

Vermont Corporate & Business Income ATS Test Package for Tax Year 2022



Vermont Test Cases

Test 1 – Direct Debit

Required Vermont Forms/Schedules: BI-476

Taxpayer(s) Information:

Entity Name:	The Black Great Dane, LLC
Federal Employer ID:	40-0009030
Primary 6-digit NAICS #:	453910
Mailing Address:	1270 S Main St
City:	Danville
State:	Vermont
Zip Code:	05828
Country:	US
Address Change:	Y
Cannabis Pro Forma:	Y
Tax Year Begin Date:	Jan-01-2022
Tax Year End Date:	Dec-31-2022
Federal Return Filed:	1065
Initial Return:	Yes
# of Shareholders	2
# of VT Shareholders	2
# of Non-Resident Shareholders:	0

Direct Debit Information for Vermont:

Routing Number:	211691185
Checking Account Number:	9644318576
Payment Date:	03/15/2023

Form BI-476



**Vermont Business Income Tax Return
For Resident Only**

Check Appropriate Box(es)	<input type="checkbox"/> Name Change	<input checked="" type="checkbox"/> Address Change	<input type="checkbox"/> Accounting Period Change	<input type="checkbox"/> Extended Return	<input type="checkbox"/> Initial Return	<input checked="" type="checkbox"/> Pro Forma - Cannabis	<input type="checkbox"/> Final Return (Cancels Account)
Entity Name (Principal Vermont Corporation)		FEIN		Primary 6-digit NAICS number			
THE BLACK GREAT DANE LLC		400009030		453910			
Address		Tax year BEGIN date (YYYYMMDD)		Tax year END date (YYYYMMDD)			
1270 S MAIN ST		20220101		20221231			
Address (Line 2)		Federal tax return filed (Check one box)		<input type="checkbox"/> 1120S		<input checked="" type="checkbox"/> 1065	
				<input type="checkbox"/> Other			
City	State	ZIP Code		Foreign Country			
DANVILLE	VT	05828					

- A. Were any shareholders, partners, or members nonresidents of Vermont during this reporting tax year? A. 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? B. Yes No
If Yes, STOP and complete Form BI-471, Business Income Tax Return
- C. Total number of Vermont shareholders, partners, or members C. 2

TAX COMPUTATION (see instructions)

Enter all amounts in **whole dollars**.

1. Vermont minimum entity tax (\$250) 1. 250
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 (MMDDYYYY)	Daytime Telephone Number
	10222022	8028282821
Printed Name	Email Address (optional)	
DAPHNE BLAKE		

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

Signature of Paid Preparer	Date (MMDDYYYY)	Preparer's Telephone Number
Preparer's Printed Name	Email Address (optional)	
Firm's Name (or yours if self-employed)	EIN	Preparer's SSN or PTIN
Firm's Address (or yours if self-employed) (Street, City, State, ZIP Code)		<input type="checkbox"/> Check if self-employed

Send return and check to:

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

For Department Use Only
Chk Amt. Init.

Form BI-476
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Test 2:**Required Vermont Forms/Schedules: BI-471, BI-472, (2) K-1VT, BA-402, BA-404, BA-406****Taxpayer(s) Information:**

Entity Name: RED SOX OPPORTUNITY LP
 Federal Employer ID: 40-0008064
 Primary 6-digit NAICS #: 453220
 Mailing Address: 27 YAYNKEE LANE
 City: BARRE
 State: VERMONT
 Zip Code: 05641
 Country: US
 Tax Year Begin Date: Jan-01-2022
 Tax Year End Date: Dec-31-2022
 Federal Return Filed: 1065

Return Information:

Ordinary Business Income:	68,911.00	Partner 1 Name:	John Henry
Guaranteed Payment:	1,000,000.00	Partner 1 SSN:	400-00-9037
Other Income:	25,001.00	Partner 1 Residency Status:	Resident
Section 179 Deduction:	250,000.00	Partner 1 Type:	Individual
VT income distributed to entity via K-1VT:	219,000.00	Partner 1 Mailing Address:	125 Golf Course Lane
Net Adjustment of Income, Disallow Bonus Dep:	19,600.00	Partner 1 City:	Quechee
Non-Resident Estimated Payment Requirement:	13,175.00	Partner 1 State:	VT
Use Tax Due:	16.00	Partner 1 Zip Code:	05421
Payments with Extension:	2,500.00	% of Entity's Income:	80%
NRW Payments by Entity:	13,000.00	Partner 2 Name:	Tom Warner
Sales or Gross Receipts:	674,445.00	Partner 2 SSN:	400-00-9038
Sale to Purchasers in Vermont from within VT:	346,112.00	Partner 2 Residency Status:	Non-Resident
Total Salaries and Wages:	256,190.00	Partner 2 Type:	Individual
VT Salaries and Wages:	228,010.00	Partner 2 Mailing Address:	150 Buena Vista Drive
Buildings/Depreciable Assets:	3,469,778.00	Partner 2 City:	San Diego
VT Buildings/Depreciable Assets:	3,469,778.00	Partner 2 State:	CA
Rented Real/Personal Property:	2,561.00	Partner 2 Zip Code:	92164
Research & Development (Current Year):	5,000.00	% of Entity's Income:	20%
Research & Development (Applied Current Year):	5,000.00		
Investment Tax Credit (Current Year):	3,000.00		
Investment Tax Credit (Applied Current Year):	3,000.00		
R&D – Credit Allocation (400-00-9037):	3,000.00		
Investment Tax Credit Allocation (400-00-9037):	3,000.00		
R&D – Credit Allocation (400-00-9038):	2,000.00		

