliate's FEIN
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PART 1 Directly Allocated Non-Business Income, Other Non-Appportionable Income and Foreign Dividends

Place an "x" in the box left of the line number to indicate a loss amount

Enter all amounts in **WHOLE DOLLARS**

Everywhere

Vermont

	← Check to indicate loss			← Check to indicate loss		
1a-b. Nonbusiness Income or Other Non-Apportionable Income	<input type="checkbox"/>	1a	.00	<input type="checkbox"/>	1b	.00
1c-d. Foreign Dividends	<input type="checkbox"/>	1c	.00	<input type="checkbox"/>	1d	.00

PART 2 Sales and Receipts Factor Section A Sales and Receipts Factor

Everywhere

Vermont

2. Sales or gross receipts	2	674445	.00		
3. Services performed in Vermont	3				.00
4. Sales delivered or shipped to purchasers in Vermont from outside Vermont	4				.00
5. Sales delivered or shipped to purchasers in Vermont from within Vermont	5	346112			.00
6. Sales shipped from Vermont to the U.S. Government	6				.00
7. Sales shipped from Vermont to purchasers in a state where the entity is not taxable	7				.00
8. Business interest	8a		.00	8b	.00
9. Royalties	9a		.00	9b	.00
10. Gross rents	10a		.00	10b	.00
11. Other business income (attach detailed supporting statement)	11a		.00	11b	.00
12. TOTAL INCOME, SALES, AND GROSS RECEIPTS (Add Lines 2-11)	12a	674445	.00	12b	346112 .00
12c. Vermont Sales and Receipts factor as percent of everywhere. (Divide Line 12b by Line 12a) Calculate percentage to six places to the right of the decimal point	12c	51.318046			%

Entity Name (same as on Form CO-411 or Form BI-471)	
RED SOX OPPORTUNITY CORP	
FEIN	Fiscal Year Ending (YYYYMMDD)
40-9090900	



Section B Salaries and Wages Factor

	Everywhere			Vermont		
13. TOTAL SALARIES AND WAGES	13a	256190	.00	13b	228010	.00
13c. Vermont as percent of everywhere (Divide Line 13b by Line 13a). Calculate percentage to six places to the right of the decimal point	13c			89.000351	%	

Section C Property Factor (Average value during year)

	Everywhere			Vermont		
14. Inventories	14a		.00	14b		.00
15. Buildings and other depreciable assets (original cost)	15a	3469778	.00	15b	3469778	.00
16. Depletable assets (original cost)	16a		.00	16b		.00
17. Land	17a		.00	17b		.00
18. Other assets (attach schedule)	18a		.00	18b		.00
19. Rented real and personal property (Multiply annual rent by 8)	19a	2561	.00	19b	0	.00
20. TOTAL PROPERTY (Add Lines 14 through 19)	20a	3472339	.00	20b	3469778	.00
20c. Vermont as percent of everywhere (Divide Line 20b by Line 20a) Calculate percentage to six places to the right of the decimal point	20c			99.926245	%	

Section D Vermont Apportionment Factors

21. VERMONT COMBINED FACTORS (Sales and Receipts, Double-weighted) (Add Line 12c twice, and Lines 13c and 20c above). Calculate percentage to six places to the right of the decimal point	21	291.562688	%
22. VERMONT APPORTIONMENT FACTOR (Divide Line 21 by 4 or as indicated below). Calculate percentage to six places to the right of the decimal point	22	72.890672	%

Express as a decimal to six places. If there are less than three factors with

an "EVERYWHERE" denominator, then divide Line 21 as follows:

- Sales/Receipts and Salaries and Wages - divide by 3
- Sales/Receipts and Property - divide by 3
- Salaries and Wages and Property - divide by 2
- Sales/Receipts only - divide by 2
- Salaries and Wages only - divide by 1
- Property only - divide by 1

(Transcribe to Form CO-411, Line 6; or Schedule CO-421, Line 1;
or Schedule BI-472, Line 10; or Schedule BI-473, Line 11.)

Vermont Tax Credits Earned, Applied, Expired, and Carried Forward Schedule BA-404



PLEASE PRINT CLEARLY in BLUE or BLACK INK ONLY
Enter all amounts in whole dollars.

**Attach to Form CO-411
or Form BI-471
or Form BI-476**

Entity Name (same as on Form CO-411, Form BI-471, or Form BI-476) RED SOX OPPORTUNITY CORP	Fiscal Year Ending (YYYYMMDD)	FEIN 40-9090900	
(A) Amount Carried Forward from Prior Years	(B) Amount Earned Current Year	(C) Amount Applied Current Year	(D) Amount Carried Forward to Future Years
1. Research and Development § 5930ii	5000	5000	0
2. Charitable Housing § 5830c			
3. Affordable Housing § 5930u			
4. Qualified Sale of Mobile Home Park § 5828			
5. Vermont Entrepreneur's Seed Capital Fund § 5830b			
6. Code Improvement § 5930cc(c)			
7. Historic Rehabilitation § 5930cc(a)			
8. Facade Improvement § 5930cc(b)			
9. Investment Tax Credit § 5822(d)	3000	3000	0
10. Machinery and Equipment § 5930II	NOT AVAILABLE		
11. TOTAL FOR ALL CREDITS (Add Lines 1 through 10)	8000	8000	0

Vermont Credit Allocation Schedule BA-406



* 1 8 4 0 6 1 1 0 0 *

PRINT in BLUE or BLACK INK

**Attach to Form BI-471
or Form BI-476**

Entity Name (same as on Form BI-471 or Form BI-476) RED SOX OPPORTUNITY CORP	Fiscal Year Ending (YYYYMMDD)	FEIN 40-9090900
--	-------------------------------	---------------------------

Individual Last Name (Shareholder, Partner, or Member) WARNER	First Name TOM	MI	Social Security Number 667509111
OR Entity Name (Shareholder, Partner, or Member)			OR FEIN

Entity TYPE. Enter I, C, S, L, P, or T (see instructions)

Name of Credit

Enter all amounts in **WHOLE DOLLARS**

1. Research and Development	1	2000		.00
2. Charitable Housing	2			.00
3. Affordable Housing	3			.00
4. Qualified sale of Mobile Home Park	4			.00
5. Vermont Entrepreneur's Seed Capital Fund	5			.00
6. Code Improvement	6			.00
7. Historic Rehabilitation	7			.00
8. Facade Improvement	8			.00
9. Investment Tax Credit	9			.00
10. Machinery and Equipment	10	NOT AVAILABLE		
11. Total credits for this shareholder, partner, or member (Add Lines 1 through 10)	11			.00

Vermont Credit Allocation Schedule BA-406



* 1 8 4 0 6 1 1 0 0 *

PRINT in BLUE or BLACK INK

**Attach to Form BI-471
or Form BI-476**

Entity Name (same as on Form BI-471 or Form BI-476) RED SOX OPPORTUNITY CORP	Fiscal Year Ending (YYYYMMDD)	FEIN 40-9090900
--	-------------------------------	---------------------------

Individual Last Name (Shareholder, Partner, or Member) HENRY	First Name JOHN	MI	Social Security Number 008229184
OR Entity Name (Shareholder, Partner, or Member)			OR FEIN

Entity TYPE. Enter I, C, S, L, P, or T (see instructions)

Name of Credit

Enter all amounts in **WHOLE DOLLARS**

1. Research and Development	1	3000	.00
2. Charitable Housing	2		.00
3. Affordable Housing	3		.00
4. Qualified sale of Mobile Home Park	4		.00
5. Vermont Entrepreneur's Seed Capital Fund	5		.00
6. Code Improvement	6		.00
7. Historic Rehabilitation	7		.00
8. Facade Improvement	8		.00
9. Investment Tax Credit	9	3000	.00
10. Machinery and Equipment	10	NOT AVAILABLE	
11. Total credits for this shareholder, partner, or member (Add Lines 1 through 10)	11		.00

Test 4:

Vermont Forms Required: BI-471, BI-473

Vermont Business Income Tax Return

Form BI-471



* 1 8 4 7 1 1 1 0 0 *

For Partnerships, Subchapter S Corporations, and LLCs

Entity Name JUSTINS GAME CORNER			Check Appropriate Box(es)		
Address 1 GATEWAY DRIVE			<input checked="" type="checkbox"/> COMPOSITE RETURN	<input type="checkbox"/> ACCOUNTING PERIOD CHANGE	<input type="checkbox"/> INITIAL RETURN FEDERAL EXTENSION REQUESTED
Address, Line 2			<input type="checkbox"/> AMENDED RETURN	<input type="checkbox"/> EXTENDED RETURN	<input type="checkbox"/> PUBLIC LAW 86-272 APPLIES FINAL RETURN (CANCELS ACCOUNT)
City WOODSTOCK			FEIN 35-9876543		Entity's Primary 6-digit NAICS number 513579
State VT	ZIP Code 06422		Tax year BEGIN date (YYYYMMDD) 20180101		Tax year END date (YYYYMMDD) 20181231
Foreign Country (if not United States)			Federal tax return filed (check one box)		
			<input type="checkbox"/> 1120S	<input checked="" type="checkbox"/> 1065	Other

A. Were any shareholders, partners, or members nonresidents of Vermont during this tax year? Yes No

B. Did this entity have income or losses derived from at least one state other than Vermont? If Yes, complete and attach Schedule BA-402 Yes No

C. Net adjustment to income resulting from Vermont's disallowance of "bonus depreciation" (IRC 168(k))

C		.00
---	--	-----

D. Total number of Shareholders, Partners, or Members

D	60	.00
---	----	-----

E. How many are Vermont Residents?

E	0	.00
---	---	-----

F. How many are nonresidents?

F	60	.00
---	----	-----

G. Check box if § 5920(f), (g), or (h) applies (regarding nonresident estimated payments for affordable housing projects, federal new market tax credit projects, or publicly traded partnerships). Attach authorization or documentation.

TAX COMPUTATION (see instructions):

Enter all amounts in whole dollars.

Check box if exception applies	<input type="checkbox"/> SMALL FARM § 5832(2)(A)(\$75 minimum)	<input type="checkbox"/> INVESTMENT CLUB § 5921 (\$0)
	<input type="checkbox"/> NO VERMONT ACTIVITY / INACTIVE (\$0)	<input type="checkbox"/> IRC SEC. 761 (\$0)

1. Vermont minimum entity tax (\$250) or above exception (see instructions)	1	250	.00
2. For non-composite entities			
2a. Nonresident estimated payment requirement (Schedule BI-472, Line 19)	2a	.00	
2b. Overpayment distributed to owners (Enter the sum of all K-1VT's Lines 5 and 6, minus Schedule BI-472, Line 19)	2b	.00	
2c. Enter the sum of Lines 2a and 2b	2c	0	.00
3. For composite entities, Vermont composite tax due (Schedule BI-473, Line 24)	3	257395	.00
4. Vermont apportionment of entity level taxes (see instructions)	4		.00
5. Use Tax for taxable items on which no sales tax was charged, including online purchases	5		.00
6. Total tax due (Add Lines 1, 2c, 3, 4, and 5)	6	257645	.00

Entity Name	
JUSTINS GAME CORNER	
FEIN	Fiscal Year Ending (YYYYMMDD)
35-9876543	



PAYMENTS AND CREDITS

Enter all amounts in whole dollars.

