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# Schedule BA-410

## Vermont Corporate and Business Income Tax Affiliation

Attach to Form CO-411  
or Form BI-471

### REQUIRED FOR COMBINED AND CONSOLIDATED RETURNS

Please provide information only for affiliates/subsidiaries with nexus in Vermont.

Entity Name (same as on Form CO-411 or Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
12345678901234567890123456789012 (36)	12345678	123456789

Affiliate Name	FEIN	
12345678901234567890123456789012 (36)	123456789	
Address	<b>For Department Use Only</b>	
12345678901234567890123456789012 (36)		
Address (Line 2)		
12345678901234567890123456789012 (36)		
City	State	ZIP Code
12345678901234567 (21)	12	1234567890
Foreign Country		
1234567890123456789012345678 (32)		

Affiliate Name	FEIN	
12345678901234567890123456789012 (36)	123456789	
Address	<b>For Department Use Only</b>	
12345678901234567890123456789012 (36)		
Address (Line 2)		
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City	State	ZIP Code
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12345678901234567 (21)	12	1234567890
Foreign Country		
1234567890123456789012345678 (32)		

USE ADDITIONAL SCHEDULES, IF NECESSARY