Direct Debit Information for Vermont:

Routing Number: 211691185
 Checking Account Number: 6644975
 Payment Date: 03/15/2023

Form BI-471



Vermont Business Income Tax Return

for Partnerships, Subchapter S Corporations, and LLCs

Check Appropriate Box(es)	<input type="checkbox"/> Name Change	<input type="checkbox"/> Composite Return	<input type="checkbox"/> Accounting Period Change	<input type="checkbox"/> Initial Return	<input type="checkbox"/> Public Law 86-272 Applies	<input checked="" type="checkbox"/> Pro Forma - Cannabis
	<input type="checkbox"/> Address Change	<input type="checkbox"/> Amended Return	<input type="checkbox"/> Extended Return	<input checked="" type="checkbox"/> Federal Extension Requested		<input type="checkbox"/> Final Return (Cancels Account)

Entity Name RED SOX OPPORTUNITY LP			FEIN 400008064			Primary 6-digit NAICS number 453220		
Address 27 YAYNKEE LN			Tax year BEGIN date (YYYYMMDD) 20220101			Tax year END date (YYYYMMDD) 20221231		
Address (Line 2)			Federal tax return filed (Check one box) <input type="checkbox"/> 1120S <input checked="" type="checkbox"/> 1065 <input type="checkbox"/> Other					
City BARRE	State VT	ZIP Code 05641						
Foreign Country (if not United States)								

- A. Were any shareholders, partners, or members nonresidents of Vermont during this tax year? A. Yes No
- B. Did this entity have income or losses derived from at least one state other than Vermont? B. Yes No
If Yes, complete and attach Schedule BA-402
- C. Net adjustment to income resulting from Vermont's disallowance of "bonus depreciation" (IRC 168(k)) ← Check to indicate loss C. 19600.00
- D. Total number of Shareholders, Partners, or Members D. 2
- E. How many are Vermont Residents? E. 1
- F. How many are Nonresidents? F. 1
- 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 G.

TAX COMPUTATION (see instructions): **Enter all amounts in whole dollars.**

Check box if exception to minimum tax applies:	<input type="checkbox"/> NO VERMONT ACTIVITY / INACTIVE (\$0)	<input type="checkbox"/> INVESTMENT CLUB § 5921 (\$0)	<input type="checkbox"/> IRC SEC 761 (\$0)
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1. Vermont minimum entity tax (\$250) or above exception (see instructions)	1.	<u>250</u>	.00
2. For non-composite entities			
2a. Nonresident estimated payment requirement (Schedule BI-472, Line 19)	2a.	<u>11199</u>	.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.	<u>1976</u>	.00
2c. Enter the sum of Lines 2a and 2b	2c.	<u>13175</u>	.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.	<u>16</u>	.00
6. Total tax due (Add Lines 1, 2c, 3, 4, and 5)	6.	<u>13441</u>	.00

Entity Name	
RED SOX OPPORTUNITY LP	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008064	20221231



PAYMENTS AND CREDITS

Enter all amounts in whole dollars.

7. Prior Year Overpayment Applied	7.	_____	.00
8. Payments with Extension	8.	2500	.00
9. Real estate withholding paid for this entity with Form REW-171, REW Schedule A	9.	_____	.00
10. Real estate withholding distributed to this entity by a different company through a Schedule K-1VT	10.	_____	.00
11. Nonresident estimated payments paid by this entity with Form WH-435	11.	13000	.00
12. Nonresident estimated payments distributed to this entity by a different company through a Schedule K-1VT	12.	_____	.00
13. Total payments (Add Lines 7 through 12)	13.	15500	.00

RECONCILIATION

14. Balance Due: If Line 6 is greater than Line 13, enter the difference	14.	_____	.00
15. Payment attached to this return	15.	_____	.00
16. Overpayment: If Line 6 is less than the sum of Lines 13 and 15, enter the difference	16.	2059	.00
17. Overpayment to be credited to the next tax year	17.	2000	.00
18. Overpayment to be refunded	18.	59	.00

SIGNATURE

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 (MMDDYYYY)	Daytime Telephone Number
Printed Name	Email Address (optional)		

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

Signature of Paid Preparer		Date (MMDDYYYY)	Preparer's Telephone Number
Preparer's Printed Name	Email Address (optional)		
Firm's Name (or yours if self-employed)	EIN	Preparer's SSN or PTIN	
Firm's Address (or yours if self-employed) (Street, City, State, ZIP Code)			<input type="checkbox"/> Check if self-employed

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

For Department Use Only	
Ck. Amt.	Init.

Form BI-471
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Schedule K-1VT

Vermont Shareholder, Partner, or Member Information



* 2 2 K 1 V 1 1 0 0 *

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

Entity Name (same as on Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
RED SOX OPPORTUNITY LP	20221231	400008064

HEADER INFORMATION - REQUIRED ENTRIES

Entity Name (Shareholder, Partner, or Member)			FEIN		
OR	Individual Last Name (Shareholder, Partner, or Member)	First Name	Initial	OR	Social Security Number
	WARNER	TOM			400009038
Address			Recipient Type (I, C, S, L, P, X, or T)		
150 BUENA VISTA DR			I		
Address, Line 2 (if needed)			Residency Status		
City			<input type="checkbox"/> Vermont Resident <input checked="" type="checkbox"/> Nonresident		
SAN DIEGO					
State			ZIP Code		
CA			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 . 000000 %

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

Check here if this is a Unitary Partner

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 ← Check to indicate loss 1. 125884 .00
- 2. Capital gains allocated to Vermont. ← Check to indicate loss 2. 43800 .00
- 3. Other income allocated to Vermont ← 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) ← Check to indicate loss 7. 3920 .00
- 8. Share of total state and local taxes deducted difference 8. .00