- 7. Prior Year Overpayment Applied.
- 8. Payments with Extension
- 9. Real estate withholding paid for this entity with Form RW-171, REW Schedule A.....
- 10. Real estate withholding distributed to this entity by a different company through a Schedule K-1VT
- 11. Nonresident estimated payments paid by this entity with Form WH-435
- 12. Nonresident estimated payments distributed to this entity by a different company through a Schedule K-1VT
- 13. Total payments (Add Lines 7 through 12).....

7		.00
8		.00
9		.00
10		.00
11	250000	.00
12		.00
13	250000	.00

RECONCILIATION

Enter all amounts in whole dollars.

- 14. Balance Due: If Line 6 is greater than Line 13, enter the difference.....
- 15. Payment attached to this return
- 16. Overpayment: If Line 6 is less than the sum of Lines 13 and 15, enter the difference
- 17. Overpayment to be credited to the next tax year
- 18. Overpayment to be refunded.....

14	7645	.00
15	7645	.00
16		.00
17		.00
18		.00

I hereby certify that I am an officer or authorized agent responsible for the taxpayer's compliance with the requirements of Title 32 of the Vermont Statutes 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 (MMDDYY)	Daytime Telephone Number
Printed Name		Email Address (optional)	
Preparer's Signature		Date (MMDDYY)	Check if Self-Employed <input type="checkbox"/>
Preparer's Printed Name		Preparer's SSN or PTIN	
Firm's Name (or yours if self-employed) and address		EIN	Preparer's Telephone Number

May the Department of Taxes Discuss this return with the preparer shown? Yes

Vermont Composite Schedule BI-473



* 1 8 4 7 3 1 1 0 0 *

PRINT in BLUE or BLACK INK

ATTACH TO FORM BI-471

Entity Name (same as on Form BI-471) JUSTINS GAME CORNER	Fiscal Year Ending (YYYYMMDD) FEIN 35-9876543
--	---

Place an "X" in the box left of the line number to indicate a loss amount.

Enter all amounts in whole dollars.

1. Ordinary Business Income (federal Form 1120S, Line 21 or federal Form 1065, Line 22)	<input type="checkbox"/>	1	3250998	.00
2. Net Real Estate Income (federal Form 1120S, Schedule K, Line 2, or federal Form 1065, Schedule K, Line 2)	<input type="checkbox"/>	2		.00
3. Other Net Rental Income (federal Form 1120S, Schedule K, Line 3, or federal Form 1065, Schedule K, Line 3)	<input type="checkbox"/>	3		.00
4. Guaranteed Payments (Partnership only - federal Form 1065, Schedule K, Line 4)		4		.00
5. Net short term and long term capital gains. (federal Form 1120S, Schedule K, Lines 7 and 8a, or federal Form 1065, Schedule K, Lines 7 and 8.)		5	561	.00
6. Net section 1031 gain or loss. (federal Form 1120S, Schedule K, Line 9, or Federal 1065, Schedule K Line 10)	<input type="checkbox"/>	6	20223	.00
7. Other income or loss. (federal Form 1120S, Schedule K, Line 10, or federal Form 1065, Schedule K, Line 11.)	<input type="checkbox"/>	7	125000	.00
8. Section 179 Deduction (federal Form 1120S, Schedule K, Line 11 or federal Form 1065, Schedule K, Line 12)		8		.00
9. Deduction for Charitable Contributions (federal Form 1120S, Schedule K, Line 12a, or federal Form 1065, Schedule K, Line 13a)		9	10000	.00
10. Apportionable income (Add Lines 1 through 7. Then subtract Lines 8 and 9)	<input type="checkbox"/>	10	3386782	.00
11. Apportionment percentage (From BA-402, or 100%)		11	100	%
12. Business Income Apportioned to Vermont (Multiply Line 10 by Line 11)	<input type="checkbox"/>	12	3386782	.00
13. Income directly allocable to Vermont generated by this entity (Capital gain on real estate and physical assets located in Vermont, royalties on property located in Vermont, etc.)	<input type="checkbox"/>	13		.00
14. Vermont business income distributed to this entity by a different entity via Schedule K-1VT	<input type="checkbox"/>	14		.00
15. Vermont sourced capital gain distributed to this entity via Schedule K-1VT	<input type="checkbox"/>	15		.00
16. Other Vermont sourced income distributed to this entity by a different entity via Schedule K-1VT	<input type="checkbox"/>	16		.00
17. Total Vermont Net Income (Add Lines 12 through 16)	<input type="checkbox"/>	17	3386782	.00

Entity Name	
JUSTINS GAME CORNER	
FEIN	Fiscal Year Ending (YYYYMMDD)
35-9876543	



Amount from Line 17 3386782

Place an "X" in the box left of the line number to indicate a loss amount. Enter all amounts in whole dollars.

18. Percentage of income from Line 17 passed through to nonresidents	<input type="checkbox"/>	18	100	%
19. Total nonresident income (Multiply Line 17 by Line 18)	<input type="checkbox"/> ← Check to indicate loss	19	3386782	.00
20. Vermont net operating loss deduction applied (attach Vermont NOL statement in PDF format) ...	<input type="checkbox"/>	20		.00
21. Vermont taxable composite income (Subtract Line 20 from Line 19)	<input type="checkbox"/> ← Check to indicate loss	21	3386782	.00
22. Composite Tax (Multiply Line 21 by 7.6%. If negative, enter -0-)	<input type="checkbox"/>	22	257395	.00
23. Tax credits available for composite shareholders/partners/members (attach BA-404 and BA-406).	<input type="checkbox"/>	23		.00
NOTE: Line 23 Tax Credits may not reduce your tax liability to less than the minimum tax. Review program guidelines to determine if there are other limitations regarding usage of tax credits.				
24. Vermont Composite Tax due (Subtract Line 23 from Line 22)	<input type="checkbox"/>	24	257395	.00

Test 5:

Vermont Forms Required: CO-411, BA402

Vermont Corporate Income Tax Return

Form CO-411



Check Appropriate Box(es)

Accounting Period Change
 Amended Return
 Extended Return
 Federal Extension Requested
 Unitary Combined
 Unitary Consolidated
 PL 86-272 is Applicable
 Final Return (Cancels Account)

Entity Name (Principal Vermont Corporation) **JW RULES THE FLOOR INC**
 FEIN **03-0146254**
 Primary 6-digit NAICS number **964441**

Address **135 MAIN STREET**
 Tax year BEGIN date (YYYYMMDD) **20180101**
 Tax year END date (YYYYMMDD) **20181231**

City **NORTHFIELD**
 State **VT**
 ZIP Code **05626**
 Number of companies in Water's Edge Group **1**
 Number with Vermont Nexus **1**

Foreign Country (if not United States) _____
 Federal tax return filed (Check one box)

1120
 1120-F
 990-T
 1120-H
 Other

Place an "X" in the box left of the line number to indicate a loss amount.

Enter all amounts in whole dollars.

1. FEDERAL TAXABLE INCOME (Federal Form 1120, Line 30 plus any deduction for a federal net operating loss, Line 29a.)	<input type="checkbox"/>	1	85265111	.00
2. Bonus Depreciation Adjustment (see instructions)	<input type="checkbox"/>	2	124031	.00
3. Federal Taxable Income adjusted for disallowance of Bonus Depreciation (Add Lines 1 and 2)	<input type="checkbox"/>	3	85141080	.00
4. ADD (a) Interest on non-Vermont state and local Obligations		4a		.00
(b) State and local income or franchise taxes	<input type="checkbox"/>	4b	12346	.00
LESS (c) Non-business income or loss allocated everywhere (Schedule BA-402, Line 1a, or leave blank)	<input type="checkbox"/>	4c		.00
(d) Foreign dividends received. (Attach copy of Federal Form 965 Transition Tax Statement, if applicable)		4d	1671426	.00
(e) Interest on U.S. Government obligations		4e		.00
(f) "Gross Up" required by IRC sec. 78 and other excludable income		4f		.00
(g) Targeted Job Credit salary and wage expense addback		4g	426050	.00
5. NET APPORTIONABLE INCOME (Add Lines 3, 4(a), and 4(b). Then subtract Lines 4(c) through 4(g).)	<input type="checkbox"/>	5	83031258	.00

Check box if exception to minimum tax applies:

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

Entity Name	
JW RULES THE FLOOR INC	
FEIN	Fiscal Year Ending (YYYYMMDD)
03-0146254	



6. Vermont Percentage (100% or amount from Schedule BA-402, Line 22) Calculate percentage to six places to the right of the decimal point		6	74.255386	%
7. Apportionable Income (From CO-411, Line 5)	<input type="checkbox"/> Check to indicate loss	7	83031258	.00
8. Income Apportioned to Vermont (Multiply Lines 6 and 7)	<input type="checkbox"/> Check to indicate loss	8	61655181	.00
9. Income Allocated to Vermont (Schedule BA-402, Line 1b)	<input type="checkbox"/> Check to indicate loss	9		.00
10. Foreign Dividends Allocated to Vermont (Schedule BA-402, Line 1d)		10	1241124	.00
11. Net Vermont Income Allocated and Apportioned to Vermont (Add Lines 8, 9, and 10.)	<input type="checkbox"/> Check to indicate loss	11	62896305	.00
12. Vermont Net Operating Loss deduction applied (attach schedule)		12	60319	.00
13. Vermont Net taxable Income for this entity (Line 11 minus Line 12)	<input type="checkbox"/> Check to indicate loss	13	62835986	.00
14. Vermont Tax. Apply Vermont Tax Rates (below) to amount on Line 13		14	5340584	.00
15. Credits (Schedule BA-404, Column C, Line 11)		15		.00
16. Use Tax for taxable items on which no sales tax was charged, including online purchases		16	185	.00
17. Tax Due for this entity (Subtract Line 15 from Line 14. To that result, add Line 16)		17	5340769	.00
18. Gross Receipts (For purpose of minimum tax calculation. See instructions)		18	21644455	.00

TAX COMPUTATION SCHEDULE

(Effective for taxable periods beginning January 1, 2012)

