Form BA-403



Enter all amounts in whole dollars.

Vermont Application for Extension of Time to File Vermont Corporate/Business Income Tax Returns

| Entity Name (Principal Vermont Corporation) | | FEIN | |
|---|----------------|---|------------------------------|
| Address | | Tax year BEGIN date (YYYYMMDD) | Tax year END date (YYYYMMDD) |
| Address (Line 2) | | | |
| City | State ZIP Code | CONSOLIDATED OR GROUP F (1120 series) | |
| Foreign Country | | COMPOSITE RETURN TO BE F (1120S or 1065) | FILED |
| Federal tax return to be filed (Check one box) 990 or 1120 serie (EXCEPT for 112) | | 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

- 3. Amount of tax due with this application.

 Line 1 minus Line 2. Do not enter negative value.

 .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.

| For Department Use Only | | |
|-------------------------|-------|--|
| Ck. Amt. | Init. | |