Schedule K-1VT

Vermont Shareholder, Partner, or Member Information



* 2 2 K 1 V 1 1 0 0 *

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

Entity Name (same as on Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
RED SOX OPPORTUNITY LP	20221231	400008064

HEADER INFORMATION - REQUIRED ENTRIES

Entity Name (Shareholder, Partner, or Member)			FEIN		
OR	Individual Last Name (Shareholder, Partner, or Member)	First Name	Initial	OR	Social Security Number
	HENRY	JOHN			400009037
	Address				Recipient Type (I, C, S, L, P, X, or T)
125 GOLF COURSE LN			Residency Status		
Address, Line 2 (if needed)			<input checked="" type="checkbox"/> Vermont Resident		
City			State	ZIP Code	<input type="checkbox"/> Nonresident
QUECHEE			VT	05059	
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 . 000000 %

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

Check here if this is a Unitary Partner

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. 50353600
2. Capital gains allocated to Vermont	<input type="checkbox"/> ← Check to indicate loss	2. 17520000
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. 1568000
8. Share of total state and local taxes deducted difference		8.00

Schedule BA-402

Vermont Apportionment & Allocation



* 2 2 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
RED SOX OPPORTUNITY LP	20221231	400008064
FOR UNITARY GROUPS ONLY - Name of Affiliate		Affiliate's FEIN

PART 1 Directly Allocated Non-Business Income, Other Non-Apportionable 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
1a-b. Non-Business Income or Other Non-Apportionable Income	.00	.00
1c-d. Foreign Dividends	.00	.00

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

	Everywhere	Vermont
2. Sales or gross receipts	674445 .00	
3. Services received in or delivered to Vermont		.00
4. Sales delivered or shipped to purchasers in Vermont from outside Vermont		.00
5. Sales delivered or shipped to purchasers in Vermont from within Vermont		346112 .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 and dividends	.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)	674445 .00	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.		51 318046 %

Entity Name (same as on Form CO-411 or Form BI-471)	
RED SOX OPPORTUNITY LP	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008064	20221231



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. .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 . 926246 %

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	. 562689	%
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 fewer 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.)

Schedule BA-404

**Vermont Tax Credits Earned, Applied,
Expired, and Carried Forward**



* 2 2 4 0 4 1 1 0 0 *

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

PRINT in BLUE or BLACK INK

Enter all amounts in whole dollars.

Entity Name (same as on Form CO-411, Form BI-471, or Form BI-476)	Fiscal Year Ending (YYYYMMDD)	FEIN
RED SOX OPPORTUNITY LP	20221231	400008064

	(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	
2. Charitable Housing § 5830c				
3. Affordable Housing § 5930u				
4. Qualified Sale of Mobile Home Park § 5828				
5. Vermont Entrepreneurs' Seed Capital Fund § 5830b				
6. Code Improvement § 5930cc(c)				
7. Historic Rehabilitation § 5930cc(a)				
8. Facade Improvement § 5930cc(b)				
9. Investment Tax Credit - Solar Energy § 5822(d)		2000	2000	
10. Investment Tax Credit - Other § 5822(d)		1000	1000	
11. TOTAL FOR ALL CREDITS (Add Lines 1 through 10)		8000	8000	

Vermont Department of Taxes
Schedule BA-406
Vermont Credit Allocation



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

PRINT in BLUE or BLACK INK

Entity Name (same as on Form BI-471 or Form BI-476)	Fiscal Year Ending (YYYYMMDD)	FEIN
RED SOX OPPORTUNITY LP	20221231	400008064

Individual Last Name (Shareholder, Partner, or Member)	First Name	MI	Social Security Number	Entity TYPE
OR WARNER	TOM		400009038	<input type="checkbox"/> Enter I, C, S, L, P, or T (see instructions)
Entity Name (Shareholder, Partner, or Member)			OR FEIN	

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 Entrepreneurs' Seed Capital Fund	5.		.00
6. Code Improvement	6.		.00
7. Historic Rehabilitation	7.		.00
8. Facade Improvement	8.		.00
9. Investment Tax Credit - Solar Energy	9.		.00
10. Investment Tax Credit - Other	10.		.00
11. Total credits for this shareholder, partner, or member (Add Lines 1 through 10)	11.	2000	.00

Vermont Department of Taxes
Schedule BA-406
Vermont Credit Allocation



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

PRINT in BLUE or BLACK INK

Entity Name (same as on Form BI-471 or Form BI-476)	Fiscal Year Ending (YYYYMMDD)	FEIN
RED SOX OPPORTUNITY LP	20221231	400008064

Individual Last Name (Shareholder, Partner, or Member)	First Name	MI	Social Security Number	Entity TYPE
HENRY	JOHN		400009037	<input type="checkbox"/> Enter I, C, S, L, P, or T (see instructions)
Entity Name (Shareholder, Partner, or Member)			FEIN	

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 Entrepreneurs' Seed Capital Fund	5.		.00
6. Code Improvement	6.		.00
7. Historic Rehabilitation	7.		.00
8. Facade Improvement	8.		.00
9. Investment Tax Credit - Solar Energy	9.	1500	.00
10. Investment Tax Credit - Other	10.	1500	.00
11. Total credits for this shareholder, partner, or member (Add Lines 1 through 10)	11.	6000	.00

Schedule BI-472

Vermont Non-Composite



* 2 2 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)	Fiscal Year Ending (YYYYMMDD)	FEIN
RED SOX OPPORTUNITY LP	20221231	400008064

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

Enter all amounts in whole dollars.