<u>IF VERMONT NET INCOME IS</u>	<u>TAX IS</u>
\$10,000 or less	6.00%
\$10,001 - \$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
 <u>IF GROSS RECEIPTS ARE</u>	 <u>MINIMUM TAX IS</u>
\$2,000,000 or less	\$300
\$2,000,001 - \$5,000,000	\$500
\$5,000,001 and over	\$750

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 _____
 FEIN _____ Fiscal Year Ending (YYYYMMDD) _____



Amount from Line 17 _____

19. Total Tax Due (Add Line 17 plus Line 13 of all attached Schedules CO-421)	20	5340769	.00
20. Payments			
20a. Estimated Payments	20a	5000000	.00
20b. Payment with Extension	20b	200000	.00
20c. Nonresident Estimated Payments (Form WH-435)	20c		.00
20d. Real Estate Withholding Payments (Form RW-171)	20d		.00
20e. Prior Year Overpayment Applied	20e	100000	.00
20f. Total Payments (Add Lines 20a through 20e)	20f	5300000	.00
21. Balance Due. If Line 19 is more than Line 20f, subtract Line 20f from Line 19. Make checks payable to Vermont DEPARTMENT OF TAXES.	21	40769	.00
22. Payment submitted with this return	22	40769	.00
23. Overpayment. If Line 20f is more than Line 19, Subtract Line 19 from Line 20f	23		.00
24. Overpayment to be applied to next tax year	24		.00
25. Overpayment to be refunded (Subtract Line 24 from Line 23)	25		.00

I hereby certify that I am an officer or authorized agent responsible for the taxpayer's compliance with the requirements of Title 32 of the Vermont Statutes 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 (MMDDYY)	Daytime Telephone Number
Printed Name		Email Address (optional)	
Preparer's Signature		Date (MMDDYY)	Check if Self-Employed
Preparer's Printed Name		Preparer's SSN or PTIN	
Firm's Name (or yours if self-employed) and address		EIN	Preparer's Telephone Number

May the Department of Taxes Discuss this return with the preparer shown? Yes

Make check payable to: **Vermont Department of Taxes**

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

Vermont Apportionment & Allocation Schedule BA-402



* 1 8 4 0 2 1 1 0 0 *

For Unitary filers, complete a separate Schedule BA-402 for each taxable affiliate

Attach to Form CO-411 or Form BI-471

Entity Name (same as on Form CO-411 or Form BI-471) JW RULES THE FLOOR INC	Fiscal Year Ending (YYYYMMDD)	FEIN 03-0146254
FOR UNITARY GROUPS ONLY - Name of Affiliate		Affiliate's FEIN

PART 1 Directly Allocated Non-Business Income, Other Non-Appportionable Income and Foreign Dividends

Place an "x" in the box left of the line number to indicate a loss amount

Enter all amounts in **WHOLE DOLLARS**

Everywhere Vermont

	← Check to indicate loss	1a		1b	
1a-b. Nonbusiness Income or Other Non-Apportionable Income	<input type="checkbox"/>		.00	<input type="checkbox"/>	.00
1c-d. Foreign Dividends	<input type="checkbox"/>	1671426	.00	<input type="checkbox"/>	1241124 .00

PART 2 Sales and Receipts Factor Section A Sales and Receipts Factor

Everywhere Vermont

	2		3		4		5		6		7		8a		8b		9a		9b		10a		10b		11a		11b		12a		12b		12c			
2. Sales or gross receipts		21644455	.00																																	
3. Services performed in Vermont																																				
4. Sales delivered or shipped to purchasers in Vermont from outside Vermont																																				
5. Sales delivered or shipped to purchasers in Vermont from within Vermont																																				
6. Sales shipped from Vermont to the U.S. Government																																				
7. Sales shipped from Vermont to purchasers in a state where the entity is not taxable																																				
8. Business interest			.00																																	
9. Royalties			.00																																	
10. Gross rents			.00																																	
11. Other business income (attach detailed supporting statement)			.00																																	
12. TOTAL INCOME, SALES, AND GROSS RECEIPTS (Add Lines 2-11)			2164455	.00																																
12c. Vermont Sales and Receipts factor as percent of everywhere. (Divide Line 12b by Line 12a) Calculate percentage to six places to the right of the decimal point																																				

Entity Name (same as on Form CO-411 or Form BI-471)	
JW RULES THE FLOOR INC	
FEIN	Fiscal Year Ending (YYYYMMDD)
03-0146254	



Section B Salaries and Wages Factor

	Everywhere		Vermont	
13. TOTAL SALARIES AND WAGES	13a	261349785 .00	13b	222147317.00
13c. Vermont as percent of everywhere (Divide Line 13b by Line 13a). Calculate percentage to six places to the right of the decimal point	13c			84.999999 %

Section C Property Factor (Average value during year)

	Everywhere		Vermont	
14. Inventories	14a	.00	14b	.00
15. Buildings and other depreciable assets (original cost)	15a	1000000 .00	15b	1000000 .00
16. Depletable assets (original cost)	16a	.00	16b	.00
17. Land	17a	.00	17b	.00
18. Other assets (attach schedule)	18a	.00	18b	.00
19. Rented real and personal property (Multiply annual rent by 8)	19a	.00	19b	.00
20. TOTAL PROPERTY (Add Lines 14 through 19)	20a	1000000 .00	20b	1000000 .00
20c. Vermont as percent of everywhere (Divide Line 20b by Line 20a) Calculate percentage to six places to the right of the decimal point	20c			100.000000 %

Section D Vermont Apportionment Factors

21. VERMONT COMBINED FACTORS (Sales and Receipts, Double-weighted) (Add Line 12c twice, and Lines 13c and 20c above). Calculate percentage to six places to the right of the decimal point	21	297.021547 %
22. VERMONT APPORTIONMENT FACTOR (Divide Line 21 by 4 or as indicated below). Calculate percentage to six places to the right of the decimal point	22	74.255386 %

Express as a decimal to six places. If there are less than three factors with an "EVERYWHERE" denominator, then divide Line 21 as follows:

- Sales/Receipts and Salaries and Wages - divide by 3
- Sales/Receipts and Property - divide by 3
- Salaries and Wages and Property - divide by 2
- Sales/Receipts only - divide by 2
- Salaries and Wages only - divide by 1
- Property only - divide by 1

(Transcribe to Form CO-411, Line 6; or Schedule CO-421, Line 1;
or Schedule BI-472, Line 10; or Schedule BI-473, Line 11.)

Test 6:

Vermont Forms Required: CO-411, 3 BA402, 2 CO421, BA404, BA410, CO420, 3 CO419

Vermont Corporate Income Tax Return

Form CO-411



Check Appropriate Box(es)

Accounting Period Change
 Amended Return
 Extended Return
 Federal Extension Requested
 Unitary Combined
 Unitary Consolidated
 PL 86-272 is Applicable
 Final Return (Cancels Account)

Entity Name (Principal Vermont Corporation) **MCCORMACK SHELVES INC** FEIN _____ Primary 6-digit NAICS number _____

Address **78214 SUNNY LANE** Tax year BEGIN date (YYYYMMDD) _____ Tax year END date (YYYYMMDD) _____

City **AUSTIN** State **TX** ZIP Code **73301** Number of companies in Water's Edge Group **25** Number with Vermont Nexus **3**

Foreign Country (if not United States) _____ Federal tax return filed (Check one box)

1120 1120-F 990-T

1120-H Other

Place an "X" in the box left of the line number to indicate a loss amount.

Enter all amounts in whole dollars.

1. FEDERAL TAXABLE INCOME (Federal Form 1120, Line 30 plus any deduction for a federal net operating loss, Line 29a.)	<input type="checkbox"/>	1	20000000	.00
2. Bonus Depreciation Adjustment (see instructions)	<input type="checkbox"/>	2		.00
3. Federal Taxable Income adjusted for disallowance of Bonus Depreciation (Add Lines 1 and 2)	<input type="checkbox"/>	3		.00
4. ADD (a) Interest on non-Vermont state and local Obligations	<input type="checkbox"/>	4a		.00
(b) State and local income or franchise taxes	<input type="checkbox"/>	4b	5250664	.00
LESS (c) Non-business income or loss allocated everywhere (Schedule BA-402, Line 1a, or leave blank)	<input type="checkbox"/>	4c		.00
(d) Foreign dividends received. (Attach copy of Federal Form 965 Transition Tax Statement, if applicable)	<input type="checkbox"/>	4d	256000	.00
(e) Interest on U.S. Government obligations	<input type="checkbox"/>	4e		.00
(f) "Gross Up" required by IRC sec. 78 and other excludable income	<input type="checkbox"/>	4f	82555	.00
(g) Targeted Job Credit salary and wage expense addback	<input type="checkbox"/>	4g		.00
5. NET APPORTIONABLE INCOME (Add Lines 3, 4(a), and 4(b). Then subtract Lines 4(c) through 4(g).)	<input type="checkbox"/>	5	24912109	.00

Check box if exception to minimum tax applies:

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

Entity Name MCCORMACK SHELVES INC	
FEIN 400685551	Fiscal Year Ending (YYYYMMDD)



6.	Vermont Percentage (100% or amount from Schedule BA-402, Line 22) Calculate percentage to six places to the right of the decimal point		6	20.861286	%
7.	Apportionable Income (From CO-411, Line 5)	<input type="checkbox"/> Check to indicate loss	7	24912109	.00
8.	Income Apportioned to Vermont (Multiply Lines 6 and 7)	<input type="checkbox"/> Check to indicate loss	8	5196986	.00
9.	Income Allocated to Vermont (Schedule BA-402, Line 1b)	<input type="checkbox"/> Check to indicate loss	9		.00
10.	Foreign Dividends Allocated to Vermont (Schedule BA-402, Line 1d)		10	42520	.00
11.	Net Vermont Income Allocated and Apportioned to Vermont (Add Lines 8, 9, and 10.)	<input type="checkbox"/> Check to indicate loss	11	5239506	.00
12.	Vermont Net Operating Loss deduction applied (attach schedule)		12		.00
13.	Vermont Net taxable Income for this entity (Line 11 minus Line 12)	<input type="checkbox"/> Check to indicate loss	13	5239506	.00
14.	Vermont Tax. Apply Vermont Tax Rates (below) to amount on Line 13		14	444883	.00
15.	Credits (Schedule BA-404, Column C, Line 11)		15	5000	.00
16.	Use Tax for taxable items on which no sales tax was charged, including online purchases		16	1085	.00
17.	Tax Due for this entity (Subtract Line 15 from Line 14. To that result, add Line 16)		17	440968	.00
18.	Gross Receipts (For purpose of minimum tax calculation. See instructions)		18	471155	.00