- 1a. Ordinary Business Income (federal Form 1120S, Line 21 or federal Form 1065, Line 22) ← Check to indicate loss 1a. 68911 .00
- 1b. Net adjustment to income resulting from Vermont's disallowance of "bonus depreciation" (IRC 168(k)) ← Check to indicate loss 1b. 19600 .00
- 1c. Ordinary Business Income with disallowance of "bonus depreciation" (Add Lines 1a and 1b) ← Check to indicate loss 1c. 88511 .00
- 2. Net Rental Real Estate Income (federal Form 1120S, Schedule K, Line 2, or federal Form 1065, Schedule K, Line 2) ← Check to indicate loss 2. _____ .00
- 3. Other Net Rental Income (federal Form 1120S, Schedule K, Line 3c, or federal Form 1065, Schedule K, Line 3c) ← Check to indicate loss 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 or losses. (federal Form 1120S, Schedule K, Lines 7 and 8a, or federal Form 1065, Schedule K, Lines 8 and 9a.) ← Check to indicate loss 5. _____ .00
- 6. Net section 1231 gain or loss. (federal Form 1120S, Schedule K, Line 9, or federal 1065, Schedule K Line 10) .. ← Check to indicate loss 6. _____ .00
- 7. Other income or loss. (federal Form 1120S, Schedule K, Line 10, or federal Form 1065, Schedule K, Line 11.) ← Check to indicate loss 7. 25001 .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 1c through 7, then subtract Line 8) ← Check to indicate loss 9. 863512 .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) ← Check to indicate loss 11. 629420 .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.) ... ← Check to indicate loss 12. _____ .00
- 13. Vermont business income distributed to this entity by a different entity via Schedule K-1VT. ← Check to indicate loss 13. _____ .00
- 14. Vermont-sourced capital gain distributed to this entity via Schedule K-1VT ← Check to indicate loss 14. 219000 .00
- 15. Other Vermont-sourced income distributed to this entity by a different entity via Schedule K-1VT ← Check to indicate loss 15. _____ .00
- 16. Total Vermont Net Income (Add Lines 11 through 15) ← Check to indicate loss 16. 848420 .00
- 17. Percentage of income from Line 16 passed through to nonresidents 17. 20 . 000000 %
- 18. Total income passed through to nonresidents (Multiply Line 16 by Line 17) ← Check to indicate loss 18. 169684 .00
- 19. Nonresident estimated payment requirement (Multiply Line 18 by 6.6%) 19. 11199 .00

Test 3:**Required Vermont Forms/Schedules: BI-471, BI-473****Taxpayer(s) Information:**

Entity Name:	JUSTINS GAME CORNER
Federal Employer ID:	40-0008065
Primary 6-digit NAICS #:	441142
Mailing Address:	1 GATEWAY DRIVE
City:	WOODSTOCK
State:	VERMONT
Zip Code:	05091
Country:	US
Tax Year Begin Date:	Jan-01-2022
Tax Year End Date:	Dec-31-2022
Federal Return Filed:	1065

Return Information:

Ordinary Business Income:	3,250,998.00
Net Short-Term Capital Gain:	561.00
Net Section 1231 Gain or Loss:	20,223.00
Other Income:	125,000.00
Charitable Contributions Deduction:	10,000.00
% Vermont Net Income Passed through to Non-Residents:	100%
Total Number of Partners:	60
Number of Non-Residents:	60
Non-Resident Estimated Payments by Entity:	250,000.00

Direct Debit Information for Vermont:

Routing Number:	211691185
Checking Account Number:	649996113
Payment Date:	03/15/2023

Form BI-471



Vermont Business Income Tax Return

for Partnerships, Subchapter S Corporations, and LLCs

Check Appropriate Box(es)	<input type="checkbox"/> Name Change	<input checked="" type="checkbox"/> Composite Return	<input type="checkbox"/> Accounting Period Change	<input type="checkbox"/> Initial Return	<input type="checkbox"/> Public Law 86-272 Applies	<input type="checkbox"/> Pro Forma - Cannabis
	<input type="checkbox"/> Address Change	<input type="checkbox"/> Amended Return	<input type="checkbox"/> Extended Return	<input type="checkbox"/> Federal Extension Requested	<input checked="" type="checkbox"/> Final Return (Cancels Account)	

Entity Name			FEIN			Primary 6-digit NAICS number		
JUSTINS GAME CORNER			400008065			441142		
Address			Tax year BEGIN date (YYYYMMDD)			Tax year END date (YYYYMMDD)		
1 GATEWAY DR			20220101			20221231		
Address (Line 2)			Federal tax return filed (Check one box)			<input type="checkbox"/> 1120S <input checked="" type="checkbox"/> 1065 <input type="checkbox"/> Other		
City	State	ZIP Code						
WOODSTOCK	VT	05091						
Foreign Country (if not United States)								

- A. Were any shareholders, partners, or members nonresidents of Vermont during this tax year? A. Yes No
- B. Did this entity have income or losses derived from at least one state other than Vermont? B. Yes No
If Yes, complete and attach Schedule BA-402
- C. Net adjustment to income resulting from Vermont's disallowance of "bonus depreciation" (IRC 168(k)). ← Check to indicate loss C. _____ .00
- D. Total number of Shareholders, Partners, or Members D. 60
- E. How many are Vermont Residents? E. _____
- F. How many are Nonresidents? F. 60
- 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 G.

TAX COMPUTATION (see instructions): **Enter all amounts in whole dollars.**

Check box if exception to minimum tax applies:	<input type="checkbox"/> NO VERMONT ACTIVITY / INACTIVE (\$0)	<input type="checkbox"/> INVESTMENT CLUB § 5921 (\$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. _____ .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)
400008065	20221231



* 2 2 4 7 1 1 2 0 0 *

PAYMENTS AND CREDITS

Enter all amounts in whole dollars.

7. Prior Year Overpayment Applied	7.	_____	.00
8. Payments with Extension	8.	_____	.00
9. Real estate withholding paid for this entity with Form REW-171, REW Schedule A.....	9.	_____	.00
10. Real estate withholding distributed to this entity by a different company through a Schedule K-1VT	10.	_____	.00
11. Nonresident estimated payments paid by this entity with Form WH-435	11.	250000	.00
12. Nonresident estimated payments distributed to this entity by a different company through a Schedule K-1VT	12.	_____	.00
13. Total payments (Add Lines 7 through 12)	13.	250000	.00

RECONCILIATION

14. Balance Due: If Line 6 is greater than Line 13, enter the difference	14.	7645	.00
15. Payment attached to this return	15.	7645	.00
16. Overpayment: If Line 6 is less than the sum of Lines 13 and 15, enter the difference	16.	_____	.00
17. Overpayment to be credited to the next tax year	17.	_____	.00
18. Overpayment to be refunded	18.	_____	.00

SIGNATURE

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 (MMDDYYYY)	Daytime Telephone Number
Printed Name	Email Address (optional)		

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

Signature of Paid Preparer		Date (MMDDYYYY)	Preparer's Telephone Number
Preparer's Printed Name	Email Address (optional)		
Firm's Name (or yours if self-employed)	EIN	Preparer's SSN or PTIN	
Firm's Address (or yours if self-employed) (Street, City, State, ZIP Code)			<input type="checkbox"/> Check if self-employed

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

For Department Use Only	
Ck. Amt.	Init.

Form BI-471
Page 2 of 2
Rev. 10/22

Schedule BI-473

Vermont Composite



* 2 2 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)	Fiscal Year Ending (YYYYMMDD)	FEIN
JUSTINS GAME CORNER	20221231	400008065

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

Enter all amounts in whole dollars.

- 1a. Ordinary Business Income (federal Form 1120S, Line 21 or federal Form 1065, Line 22) ← Check to indicate loss 1a. 3250998 .00
- 1b. Net adjustment to income resulting from Vermont's disallowance of "bonus depreciation" (IRC 168(k)) ← Check to indicate loss 1b. _____ .00
- 1c. Ordinary Business Income with disallowance of "bonus depreciation" (Add Lines 1a and 1b) ← Check to indicate loss 1c. 3250998 .00
- 2. Net Rental Real Estate Income (federal Form 1120S, Schedule K, Line 2, or federal Form 1065, Schedule K, Line 2) ← Check to indicate loss 2. _____ .00
- 3. Other Net Rental Income (federal Form 1120S, Schedule K, Line 3c, or federal Form 1065, Schedule K, Line 3c) ← Check to indicate loss 3. _____ .00
- 4. Guaranteed Payments (Partnership only - federal Form 1065, Schedule K, Line 4) ← Check to indicate loss 4. _____ .00
- 5. Net short term and long term capital gains or losses (federal Form 1120S, Schedule K, Lines 7 and 8a, or federal Form 1065, Schedule K, Lines 8 and 9a.) ← Check to indicate loss 5. 561 .00
- 6. Net section 1231 gain or loss (federal Form 1120S, Schedule K, Line 9, or Federal 1065, Schedule K Line 10) ← Check to indicate loss 6. 20223 .00
- 7. Other income or loss (federal Form 1120S, Schedule K, Line 10, or federal Form 1065, Schedule K, Line 11.) ← Check to indicate loss 7. 125000 .00
- 8. Section 179 Deduction (federal Form 1120S, Schedule K, Line 11 or federal Form 1065, Schedule K, Line 12) ← Check to indicate loss 8. _____ .00
- 9. Deduction for Charitable Contributions (federal Form 1120S, Schedule K, Line 12a, or federal Form 1065, Schedule K, Line 13a) ← Check to indicate loss 9. 10000 .00
- 10. Apportionable income (Add Lines 1c through 7, then subtract Lines 8 and 9) ← Check to indicate loss 10. 3386782 .00
- 11. Apportionment percentage (from Schedule BA-402, or 100%) 11. 100 .000000 %
- 12. Business Income Apportioned to Vermont (Multiply Line 10 by Line 11) ← Check to indicate loss 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.) ← Check to indicate loss 13. _____ .00
- 14. Vermont business income distributed to this entity by a different entity via Schedule K-1VT. ← Check to indicate loss 14. _____ .00
- 15. Vermont-sourced capital gain distributed to this entity via Schedule K-1VT. ← Check to indicate loss 15. _____ .00
- 16. Other Vermont-sourced income distributed to this entity by a different entity via Schedule K-1VT. ← Check to indicate loss 16. _____ .00
- 17. Total Vermont Net Income (Add Lines 12 through 16) ← Check to indicate loss 17. 3386782 .00

Entity Name (same as on Form BI-471)	
JUSTINS GAME CORNER LP	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008065	20221231



* 2 2 4 7 3 1 2 0 0 *

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 18. 100 000000 %
 - 19. Total nonresident income (Multiply Line 17 by Line 18) ← Check to indicate loss 19. 3386782 .00
 - 20. Vermont net operating loss deduction applied (Attach Vermont NOL statement in PDF format) 20. _____ .00
 - 21. Vermont taxable composite income (Subtract Line 20 from Line 19)..... ← Check to indicate loss 21. 3386782 .00
 - 22. Composite Tax (Multiply Line 21 by 7.6%. If negative, enter -0-) 22. 257395 .00
 - 23. Tax credits available for composite shareholders/partners/members
(Attach Schedules BA-404 and BA-406) 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) 24. 257395 .00