TAX COMPUTATION SCHEDULE
(Effective for taxable periods beginning January 1, 2012)

<u>IF VERMONT NET INCOME IS</u>	<u>TAX IS</u>
\$10,000 or less	6.00%
\$10,001 - \$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
 <u>IF GROSS RECEIPTS ARE</u>	 <u>MINIMUM TAX IS</u>
\$2,000,000 or less	\$300
\$2,000,001 - \$5,000,000	\$500
\$5,000,001 and over	\$750

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
MCCORMACK SHELVES INC

FEIN
400685551

Fiscal Year Ending (YYYYMMDD)



Amount from Line 17 _____

19. Total Tax Due (Add Line 17 plus Line 13 of all attached Schedules CO-421)	20	440968	.00
20. Payments			
20a. Estimated Payments	20a	400000	.00
20b. Payment with Extension	20b	50000	.00
20c. Nonresident Estimated Payments (Form WH-435)	20c		.00
20d. Real Estate Withholding Payments (Form RW-171)	20d		.00
20e. Prior Year Overpayment Applied	20e		.00
20f. Total Payments (Add Lines 20a through 20e)	20f	450000	.00
21. Balance Due. If Line 19 is more than Line 20f, subtract Line 20f from Line 19. Make checks payable to Vermont DEPARTMENT OF TAXES.	21		.00
22. Payment submitted with this return	22		.00
23. Overpayment. If Line 20f is more than Line 19, Subtract Line 19 from Line 20f.	23	9032	.00
24. Overpayment to be applied to next tax year	24	8000	.00
25. Overpayment to be refunded (Subtract Line 24 from Line 23)	25	1032	.00

I hereby certify that I am an officer or authorized agent responsible for the taxpayer's compliance with the requirements of Title 32 of the Vermont Statutes 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 (MMDDYY)	Daytime Telephone Number
Printed Name		Email Address (optional)	
Preparer's Signature		Date (MMDDYY)	Check if Self-Employed
Preparer's Printed Name		Preparer's SSN or PTIN	
Firm's Name (or yours if self-employed) and address		EIN	Preparer's Telephone Number

May the Department of Taxes Discuss this return with the preparer shown? **Yes X**

Make check payable to: **Vermont Department of Taxes**

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

Vermont Apportionment & Allocation Schedule BA-402



* 1 8 4 0 2 1 1 0 0 *

For Unitary filers, complete a separate Schedule BA-402 for each taxable affiliate

Attach to Form CO-411 or Form BI-471

Entity Name (same as on Form CO-411 or Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
MCCORMACK SHELVES INC		400685551
FOR UNITARY GROUPS ONLY - Name of Affiliate		Affiliate's FEIN
MCCORMACK SHELVES INC		400685551

PART 1 Directly Allocated Non-Business Income, Other Non-Appportionable Income and Foreign Dividends

Place an "x" in the box left of the line number to indicate a loss amount

Enter all amounts in **WHOLE DOLLARS**

Everywhere Vermont

	← Check to indicate loss	1a		1b	
1a-b. Nonbusiness Income or Other Non-Apportionable Income		.00		.00	
1c-d. Foreign Dividends		256000 .00		42520 .00	

PART 2 Sales and Receipts Factor

Section A Sales and Receipts Factor

Everywhere Vermont

	2		3		4		5		6		7		8a		8b		9a		9b		10a		10b		11a		11b		12a		12b		12c		
2. Sales or gross receipts	2540599	.00																																	
3. Services performed in Vermont			278612	.00																															
4. Sales delivered or shipped to purchasers in Vermont from outside Vermont			63918	.00																															
5. Sales delivered or shipped to purchasers in Vermont from within Vermont			128625	.00																															
6. Sales shipped from Vermont to the U.S. Government				.00																															
7. Sales shipped from Vermont to purchasers in a state where the entity is not taxable				.00																															
8. Business interest		.00		.00																															
9. Royalties		.00		.00																															
10. Gross rents		.00		.00																															
11. Other business income (attach detailed supporting statement)		.00		.00																															
12. TOTAL INCOME, SALES, AND GROSS RECEIPTS (Add Lines 2-11)	2540599	.00	471155	.00																															
12c. Vermont Sales and Receipts factor as percent of everywhere. (Divide Line 12b by Line 12a) Calculate percentage to six places to the right of the decimal point			18.545036	%																															

Entity Name (same as on Form CO-411 or Form BI-471)	
MCCORMACK SHELVES INC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400685551	



Section B Salaries and Wages Factor

	Everywhere			Vermont		
13. TOTAL SALARIES AND WAGES	13a	864428	.00	13b	169775	.00
13c. Vermont as percent of everywhere (Divide Line 13b by Line 13a). Calculate percentage to six places to the right of the decimal point	13c			19.640155	%	

Section C Property Factor (Average value during year)

	Everywhere			Vermont		
14. Inventories	14a	215339	.00	14b	28993	.00
15. Buildings and other depreciable assets (original cost)	15a	1369575	.00	15b	429617	.00
16. Depletable assets (original cost)	16a		.00	16b		.00
17. Land	17a	348912	.00	17b	58010	.00
18. Other assets (attach schedule)	18a		.00	18b		.00
19. Rented real and personal property (Multiply annual rent by 8)	19a		.00	19b		.00
20. TOTAL PROPERTY (Add Lines 14 through 19)	20a	1933826	.00	20b	516620	.00
20c. Vermont as percent of everywhere (Divide Line 20b by Line 20a) Calculate percentage to six places to the right of the decimal point	20c			26.714916	%	

Section D Vermont Apportionment Factors

21. VERMONT COMBINED FACTORS (Sales and Receipts, Double-weighted) (Add Line 12c twice, and Lines 13c and 20c above). Calculate percentage to six places to the right of the decimal point	21	83.445143	%
22. VERMONT APPORTIONMENT FACTOR (Divide Line 21 by 4 or as indicated below). Calculate percentage to six places to the right of the decimal point	22	20.861286	%

Express as a decimal to six places. If there are less than three factors with an "EVERYWHERE" denominator, then divide Line 21 as follows:

- Sales/Receipts and Salaries and Wages - divide by 3
- Sales/Receipts and Property - divide by 3
- Salaries and Wages and Property - divide by 2
- Sales/Receipts only - divide by 2
- Salaries and Wages only - divide by 1
- Property only - divide by 1

(Transcribe to Form CO-411, Line 6; or Schedule CO-421, Line 1;
or Schedule BI-472, Line 10; or Schedule BI-473, Line 11.)

Vermont Apportionment & Allocation Schedule BA-402



* 1 8 4 0 2 1 1 0 0 *

For Unitary filers, complete a separate Schedule BA-402 for each taxable affiliate

Attach to Form CO-411 or Form BI-471

Entity Name (same as on Form CO-411 or Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
MCCORMACK SHELVES INC		400685551
FOR UNITARY GROUPS ONLY - Name of Affiliate		Affiliate's FEIN
SOLAR FLARE INC		041616529

PART 1 Directly Allocated Non-Business Income, Other Non-Appportionable Income and Foreign Dividends

Place an "x" in the box left of the line number to indicate a loss amount

Enter all amounts in **WHOLE DOLLARS**

Everywhere Vermont

	← Check to indicate loss	1a		1b	
1a-b. Nonbusiness Income or Other Non-Apportionable Income		.00		.00	
1c-d. Foreign Dividends		256000 .00		7227 .00	

PART 2 Sales and Receipts Factor Section A Sales and Receipts Factor

Everywhere Vermont

	2		3		4		5		6		7		8a		8b		9a		9b		10a		10b		11a		11b		12a		12b		12c		
2. Sales or gross receipts	2540599	.00																																	
3. Services performed in Vermont			3	165318	.00																														
4. Sales delivered or shipped to purchasers in Vermont from outside Vermont			4		.00																														
5. Sales delivered or shipped to purchasers in Vermont from within Vermont			5		.00																														
6. Sales shipped from Vermont to the U.S. Government			6		.00																														
7. Sales shipped from Vermont to purchasers in a state where the entity is not taxable			7		.00																														
8. Business interest		8a			.00								8b			.00																			
9. Royalties		9a			.00								9b			.00																			
10. Gross rents		10a			.00								10b			.00																			
11. Other business income (attach detailed supporting statement)		11a			.00								11b			.00																			
12. TOTAL INCOME, SALES, AND GROSS RECEIPTS (Add Lines 2-11)		12a	2540599		.00								12b	165318		.00																			
12c. Vermont Sales and Receipts factor as percent of everywhere. (Divide Line 12b by Line 12a) Calculate percentage to six places to the right of the decimal point													12c	6.507048		%																			

Entity Name (same as on Form CO-411 or Form BI-471)	
MCCORMACK SHELVES INC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400685551	



Section B Salaries and Wages Factor

	Everywhere			Vermont		
13. TOTAL SALARIES AND WAGES	13a	864428	.00	13b	1618	.00
13c. Vermont as percent of everywhere (Divide Line 13b by Line 13a). Calculate percentage to six places to the right of the decimal point	13c			0.187176	%	

Section C Property Factor (Average value during year)

	Everywhere			Vermont		
14. Inventories	14a	215339	.00	14b	18983	.00
15. Buildings and other depreciable assets (original cost)	15a	1369575	.00	15b		.00
16. Depletable assets (original cost)	16a		.00	16b		.00
17. Land	17a	348912	.00	17b		.00
18. Other assets (attach schedule)	18a		.00	18b		.00
19. Rented real and personal property (Multiply annual rent by 8)	19a		.00	19b		.00
20. TOTAL PROPERTY (Add Lines 14 through 19)	20a	1933826	.00	20b	18983	.00
20c. Vermont as percent of everywhere (Divide Line 20b by Line 20a) Calculate percentage to six places to the right of the decimal point	20c			0.981629	%	

Section D Vermont Apportionment Factors

21. VERMONT COMBINED FACTORS (Sales and Receipts, Double-weighted) (Add Line 12c twice, and Lines 13c and 20c above). Calculate percentage to six places to the right of the decimal point	21	14.182901	%
22. VERMONT APPORTIONMENT FACTOR (Divide Line 21 by 4 or as indicated below). Calculate percentage to six places to the right of the decimal point	22	3.545725	%

Express as a decimal to six places. If there are less than three factors with an "EVERYWHERE" denominator, then divide Line 21 as follows:

- Sales/Receipts and Salaries and Wages - divide by 3
- Sales/Receipts and Property - divide by 3
- Salaries and Wages and Property - divide by 2
- Sales/Receipts only - divide by 2
- Salaries and Wages only - divide by 1
- Property only - divide by 1

(Transcribe to Form CO-411, Line 6; or Schedule CO-421, Line 1;
or Schedule BI-472, Line 10; or Schedule BI-473, Line 11.)

Vermont Apportionment & Allocation Schedule BA-402



* 1 8 4 0 2 1 1 0 0 *

For Unitary filers, complete a separate Schedule BA-402 for each taxable affiliate

Attach to Form CO-411 or Form BI-471

Entity Name (same as on Form CO-411 or Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
MCCORMACK SHELVES INC		400685551
FOR UNITARY GROUPS ONLY - Name of Affiliate		Affiliate's FEIN
ATOCHA INC		064291115

PART 1 Directly Allocated Non-Business Income, Other Non-Appportionable Income and Foreign Dividends

Place an "x" in the box left of the line number to indicate a loss amount

Enter all amounts in **WHOLE DOLLARS**

Everywhere Vermont

	← Check to indicate loss	1a		1b	
1a-b. Nonbusiness Income or Other Non-Apportionable Income		.00		.00	
1c-d. Foreign Dividends		256000 .00		6803 .00	

PART 2 Sales and Receipts Factor

Section A Sales and Receipts Factor

Everywhere Vermont

	2		3		4		5		6		7		8a		8b		9a		9b		10a		10b		11a		11b		12a		12b		12c		
2. Sales or gross receipts	2540599	.00																																	
3. Services performed in Vermont			41726	.00																															
4. Sales delivered or shipped to purchasers in Vermont from outside Vermont			18219	.00																															
5. Sales delivered or shipped to purchasers in Vermont from within Vermont				.00																															
6. Sales shipped from Vermont to the U.S. Government				.00																															
7. Sales shipped from Vermont to purchasers in a state where the entity is not taxable				.00																															
8. Business interest		.00		.00																															
9. Royalties		.00		.00																															
10. Gross rents		.00		.00																															
11. Other business income (attach detailed supporting statement)		.00		.00																															
12. TOTAL INCOME, SALES, AND GROSS RECEIPTS (Add Lines 2-11)	2540599	.00	59945	.00																															
12c. Vermont Sales and Receipts factor as percent of everywhere. (Divide Line 12b by Line 12a) Calculate percentage to six places to the right of the decimal point			2.359483	%																															

Entity Name (same as on Form CO-411 or Form BI-471)	
MCCORMACK SHELVES INC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400685551	



Section B Salaries and Wages Factor

	Everywhere			Vermont		
13. TOTAL SALARIES AND WAGES	13a	864428	.00	13b	1532	.00
13c. Vermont as percent of everywhere (Divide Line 13b by Line 13a). Calculate percentage to six places to the right of the decimal point	13c			0.177227	%	

Section C Property Factor (Average value during year)

	Everywhere			Vermont		
14. Inventories	14a	215339	.00	14b		.00
15. Buildings and other depreciable assets (original cost) . . .	15a	1369575	.00	15b	163482	.00
16. Depletable assets (original cost)	16a		.00	16b		.00
17. Land	17a	348912	.00	17b		.00
18. Other assets (attach schedule)	18a		.00	18b		.00
19. Rented real and personal property (Multiply annual rent by 8)	19a		.00	19b		.00
20. TOTAL PROPERTY (Add Lines 14 through 19)	20a	1933826	.00	20b	163482	.00
20c. Vermont as percent of everywhere (Divide Line 20b by Line 20a) Calculate percentage to six places to the right of the decimal point	20c			8.453811	%	

Section D Vermont Apportionment Factors

21. VERMONT COMBINED FACTORS (Sales and Receipts, Double-weighted) (Add Line 12c twice, and Lines 13c and 20c above). Calculate percentage to six places to the right of the decimal point	21	13.350004	%
22. VERMONT APPORTIONMENT FACTOR (Divide Line 21 by 4 or as indicated below). Calculate percentage to six places to the right of the decimal point	22	3.337501	%

Express as a decimal to six places. If there are less than three factors with an "EVERYWHERE" denominator, then divide Line 21 as follows:

- Sales/Receipts and Salaries and Wages - divide by 3
- Sales/Receipts and Property - divide by 3
- Salaries and Wages and Property - divide by 2
- Sales/Receipts only - divide by 2
- Salaries and Wages only - divide by 1
- Property only - divide by 1

(Transcribe to Form CO-411, Line 6; or Schedule CO-421, Line 1;
or Schedule BI-472, Line 10; or Schedule BI-473, Line 11.)

Vermont Unitary Affiliate Schedule Schedule CO-421



To be prepared only for those affiliates with Vermont Nexus.
PRINT in BLUE or BLACK INK

Attach to Form CO-411

Entity Name (same as on Form CO-411)	Fiscal Year Ending (YYYYMMDD)	FEIN
MCCORMACK SHELVES INC <small>Name of Affiliate</small>		400685551 <small>Affiliate's FEIN</small>
ATOCHA INC <small>Affiliate's Primary 6-digit NAICS Number</small>		064291115
238900	<input type="checkbox"/> Check here if this CO-421 is being prepared for federal consolidated group (see instructions)	

TAX COMPUTATION (see instructions):

Enter all amounts in whole dollars.

1. Apportionment percentage (Schedule BA-402 for this affiliate, Line 22). Calculate percentage to six places of the right of the decimal point	1	3.337501		%
2. Group Apportionable Income (Form CO-411, Line 5)	2	24912109	<input type="checkbox"/> Check to indicate loss	.00
3. Income Apportioned to Vermont (Multiply Line 1 by Line 2)	3	831442	<input type="checkbox"/> Check to indicate loss	.00
4. Income Allocated to Vermont (Schedule BA-402, Line 1b)	4		<input type="checkbox"/> Check to indicate loss	.00
5. Foreign Dividends Allocated to Vermont (Schedule BA-402, Line 1d)	5	6803		.00
6. Net Vermont Income Allocated to Vermont (Add Lines 3, 4, and 5)	6	838245	<input type="checkbox"/> Check to indicate loss	.00
7. Vermont Net Operating Loss deduction applied (attach schedule)	7	28316		.00
8. Vermont Net Taxable Income for this affiliate (Subtract Line 7 from Line 6)	8	809929	<input type="checkbox"/> Check to indicate loss	.00
9. Vermont Tax. Apply Vermont Tax Rates (Below) to amount on Line 8.	9	68369		.00
10. Credits (Schedule BA-404, Column C, Line 11)	10		<input type="checkbox"/> Check to indicate loss	.00
11. Tax Due (Line 9 minus Line 10)	11	68369		.00
12. Use Tax for taxable items on which no sales tax was charged, including online purchases	12	250		.00
13. Total Tax Due for this affiliate (Add Lines 11 and 12)	13	68619		.00
14. Gross Receipts (For purpose of minimum tax calculation. See instructions)	14	59945		.00

TAX COMPUTATION SCHEDULE (Effective for taxable periods beginning January 1, 2012)

<u>IF VERMONT NET INCOME IS</u>	<u>TAX IS</u>
\$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.

<u>IF GROSS RECEIPTS ARE</u>	<u>MINIMUM TAX IS</u>
\$2,000,000 or less	\$300
\$2,000,001 - \$5,000,000	\$500
\$5,000,001 and over	\$750

Vermont Unitary Affiliate Schedule Schedule CO-421



To be prepared only for those affiliates with Vermont Nexus.
PRINT in BLUE or BLACK INK

Attach to Form CO-411

Entity Name (same as on Form CO-411)	Fiscal Year Ending (YYYYMMDD)	FEIN
MCCORMACK SHELVES INC <small>Name of Affiliate</small>		400685551 <small>Affiliate's FEIN</small>
SOLAR FLARE INC <small>Affiliate's Primary 6-digit NAICS Number</small>		041616529
238900	<input type="checkbox"/> Check here if this CO-421 is being prepared for federal consolidated group (see instructions)	

TAX COMPUTATION (see instructions):

Enter all amounts in whole dollars.

1. Apportionment percentage (Schedule BA-402 for this affiliate, Line 22). Calculate percentage to six places of the right of the decimal point	1	3.545725		%
2. Group Apportionable Income (Form CO-411, Line 5)	2	24912109	<input type="checkbox"/> Check to indicate loss	.00
3. Income Apportioned to Vermont (Multiply Line 1 by Line 2)	3	883315	<input type="checkbox"/> Check to indicate loss	.00
4. Income Allocated to Vermont (Schedule BA-402, Line 1b)	4		<input type="checkbox"/> Check to indicate loss	.00
5. Foreign Dividends Allocated to Vermont (Schedule BA-402, Line 1d)	5	7227		.00
6. Net Vermont Income Allocated to Vermont (Add Lines 3, 4, and 5)	6	890542	<input type="checkbox"/> Check to indicate loss	.00
7. Vermont Net Operating Loss deduction applied (attach schedule)	7			.00
8. Vermont Net Taxable Income for this affiliate (Subtract Line 7 from Line 6)	8	890542	<input type="checkbox"/> Check to indicate loss	.00
9. Vermont Tax. Apply Vermont Tax Rates (Below) to amount on Line 8.	9	75221		.00
10. Credits (Schedule BA-404, Column C, Line 11)	10		<input type="checkbox"/> Check to indicate loss	.00
11. Tax Due (Line 9 minus Line 10)	11	75221		.00
12. Use Tax for taxable items on which no sales tax was charged, including online purchases	12	150		.00
13. Total Tax Due for this affiliate (Add Lines 11 and 12)	13	75371		.00
14. Gross Receipts (For purpose of minimum tax calculation. See instructions)	14	165318		.00

TAX COMPUTATION SCHEDULE (Effective for taxable periods beginning January 1, 2012)

<u>IF VERMONT NET INCOME IS</u>	<u>TAX IS</u>
\$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.

<u>IF GROSS RECEIPTS ARE</u>	<u>MINIMUM TAX IS</u>
\$2,000,000 or less	\$300
\$2,000,001 - \$5,000,000	\$500
\$5,000,001 and over	\$750

Vermont Tax Credits Earned, Applied, Expired, and Carried Forward Schedule BA-404



PLEASE PRINT CLEARLY in BLUE or BLACK INK ONLY
Enter all amounts in whole dollars.

**Attach to Form CO-411
or Form BI-471
or Form BI-476**

Entity Name (same as on Form CO-411, Form BI-471, or Form BI-476)	Fiscal Year Ending (YYYYMMDD)	FEIN	
MCCORMACK SHELVES INC		400685551	
(A) Amount Carried Forward from Prior Years	(B) Amount Earned Current Year	(C) Amount Applied Current Year	(D) Amount Carried Forward to Future Years
1. Research and Development § 5930ii		5000	
2. Charitable Housing § 5830c			
3. Affordable Housing § 5930u			
4. Qualified Sale of Mobile Home Park § 5828			
5. Vermont Entrepreneur's Seed Capital Fund § 5830b			
6. Code Improvement § 5930cc(c)			
7. Historic Rehabilitation § 5930cc(a)			
8. Facade Improvement § 5930cc(b)			
9. Investment Tax Credit § 5822(d)			
10. Machinery and Equipment § 5930II			
NOT AVAILABLE			
11. TOTAL FOR ALL CREDITS (Add Lines 1 through 10)		5000	

Vermont Corporate and Business Income Tax Affiliation Schedule BA-410



* 1 8 4 1 0 1 1 0 0 *

REQUIRED FOR COMBINED AND CONSOLIDATED RETURNS
Please provide information only for affiliates/subsidiaries with nexus in Vermont.