Test 4:**Required Vermont Forms/Schedules: CO-411, 3 BA-402, BA410, 2 CO-421, BA-404, CO-420, 3 CO-419****Taxpayer(s) Information:**

Entity Name:	McCormack Shelves Inc.	Affiliate Name 1:	Atocha Inc.
Federal Employer ID:	40-0008067	Affiliate FEIN:	06-4291115
Primary 6-digit NAICS #:	531110	Affiliate NAICS #:	531110
Cannabis Pro Forma:	Yes	Affiliate Address:	1618 Van Dusten Ave
Mailing Address:	78214 Sunny Lane	City:	Phoenix
City:	Austin	State:	AZ
State:	TX	Zip Code:	85323
Zip Code:	73301	Affiliate Name 2:	Solar Flare Inc.
Country:	USA	Affiliate FEIN:	04-1616529
Tax Year Begin Date:	Jan-01-2022	Affiliate NAICS #:	531110
Tax Year End Date:	Dec-31-2022	Affiliate Address:	736 Miramar St.
Federal Return Filed:	1120	City:	Fort Myers
Combined or Consolidated:	Combined	State:	FL
# in Water's Edge Group:	25	Zip Code:	33916
# with Vermont Nexus:	3		

Return Information:

Federal Taxable Income:	20,000,000.00	Affiliate 1 VT NOL Applied:	28,316.00
State & Local Taxes:	5,250,664.00	Affiliate 1 Use tax due:	250.00
Foreign Dividends Received:	256,000.00	Affiliate 1 Gross Receipts:	59,945.00
Factor Relief:	YES	Affiliate 1 VT Services:	41,726.00
IRC sec. 78 "Gross Up":	82,555.00	Aff. 1 Sales Delivered to VT:	18,219.00
Use Tax Due:	1,085.00	Aff. 1 VT Salaries & Wages:	1,532.00
Gross Receipts:	471,155.00	Aff. 1 Buildings & Other Assets:	163,482.00
R&D Credit Earned:	5,000.00	Aff. 2 Use Tax Due:	150.00
R&D Credit Used:	5,000.00	Aff. 2 Gross Receipts:	165,318.00
Estimated Payments Made:	400,000.00	Aff. 2 VT Services:	165,318.00
Extension Payment:	50,000.00	Aff. 2 VT Salaries & Wages:	1,618.00
Sales or Gross Receipts:	2,540,599.00	Aff. 2 VT Inventories:	18,983.00
Services Performed in VT:	278,612.00	Foreign Affiliate Name:	Skyway Corporation
Sales delivered to VT from outside VT:	63,918.00	Foreign Affiliate FEIN:	20-4319649
Salaries & Wages:	864,428.00	For. Aff. Taxable Income:	1,000,000.00
VT Salaries & Wages:	169,775.00	For. Aff. Sales or Gross Receipt:	2,540,599.00
Inventories:	215,339.00	For. Aff. Salaries & Wages:	864,428.00
VT Inventories:	28,993.00	For. Aff. Inventories:	215,339.00
Buildings & other depreciable assets (original cost):	1,369,575.00	For. Aff. Buildings & Other depreciable assets:	1,369,575.00
VT buildings & other depreciable assets:	429,617.00	For. Aff. Land:	348,912.00
Land:	348,912.00		
VT Land:	58,010.00		

Form CO-411

Vermont Corporate Income Tax Return



* 2 2 4 1 1 1 1 0 0 *

Check Appropriate Box(es)	<input type="checkbox"/> Name Change	<input type="checkbox"/> Accounting Period Change	<input checked="" type="checkbox"/> Extended Return	<input checked="" type="checkbox"/> Unitary Combined	<input type="checkbox"/> PL 86-272 is Applicable
	<input checked="" type="checkbox"/> Address Change	<input type="checkbox"/> Amended Return	<input type="checkbox"/> Federal Extension Requested	<input type="checkbox"/> Unitary Consolidated	<input checked="" type="checkbox"/> Pro Forma - Cannabis
Entity Name (Principal Vermont Corporation)			FEIN	Primary 6-digit NAICS number	
MCCORMACK SHELVES INC			400008067	531110	
Address			Tax year BEGIN date (YYYYMMDD)	Tax year END date (YYYYMMDD)	
5681 DOCK ST			20220101	20221231	
Address (Line 2)			Number of companies in Water's Edge Group	Number of companies with Vermont Nexus	
City			State	ZIP Code	
ANNAPOLIS			MD	21401	
Foreign Country			Federal tax return filed (Check one box)	<input checked="" type="checkbox"/> 1120 <input type="checkbox"/> 1120-F <input type="checkbox"/> 990-T <input type="checkbox"/> 1120-H <input type="checkbox"/> 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"/>	← Check to indicate loss	1. 2000000	.00
2. Bonus Depreciation Adjustment (See instructions)	<input type="checkbox"/>	← Check to indicate loss	2. _____	.00
3. Federal Taxable Income adjusted for disallowance of Bonus Depreciation (Add Lines 1 and 2)	<input type="checkbox"/>	← Check to indicate loss	3. 2000000	.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"/>	← Check to indicate loss	4b. 5250664	.00
LESS (c) Non-business income or loss allocated everywhere (Schedule BA-402, Line 1a, or leave blank)	<input type="checkbox"/>	← Check to indicate loss	4c. _____	.00
(d) Foreign dividends received			4d. 256000	.00
(e) Interest on U.S. Government obligations			4e. _____	.00
(f) "Gross Up" required by IRC sec. 78 and other excludable income			4f. 82555	.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"/>	← Check to indicate loss	5. 24912109	.00