**ATTACH TO FORM CO-411
OR FORM BI-471**

Entity Name (same as on Form CO-411 or Form BI-471)	Fiscal Year Ending (YYYYMMDD) FEIN
MCCORMACK SHELVES INC	400685551

Affiliate Name	FEIN
SOLAR FLARE INC	041616529
Address	For Department Use Only
736 MIRAMAR STREET	
Address, Line 2	
City	State ZIP Code
FORT MYERS	FL 33916
Foreign Country (if not United States)	

Affiliate Name	FEIN
ATOCHA INC	064291115
Address	For Department Use Only
1618 VAN DUSTEN AVE	
Address, Line 2	
City	State ZIP Code
PHOENIX	AZ 85323
Foreign Country (if not United States)	

Affiliate Name	FEIN
Address	For Department Use Only
Address, Line 2	
City	State ZIP Code
Foreign Country (if not United States)	

Affiliate Name	FEIN
Address	For Department Use Only
Address, Line 2	
City	State ZIP Code
Foreign Country (if not United States)	

USE ADDITIONAL SCHEDULES, IF NECESSARY

Vermont Foreign Dividend Factor Increments (for Unitary-Combined only) Schedule CO-420



Enter all amounts in WHOLE DOLLARS. Complete one CO-420 for each dividend payor entity.

Attach to Form CO-411

Entity Name (same as on Form CO-411) MCCORMACK SHELVES INC	Fiscal Year Ending (YYYYMMDD)	FEIN 400685551
Name of Affiliate SKYWAY CORPORATION	Affiliate's FEIN 204319649	

1. Dividend paid	1	256000	.00	
2. Taxable Income	2	1000000	.00	
3. Percentage of taxable income paid as dividend (Line 1 divided by Line 2). Calculate percentage to six places to the right of the decimal point. If taxable income is \$0 or less, enter 100%.	3	25.600000		%
Section A Sales and Receipts Factor				
4. Sales or gross receipts	4	2540599	.00	
5. Business interest	5		.00	
6. Royalties	6		.00	
7. Gross rents	7		.00	
8. Other business income	8		.00	
9. TOTAL INCOME, SALES, AND GROSS RECEIPTS (Add Lines 4 through 8)	9	2540599	.00	
10. Sales and Receipts Increment (Multiply Line 9 by Line 3)	10		650393	.00
Section B Salaries and Wages Factor				
11. TOTAL SALARIES AND WAGES	11	864428	.00	
12. Salaries and Wages Increment (Multiply Line 11 by Line 3)	12		221294	.00
Section C Property Factor (Average value during year)				
13. Inventories	13	215339	.00	
14. Buildings and other depreciable assets (original cost)	14	1369575	.00	
15. Depletable assets (original cost)	15		.00	
16. Land	16	348912	.00	
17. Other assets (attach schedule)	17		.00	
18. Rented real and personal property (Multiply annual rent by 8)	18		.00	
19. TOTAL PROPERTY (Add Lines 13 through 18)	19	1933826	.00	
20. Property Increment (Multiply Line 19 by Line 3)	20		495059	.00

← Check to indicate loss

Vermont Apportionment of Foreign Dividends (for Unitary-Combined Only) Schedule CO-419



* 1 8 4 1 9 1 1 0 0 *

Entity Name (same as on Form CO-411) MCCORMACK SHELVES INC	Fiscal Year Ending (YYYYMMDD)	FEIN 400685551
Name of Affiliate MCCORMACK SHELVES INC		Affiliate's FEIN 400685551

PART 1: Sales

	Column A EVERYWHERE (Denominator)		Column B VERMONT (Numerator)		Column C VT as portion of EVERYWHERE
1. Enter amounts from Schedule BA-402, Lines 12a and 12b	1A	2540599	.00	1B	471155 .00
2. Enter the Sales Increment (Sum of Lines 10 of all attached Schedules CO-420)	2A	650393	.00		
3. Adjusted Sales Increment (Line 1A plus 2A)	3A	3190992	.00		
4. Modified Sales Factor (Line 1B divided by Line 3A.) Express as a percent, 6 places to the right of the decimal point				4C	14.765157 %
5. Modified Sales Factor Double-Weighted (Line 4C times 2). Express as a percent, 6 places to the right of the decimal point.				5C	29.530315 %

PART 2: Salaries and Wages

	Column A EVERYWHERE (Denominator)		Column B VERMONT (Numerator)		Column C VT as portion of EVERYWHERE
6. Enter amounts from Schedule BA-402, Lines 13a and 13b	6A	864428	.00	6B	169775 .00
7. Enter the Salaries and Wages Increment (Sum of Lines 12 of all attached Schedules CO-420)	7A	221294	.00		
8. Adjusted Salary and Wages Increment (Line 6A plus Line 7A)	8A	1085722	.00		
9. Modified Salaries and Wages Factor (Line 6B divided by Line 8A). Express as a percent, 6 places to the right of the decimal point.				9c	15.637060 %

PART 3: Property

	Column A EVERYWHERE (Denominator)		Column B VERMONT (Numerator)		Column C VT as portion of EVERYWHERE
10. Enter amounts from Schedule BA-402, Lines 20a and 20b	10A	1933826	.00	10B	516620 .00
11. Enter the Property Increment (Sum of Lines 20 of all attached Schedules CO-420)	11A	495059	.00		
12. Adjusted Property Increment (Line 10A plus Line 11A)	12A	2428885	.00		
13. Modified Property Factor (Line 10B divided by Line 12A). Express as a percent, 6 places to the right of the decimal point.				13C	21.269842 %
14. Total Modified Factors (Add Lines 5C, 9C, and 13C)				14C	66.437217 .00
15. Modified Apportionment Percentage (Divide Line 14 by 4. Express as a percent, 6 places to the right of the decimal point.) If there are only one or two factors, see instructions				15C	16.609304 %
16. FOREIGN DIVIDENDS as defined in Reg. 5862(d). This amount must agree with Schedule BA-402, Line 1c.				16C	256000 .00
17. VERMONT FOREIGN DIVIDENDS TAXABLE INCOME (Multiply Line 16 by Line 15) Enter this amount of Schedule BA-402, Line 1d and Form CO-411, Line 10 or Schedule CO-421, Line 5				17C	42520 .00

Vermont Apportionment of Foreign Dividends (for Unitary-Combined Only) Schedule CO-419



* 1 8 4 1 9 1 1 0 0 *

Entity Name (same as on Form CO-411) MCCORMACK SHELVES INC	Fiscal Year Ending (YYYYMMDD)	FEIN 400685551
Name of Affiliate SOLAR FLARE INC		Affiliate's FEIN 041616529

PART 1: Sales

	Column A EVERYWHERE (Denominator)		Column B VERMONT (Numerator)		Column C VT as portion of EVERYWHERE	
1. Enter amounts from Schedule BA-402, Lines 12a and 12b	1A	2540599	.00	1B	165318	.00
2. Enter the Sales Increment (Sum of Lines 10 of all attached Schedules CO-420)	2A	650393	.00			
3. Adjusted Sales Increment (Line 1A plus 2A)	3A	3190992	.00			
4. Modified Sales Factor (Line 1B divided by Line 3A.) Express as a percent, 6 places to the right of the decimal point				4C	5.180771	%
5. Modified Sales Factor Double-Weighted (Line 4C times 2). Express as a percent, 6 places to the right of the decimal point.				5C	10.361543	%

PART 2: Salaries and Wages

	Column A EVERYWHERE (Denominator)		Column B VERMONT (Numerator)		Column C VT as portion of EVERYWHERE	
6. Enter amounts from Schedule BA-402, Lines 13a and 13b	6A	864428	.00	6B	1618	.00
7. Enter the Salaries and Wages Increment (Sum of Lines 12 of all attached Schedules CO-420)	7A	221294	.00			
8. Adjusted Salary and Wages Increment (Line 6A plus Line 7A)	8A	1085722	.00			
9. Modified Salaries and Wages Factor (Line 6B divided by Line 8A). Express as a percent, 6 places to the right of the decimal point.				9c	0.149025	%

PART 3: Property

	Column A EVERYWHERE (Denominator)		Column B VERMONT (Numerator)		Column C VT as portion of EVERYWHERE	
10. Enter amounts from Schedule BA-402, Lines 20a and 20b	10A	1933826	.00	10B	18983	.00
11. Enter the Property Increment (Sum of Lines 20 of all attached Schedules CO-420)	11A	495059	.00			
12. Adjusted Property Increment (Line 10A plus Line 11A).	12A	2428885	.00			
13. Modified Property Factor (Line 10B divided by Line 12A). Express as a percent, 6 places to the right of the decimal point.				13C	0.781552	%
14. Total Modified Factors (Add Lines 5C, 9C, and 13C)				14C	11.292120	.00
15. Modified Apportionment Percentage (Divide Line 14 by 4. Express as a percent, 6 places to the right of the decimal point.) If there are only one or two factors, see instructions				15C	2.823030	%
16. FOREIGN DIVIDENDS as defined in Reg. 5862(d). This amount must agree with Schedule BA-402, Line 1c.				16C	256000	.00
17. VERMONT FOREIGN DIVIDENDS TAXABLE INCOME (Multiply Line 16 by Line 15) Enter this amount of Schedule BA-402, Line 1d and Form CO-411, Line 10 or Schedule CO-421, Line 5				17C	7227	.00

Vermont Apportionment of Foreign Dividends (for Unitary-Combined Only) Schedule CO-419



* 1 8 4 1 9 1 1 0 0 *

Entity Name (same as on Form CO-411) MCCORMACK SHELVES INC	Fiscal Year Ending (YYYYMMDD)	FEIN 400685551
Name of Affiliate ATOCHA INC		Affiliate's FEIN 064291115

PART 1: Sales

	Column A EVERYWHERE (Denominator)	Column B VERMONT (Numerator)		Column C VT as portion of EVERYWHERE
1. Enter amounts from Schedule BA-402, Lines 12a and 12b	1A 2540599 .00	1B 59945 .00		
2. Enter the Sales Increment (Sum of Lines 10 of all attached Schedules CO-420)	2A 650393 .00			
3. Adjusted Sales Increment (Line 1A plus 2A)	3A 3190992 .00			
4. Modified Sales Factor (Line 1B divided by Line 3A.) Express as a percent, 6 places to the right of the decimal point			4C 1.878569	%
5. Modified Sales Factor Double-Weighted (Line 4C times 2). Express as a percent, 6 places to the right of the decimal point.			5C 3.757139	%

PART 2: Salaries and Wages

	Column A EVERYWHERE (Denominator)	Column B VERMONT (Numerator)		Column C VT as portion of EVERYWHERE
6. Enter amounts from Schedule BA-402, Lines 13a and 13b	6A 864428 .00	6B 1532 .00		
7. Enter the Salaries and Wages Increment (Sum of Lines 12 of all attached Schedules CO-420)	7A 221294 .00			
8. Adjusted Salary and Wages Increment (Line 6A plus Line 7A)	8A 1085722 .00			
9. Modified Salaries and Wages Factor (Line 6B divided by Line 8A). Express as a percent, 6 places to the right of the decimal point.			9c 0.141104	%

PART 3: Property

	Column A EVERYWHERE (Denominator)	Column B VERMONT (Numerator)		Column C VT as portion of EVERYWHERE
10. Enter amounts from Schedule BA-402, Lines 20a and 20b	10A 1933826 .00	10B 163483 .00		
11. Enter the Property Increment (Sum of Lines 20 of all attached Schedules CO-420)	11A 495059 .00			
12. Adjusted Property Increment (Line 10A plus Line 11A).	12A 2428885 .00			
13. Modified Property Factor (Line 10B divided by Line 12A). Express as a percent, 6 places to the right of the decimal point.			13C 6.730784	%
14. Total Modified Factors (Add Lines 5C, 9C, and 13C)			14C 10.629027	.00
15. Modified Apportionment Percentage (Divide Line 14 by 4. Express as a percent, 6 places to the right of the decimal point.) If there are only one or two factors, see instructions			15C 2.657257	%
16. FOREIGN DIVIDENDS as defined in Reg. 5862(d). This amount must agree with Schedule BA-402, Line 1c.			16C 256000	.00
17. VERMONT FOREIGN DIVIDENDS TAXABLE INCOME (Multiply Line 16 by Line 15) Enter this amount of Schedule BA-402, Line 1d and Form CO-411, Line 10 or Schedule CO-421, Line 5			17C 6803	.00

Test 7:

Vermont Forms Required: Extension with Payment, BA403

Vermont Application for Extension of Time to File Vermont Corporate/Business Income Tax Returns Form BA-403



Entity Name SAMMYS BAGELS			FEIN 13-5666499		
Address PO BOX 456			Tax Year BEGIN date (YYYYMMDD)		
Address, Line 2			Tax Year END date (YYYYMMDD)		
City MONTPELIER	State VT	ZIP Code 05602	<input checked="" type="checkbox"/> CONSOLIDATED OR GROUP RETURN TO BE FILED (1120 series) <input type="checkbox"/> COMPOSITE RETURN TO BE FILED (1120S or 1065)		
Foreign Country (if not United States)					
Federal tax return to be filed (Check ONE)					
<input checked="" type="checkbox"/> 990 or 1120 series (EXCEPT for 1120S)		<input type="checkbox"/> 1120S		<input type="checkbox"/> 1065/1065-B	

- File this application on or before the due date of the Vermont Corporate Income Tax Return or Vermont Business Income Tax Return.
- An extension of time to file a federal return automatically extends the time to file with Vermont until 30 days beyond the federal extension date. However, tax is due on the original due date.
- For businesses filing a Vermont Consolidated or Unitary Group return, the extension, payments and return must be submitted by the Vermont Parent or Principal Vermont Corporation (PVC), respectively, using their name and Federal Employee Identification Number. The Parent or PVC must have nexus in Vermont.

CALCULATION OF TAX DUE

Enter all amounts in whole dollars.

1. Estimated tax liability	1	10000	.00
2. Previous payments	2	7500	.00
3. AMOUNT OF TAX DUE WITH THIS APPLICATION. Subtract Line 2 from Line 1. Do not enter negative value	3	2500	.00

Make check payable to **Vermont Department of Taxes** and mail it with this application to:

**Vermont Department of Taxes
133 State Street
Montpelier, VT 05633-1401**

An extension of time to file a Vermont corporate or business income tax return does not extend the time for paying the tax. Any tax due and unpaid by the original due date will bear interest at the statutory rate, and a penalty of 1% or 5% per month, up to a maximum of 25%. Returns filed after the due date without an authorized extension are subject to a late filing fee. The interest rate is set annually by the Commissioner of Taxes under 32 V.S.A. § 3108.

Test 8: CO-411 with PL-86 272 protection

Vermont Corporate Income Tax Return

Form CO-411



Check Appropriate Box(es)

Accounting Period Change
 Amended Return
 Extended Return
 Federal Extension Requested
 Unitary Combined
 Unitary Consolidated
 PL 86-272 is Applicable
 Final Return (Cancels Account)

Entity Name (Principal Vermont Corporation) **FACEBOOK INC** FEIN **33-8888888** Primary 6-digit NAICS number **23310**
 Address **56 CONGRESS LANE** Tax year BEGIN date (YYYYMMDD) Tax year END date (YYYYMMDD)
 City **PHOENIX** State **AZ** ZIP Code **33166** Number of companies in Water's Edge Group **30** Number with Vermont Nexus **0**
 Foreign Country (if not United States) Federal tax return filed (Check one box)
 1120 1120-F 990-T
 1120-H Other

Place an "X" in the box left of the line number to indicate a loss amount.

Enter all amounts in whole dollars.

1. FEDERAL TAXABLE INCOME (Federal Form 1120, Line 30 plus any deduction for a federal net operating loss, Line 29a.)	<input type="checkbox"/>	1	8614556101	.00
2. Bonus Depreciation Adjustment (see instructions)	<input type="checkbox"/>	2		.00
3. Federal Taxable Income adjusted for disallowance of Bonus Depreciation (Add Lines 1 and 2)	<input type="checkbox"/>	3	8614556101	.00
4. ADD (a) Interest on non-Vermont state and local Obligations		4a		.00
(b) State and local income or franchise taxes	<input type="checkbox"/>	4b	50000	.00
LESS (c) Non-business income or loss allocated everywhere (Schedule BA-402, Line 1a, or leave blank)	<input type="checkbox"/>	4c		.00
(d) Foreign dividends received. (Attach copy of Federal Form 965 Transition Tax Statement, if applicable)		4d	1000000	.00
(e) Interest on U.S. Government obligations		4e		.00
(f) "Gross Up" required by IRC sec. 78 and other excludable income		4f	76115	.00
(g) Targeted Job Credit salary and wage expense addback		4g		.00
5. NET APPORTIONABLE INCOME (Add Lines 3, 4(a), and 4(b). Then subtract Lines 4(c) through 4(g).)	<input type="checkbox"/>	5	8613529986	.00

Check box if exception to minimum tax applies:

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

Entity Name FACEBOOK INC	
FEIN 33-8888888	Fiscal Year Ending (YYYYMMDD)



6. Vermont Percentage (100% or amount from Schedule BA-402, Line 22) Calculate percentage to six places to the right of the decimal point		6	0	%
7. Apportionable Income (From CO-411, Line 5)	<input type="checkbox"/> Check to indicate loss	7		.00
8. Income Apportioned to Vermont (Multiply Lines 6 and 7)	<input type="checkbox"/> Check to indicate loss	8		.00
9. Income Allocated to Vermont (Schedule BA-402, Line 1b)	<input type="checkbox"/> Check to indicate loss	9		.00
10. Foreign Dividends Allocated to Vermont (Schedule BA-402, Line 1d)		10		.00
11. Net Vermont Income Allocated and Apportioned to Vermont (Add Lines 8, 9, and 10.)	<input type="checkbox"/> Check to indicate loss	11		.00
12. Vermont Net Operating Loss deduction applied (attach schedule)		12		.00
13. Vermont Net taxable Income for this entity (Line 11 minus Line 12)	<input type="checkbox"/> Check to indicate loss	13		.00
14. Vermont Tax. Apply Vermont Tax Rates (below) to amount on Line 13		14	750	.00
15. Credits (Schedule BA-404, Column C, Line 11)		15		.00
16. Use Tax for taxable items on which no sales tax was charged, including online purchases		16		.00
17. Tax Due for this entity (Subtract Line 15 from Line 14. To that result, add Line 16)		17	750	.00
18. Gross Receipts (For purpose of minimum tax calculation. See instructions)		18	1200000000000	.00

TAX COMPUTATION SCHEDULE

(Effective for taxable periods beginning January 1, 2012)

<u>IF VERMONT NET INCOME IS</u>	<u>TAX IS</u>
\$10,000 or less6.00%
\$10,001 - \$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
 <u>IF GROSS RECEIPTS ARE</u>	 <u>MINIMUM TAX IS</u>
\$2,000,000 or less	\$300
\$2,000,001 - \$5,000,000	\$500
\$5,000,001 and over	\$750

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 _____
 FEIN _____ Fiscal Year Ending (YYYYMMDD) _____



Amount from Line 17 _____

19. Total Tax Due (Add Line 17 plus Line 13 of all attached Schedules CO-421)	20	.00
20. Payments		
20a. Estimated Payments	20a	.00
20b. Payment with Extension	20b	.00
20c. Nonresident Estimated Payments (Form WH-435)	20c	.00
20d. Real Estate Withholding Payments (Form RW-171)	20d	.00
20e. Prior Year Overpayment Applied	20e	.00
20f. Total Payments (Add Lines 20a through 20e)	20f	.00
21. Balance Due. If Line 19 is more than Line 20f, subtract Line 20f from Line 19. Make checks payable to Vermont DEPARTMENT OF TAXES.	21	.00
22. Payment submitted with this return	22	.00
23. Overpayment. If Line 20f is more than Line 19, Subtract Line 19 from Line 20f	23	.00
24. Overpayment to be applied to next tax year	24	.00
25. Overpayment to be refunded (Subtract Line 24 from Line 23)	25	.00

I hereby certify that I am an officer or authorized agent responsible for the taxpayer's compliance with the requirements of Title 32 of the Vermont Statutes 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 (MMDDYY)	Daytime Telephone Number
Printed Name		Email Address (optional)	
Preparer's Signature		Date (MMDDYY)	Check if Self-Employed <input type="checkbox"/>
Preparer's Printed Name		Preparer's SSN or PTIN	
Firm's Name (or yours if self-employed) and address		EIN	Preparer's Telephone Number

May the Department of Taxes Discuss this return with the preparer shown? Yes

Make check payable to: **Vermont Department of Taxes**

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

Test 9:

Vermont Forms Required: Estimated Payment, CO414

INSTRUCTIONS FOR FILING VERMONT CORPORATE ESTIMATED TAX PAYMENTS

If you are filing:

- **Form CO-411, Vermont Corporate Income Tax Return**—Use this form, CO-414, to make estimated payments.
- **Form BI-471, Vermont Business Income Tax Return**—Use Form WH-435, Estimated Income Tax Payments for Nonresident Shareholders, Partners, or Members, to make estimated payments for nonresident shareholders.