Check box if exception to minimum tax applies:	<input type="checkbox"/> SMALL FARM CORPORATION (\$75 minimum)	<input type="checkbox"/> NO VERMONT ACTIVITY (\$0)	<input type="checkbox"/> HOMEOWNER'S / CONDO ASSOC. (Federal Form 1120-H only) (\$0)
---	--	--	--

Entity Name	
MCCORMACK SHELVES INC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008067	20221231



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 Form 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. 5196983	.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 VERMONT 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 SHELVE'S INC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008067	20221231



Amount from Line 17 471155

19. Total Tax Due (Add Line 17 plus Line 13 of all attached Schedules CO-421)	19.	<u>584958</u>	<u>.00</u>
20. Payments			
20a. Estimated Payments	20a.	<u>580000</u>	<u>.00</u>
20b. Payment with Extension	20b.	<u>10000</u>	<u>.00</u>
20c. Nonresident Estimated Payments (Form WH-435)	20c.		<u>.00</u>
20d. Real Estate Withholding Payments (Form RW-171)	20d.		<u>.00</u>
20e. Prior Year Overpayment Applied	20e.		<u>.00</u>
20f. Total Payments (Add Lines 20a through 20e)	20f.	<u>590000</u>	<u>.00</u>
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.		<u>.00</u>
22. Payment submitted with this return	22.		<u>.00</u>
23. Overpayment. If Line 20f is more than Line 19, Subtract Line 19 from Line 20f	23.	<u>5042</u>	<u>.00</u>
24. Overpayment to be applied to next tax year	24.	<u>5042</u>	<u>.00</u>
25. Overpayment to be refunded (Subtract Line 24 from Line 23)	25.		<u>.00</u>

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 (MMDDYYYY)	Daytime Telephone Number
Printed Name SCOOBY DOO	Email Address	

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

Signature of Paid Preparer	Date (MMDDYYYY)	Preparer's Telephone Number
Preparer's Printed Name	Email Address (optional)	
Firm's Name (or yours if self-employed)	EIN	Preparer's SSN or PTIN
Firm's Address (or yours if self-employed) (Street, City, State, ZIP Code)		<input type="checkbox"/> Check if self-employed

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

For Department Use Only	
Ck. Amt.	Init.

Form CO-411
Page 3 of 3
Rev. 10/22

5454

Schedule BA-402

Vermont Apportionment & Allocation



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	20221231	400008067
FOR UNITARY GROUPS ONLY - Name of Affiliate		Affiliate's FEIN
MCCORMACK SHELVES INC		400008067

PART 1 Directly Allocated Non-Business Income, Other Non-Apportionable 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
1a-b. Non-Business Income or Other Non-Apportionable Income	1a. <u> </u> .00	1b. <u> </u> .00
1c-d. Foreign Dividends	1c. <u>256000</u> .00	1d. <u>42520</u> .00

PART 2 Sales and Receipts Factor

Section A Sales and Receipts Factor

	Everywhere	Vermont
2. Sales or gross receipts	2. <u>2540599</u> .00	
3. Services received in or delivered to Vermont		3. <u>278612</u> .00
4. Sales delivered or shipped to purchasers in Vermont from outside Vermont		4. <u>63918</u> .00
5. Sales delivered or shipped to purchasers in Vermont from within Vermont		5. <u>128625</u> .00
6. Sales shipped from Vermont to the U.S. Government		6. <u> </u> .00
7. Sales shipped from Vermont to purchasers in a state where the entity is not taxable		7. <u> </u> .00
8. Business interest and dividends	8a. <u> </u> .00	8b. <u> </u> .00
9. Royalties	9a. <u> </u> .00	9b. <u> </u> .00
10. Gross rents	10a. <u> </u> .00	10b. <u> </u> .00
11. Other business income (attach detailed supporting statement)	11a. <u> </u> .00	11b. <u> </u> .00
12. TOTAL INCOME, SALES, AND GROSS RECEIPTS (Add Lines 2-11)	12a. <u>2540599</u> .00	12b. <u>471155</u> .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. <u>18</u> . <u>545036</u> %

Entity Name (same as on Form CO-411 or Form BI-471)	
MCCORMACK SHELVES INC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008067	20221231



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	.00	16b. .00
			.00
17. Land 17a.	348912	.00	17b. 58010
			.00
18. Other assets (Attach schedule). 18a.	.00	.00	18b. .00
			.00
19. Rented real and personal property (Multiply annual rent by 8) 19a.	.00	.00	19b. .00
			.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 fewer 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.)

Schedule BA-402

Vermont Apportionment & Allocation



* 2 2 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	20221231	400008067
FOR UNITARY GROUPS ONLY - Name of Affiliate		Affiliate's FEIN
ATOCHA INC		06429115

PART 1 Directly Allocated Non-Business Income, Other Non-Apportionable 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
1a-b. Non-Business Income or Other Non-Apportionable Income	<input type="checkbox"/> 1a. _____ .00	<input type="checkbox"/> 1b. _____ .00
1c-d. Foreign Dividends	<input type="checkbox"/> 1c. 256000 .00	<input type="checkbox"/> 1d. 6803 .00

PART 2 Sales and Receipts Factor

Section A Sales and Receipts Factor

	Everywhere	Vermont
2. Sales or gross receipts	2. 2540599 .00	
3. Services received in or delivered to Vermont		3. 41726 .00
4. Sales delivered or shipped to purchasers in Vermont from outside Vermont		4. 18219 .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 and dividends	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. 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		12c. 2 . 359483 %

Entity Name (same as on Form CO-411 or Form BI-471)	
MCCORMACK SHELVES INC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008067	20221231



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 fewer 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.)