A corporation with an expected annual Vermont income tax liability greater than \$500 must file Form CO-414 and pay its estimated tax liability in four equal installments. Interest for underpayment will be assessed if the tax liability is underestimated or payments are late (32 V.S.A. § 5859). The tax liability is not considered to be underestimated or late if:

- the estimated payments at least equal the amount which would be due by applying the current year's rates to the previous year's income, **OR**
- the estimated payments are at least 90% of the current year's actual tax liability (rate changed from 80%, effective for tax years beginning Jan. 1, 2014), **OR**
- actual tax liability for this year or the prior year is less than \$500.

Form CO-414 vouchers and estimated tax payments are due on or before the 15th day of the 4th, 6th, 9th, or 12th month following the start of the fiscal year (April, June, September, and December for calendar-year filers). If the 15th day falls on a weekend or holiday, payment is due on the next business day. Exceptions are covered in 32 V.S.A. §§ 5857 and 5858.

For Unitary or Consolidated groups, payments must be applied to the account of the Principal Vermont Corporation (PVC) or Vermont Parent Corporation, respectively. Provide name, address, and Federal Employee Identification Number of the PVC or Parent on the CO-414.

For assistance, please call the Taxpayer Services Division of the Vermont Department of Taxes weekdays between 7:45 a.m. and 4:30 p.m. at (802) 828-5723.

Form CO-414 Instructions
Rev. 10/18

**Vermont Corporate Estimated
Tax Payment Voucher
Form CO-414**



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DEPT USE ONLY

Please PRINT in BLUE or BLACK INK

For a combined return for a unitary group, enter information for Principal Vermont Corporation

The due date for this voucher and estimated tax payment is the 15th day of the 4th, 6th, 9th, or 12th month for calendar year and fiscal year filers. If the 15th day of a month falls on a weekend or holiday, the due date is the next business day.

DO NOT SUBMIT PAPER FORM IF FILING ELECTRONICALLY

Entity Name			FEIN	
Address			Tax Year BEGIN date (YYYYMMDD)	
			Tax Year END date (YYYYMMDD)	
City	State	ZIP Code	Check box for Change of Year End <input type="checkbox"/>	
Foreign Country (if not United States)			For Department Use Only	

Amount of payment being remitted with this voucher .00

Mail to: Vermont Department of Taxes, 133 State Street, Montpelier, VT 05633-1401 Phone: (802) 828-5723

5454 MAIL THIS VOUCHER AND YOUR PAYMENT, ON OR BEFORE THE DUE DATE, TO THE ABOVE ADDRESS.

Form CO-414
Rev. 10/18

Test 10:

Vermont Forms Required: Estimated income tax payment, WH435

Instructions for Vermont Estimated Income Tax Payments for Nonresident Shareholders, Partners, or Members

FORM WH-435

If no payment is due, DO NOT file Form WH-435.

NOTES

Pass-through entities are required to make estimated income tax payments on behalf of shareholders, partners, or members who are Vermont nonresidents. Estimated payments are due quarterly on the 15th day of the 4th, 6th, and 9th month of the fiscal year, and the 1st month of the following year (April, June, September, and January for a calendar-year entity).

The total required annual payment is calculated by applying the current rate of 6.6% to the Vermont-source income (including guaranteed partnership payments) distributed or allocable to nonresident shareholders, partners, or members. The income amount will be calculated on Schedule BI-472 or Schedule BI-473.

A “safe harbor catch-up” payment may be made at the original (not extended) due date for the entity return. For “catch-up” payments, be sure to indicate the correct fiscal year to which the payment should be credited. **Do not make catch-up payments after the original due date for the entity return.** In order for the catch-up payment to be valid and eliminate underpayment interest and penalty, the taxpayer must have made four quarterly payments sufficient to cover at least the lesser of 90% of the current year’s or 100% of the prior year’s tax liability.

If either the current or prior year estimated payment amount is \$500 or less, then no underpayment P&I is assessed, but a single payment by 4th due date must be made.

All estimated payments will be distributed to nonresident shareholders, partners, and members, or applied to entity composite tax, as directed on Form BI-471, the annual Business Income Tax Return.

Review 32 V.S.A. §§ 5914 & 5920, and Technical Bulletin 06 for details. Information is available at <http://tax.vermont.gov>

INSTRUCTIONS

- Print in **blue** or **black** ink.
- Enter the beginning and ending date of the entity’s tax year in the required format — YYYY MM DD.
- Enter the Federal Employer Identification Number (FEIN).
- This form should **not** be used for C-Corporations. If Vermont Form CO-411, Corporate Income Tax Return, will be filed, use Form CO-414, Corporate Estimated Tax Payment Voucher, to make your estimated payments.
- Enter the business name and address.
- Enter the total amount of payment included with this coupon. Enter a whole dollar amount.
- You do not need to file the WH-435 if no payment is due.


Form WH-435 Instructions
Rev. 10/18

DEPT USE ONLY

Please PRINT in BLUE or BLACK INK

Vermont Estimated Income Tax Payments Form WH-435

For Nonresident Shareholders, Partners, or Members



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DUE DATES (for calendar year filers): April 15, June 15, September 15, and January 15 of the following calendar year, and at the “catch-up” date, if required. SEE INSTRUCTIONS

Business Name			FEIN
Address			Tax Year BEGIN date (YYYYMMDD)
			Tax Year END date (YYYYMMDD)
City	State	ZIP Code	For Department Use Only
Foreign Country (if not United States)			

Total Vermont nonresident estimated income tax payments for this quarter (Use WHOLE DOLLARS) If “\$0”, DO NOT file00

Vermont Department of Taxes 133 State Street Montpelier, VT 05633-1401
Phone: (802) 828-5723

5454 MAIL THIS VOUCHER AND YOUR PAYMENT, ON OR BEFORE THE DUE DATE, TO THE ABOVE ADDRESS.

Form WH-435
Rev. 10/18

Test 11:

Vermont Forms Required: Business income payment voucher, BI470

Instructions for Vermont Business Income Tax Return Payment Voucher Form BI-470

General Information

Use Form BI-470 to direct a payment for Business Income tax accounts, which include S-Corps, Partnerships, and many LLCs. Do not include Form BI-470 if you are making payments with another return or form, such as:

- BI-471 - Business Income Tax Return
- WH-435 - Estimated Income Tax Payments for Nonresident Shareholders, Partners, or Members
- BA-403 - Application for Extension of Time

BI-470 may be used, for example, if:

- You mailed your form or payment coupon, but forgot to include a check.
- You or your tax preparer filed your documents electronically, and you want to send a check separately.

Do not use BI-470 for Corporate Income tax accounts. C-Corporations should use Form CO-414, Corporate Estimated Tax Return Payment Voucher, to make estimated payments, or Form CO-422, Corporate Income Tax Return Payment Voucher, in lieu of this form.

Instructions

- Print in blue or black ink.
- Enter the beginning and ending date of the entity's tax year in the required format—YYYYMMDD.
- Enter the Federal Employer Identification Number (FEIN).
- Enter the business name and address, including country, if other than the United States.
- Enter the total amount of payment included with this coupon. Enter a whole dollar amount.
- You do not need to file Form BI-470 if no payment is due.

Form BI-470 Instructions
Rev. 10/18

DEPT USE ONLY

Please PRINT in BLUE or BLACK INK

Vermont Business Income Tax Return Payment Voucher Form BI-470



* 1 8 4 7 0 1 1 0 0 *

USE THIS FORM IF NOT SUBMITTING PAYMENT WITH FORM BI-471 OR FORM BI-476
(The Department **does accept** payments with BI-471 and BI-476)
If you filed electronically, DO NOT include a copy of that return with this payment.

Entity Name			FEIN
Address			Tax Year BEGIN date (YYYYMMDD)
			Tax Year END date (YYYYMMDD)
City	State	ZIP Code	For Department Use Only
Foreign Country (if not United States)			

Amount of this payment (Use WHOLE DOLLARS) if "\$0", DO NOT file

.00

Vermont Department of Taxes 133 State Street Montpelier, VT 05633-1401
Phone: (802) 828-5723

Test 12:

Vermont Forms Required: Corporate income tax payment, CO422

Instructions for Vermont Corporate Income Tax Return Payment Voucher Form CO-422

General Information

Use Form CO-422 to direct a payment for Corporate Income tax accounts.

Do not include Form CO-422 if you are making payments with another return or form such as:

- CO-411 - Corporate Income Tax Return
- CO-414 - Corporate Estimated Tax Payment Voucher
- BA-403 - Application for Extension of Time

CO-422 may be used, for example, if:

- You mailed your form or payment coupon, but forgot to include a check.
- You or your tax preparer filed your documents electronically, and you want to send a check separately.

Do not use CO-422 for business income tax accounts. Business income tax filers should use Form WH-435 to make estimated payments on behalf of nonresident owners, or Form BI-470 in lieu of this form.

Instructions

- Print in blue or black ink.
- Enter the beginning and ending date of the entity's tax year in the required format - YYYYMMDD.
- Enter the Federal Employer Identification Number (FEIN).
- Enter the business name and address, including country, if other than the United States.
- Enter the total amount of payment included with this coupon. Enter a whole dollar amount.
- Do not file a "\$0" CO-422 if no payment is due.

Mail voucher and payment to:

Vermont Department of Taxes
PO Box 1779
Montpelier, VT 05601-1779

Form CO-422 Instructions
10/18

DEPT USE ONLY

Vermont Corporate Income Tax Return Payment Voucher Form CO-422



* 1 8 4 2 2 1 1 0 0 *

USE THIS FORM IF NOT SUBMITTING PAYMENT WITH FORM CO-411
(The Department does accept payments with CO-411)

If you filed electronically, DO NOT include a copy of that
return with this payment

Entity Name			FEIN
Address			Tax Year BEGIN date (YYYYMMDD)
Address, Line 2			Tax Year END date (YYYYMMDD)
City	State	ZIP Code	For Department Use Only
Foreign Country (if not United States)			

Amount of this Payment \$
(Use WHOLE DOLLARS) if \$0, DO NOT file

	.00
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Form CO-422
Rev. 10/18