Schedule BA-402

Vermont Apportionment & Allocation



* 2 2 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	20221231	400008067
FOR UNITARY GROUPS ONLY - Name of Affiliate		Affiliate's FEIN
SOLAR FLARE INC		041616529

PART 1 Directly Allocated Non-Business Income, Other Non-Apportionable 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
1a-b. Non-Business Income or Other Non-Apportionable Income <input type="checkbox"/> ← Check to indicate loss 1a. _____ .00		<input type="checkbox"/> ← Check to indicate loss 1b. _____ .00
1c-d. Foreign Dividends <input type="checkbox"/> ← Check to indicate loss 1c. 256000 .00		<input type="checkbox"/> ← Check to indicate loss 1d. 7227 .00

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

	Everywhere	Vermont
2. Sales or gross receipts 2. 2540599 .00		
3. Services received in or delivered to 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 and dividends 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)
400008067	20221231



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 fewer 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.)

Schedule CO-421



* 2 2 4 2 1 1 1 0 0 *

Vermont Unitary Affiliate Schedule

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	20221231	400008067
FOR UNITARY GROUPS ONLY - Name of Affiliate	Affiliate's FEIN	Affiliate's Primary 6-digit NAICS Number
SOLAR FLARE INC	041616529	

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 to the right of the decimal point.	1.	3	545725	%
2. Group Apportionable Income (Form CO-411, Line 5)	<input type="checkbox"/>	← Check to indicate loss	2.	24912109 .00
3. Income Apportioned to Vermont (Multiply Line 1 by Line 2)	<input type="checkbox"/>	← Check to indicate loss	3.	883315 .00
4. Income Allocated to Vermont (Schedule BA-402, Line 1b)	<input type="checkbox"/>	← Check to indicate loss	4.	.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)	<input type="checkbox"/>	← Check to indicate loss	6.	890542 .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)	<input type="checkbox"/>	← Check to indicate loss	8.	890542 .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)	<input type="checkbox"/>	← Check to indicate loss	10.	.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 Jan. 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 VERMONT 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

Schedule CO-421



* 2 2 4 2 1 1 1 0 0 *

Vermont Unitary Affiliate Schedule

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	20221231	400008067
FOR UNITARY GROUPS ONLY - Name of Affiliate	Affiliate's FEIN	Affiliate's Primary 6-digit NAICS Number
ATOCHA INC	064291115	

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 to the right of the decimal point.	1.	3	337501	%
2. Group Apportionable Income (Form CO-411, Line 5)	<input type="checkbox"/>	← Check to indicate loss	2.	24912109 .00
3. Income Apportioned to Vermont (Multiply Line 1 by Line 2)	<input type="checkbox"/>	← Check to indicate loss	3.	831442 .00
4. Income Allocated to Vermont (Schedule BA-402, Line 1b)	<input type="checkbox"/>	← Check to indicate loss	4.	.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)	<input type="checkbox"/>	← Check to indicate loss	6.	838245 .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)	<input type="checkbox"/>	← Check to indicate loss	8.	809929 .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)	<input type="checkbox"/>	← Check to indicate loss	10.	.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 Jan. 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 VERMONT 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

Schedule CO-421

Page 1 of 1
 Rev. 10/22

Schedule CO-420



**Vermont Foreign Dividend Factor Increments
(for Unitary-Combined only)**

Attach to Form CO-411

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

Entity Name (same as on Form CO-411)	Fiscal Year Ending (YYYYMMDD)	FEIN
MCCORMACK SHELVES INC	20221231	400008067
Name of Affiliate		Affiliate's FEIN
SKYWAY CORPORATION		204319649

- 1. Dividend paid 1. 256000 .00
- 2. Taxable Income ← Check to indicate loss 2. 100000 .00
- 3. Percentage of taxable income paid as dividend (Divide Line 1 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. 254059 .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. 254059 .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

The three increments (which are the sums of Lines 10, 12, and 20, respectively, across all attached CO-420s) will be transcribed to Lines 2, 7, and 11 of all attached CO-419s.

Schedule CO-420

Page 1 of 1

Rev. 10/22

Schedule CO-419



* 2 2 4 1 9 1 1 0 0 *

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

Attach to Form CO-411

Entity Name (same as on Form CO-411)	Fiscal Year Ending (YYYYMMDD)	FEIN
MCCORMACK SHELVES INC	20221231	400008067
Name of Affiliate	Affiliate's FEIN	
SOLAR FLARE INC	041616529	

Column A EVERYWHERE (Denominator)	Column B VERMONT (Numerator)	Column C VT as portion of EVERYWHERE
--	---	---

PART 1: Sales

- 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

- 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

- 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). 14. 11 . 292120 %
- 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 15. 2 . 823030 %
- 16. FOREIGN DIVIDENDS as defined in Reg. 5862(d). This amount must agree with Schedule BA-402, Line 1c 16. 256000 .00
- 17. VERMONT FOREIGN DIVIDENDS TAXABLE INCOME (Multiply Line 16 by Line 15) Enter this amount on Schedule BA-402, Line 1d and Form CO-411, Line 10 or Schedule CO-421, Line 5 17. 7227 .00

Schedule CO-419



* 2 2 4 1 9 1 1 0 0 *

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

Attach to Form CO-411

Entity Name (same as on Form CO-411)	Fiscal Year Ending (YYYYMMDD)	FEIN
MCCORMACK SHELVES INC	20221231	400008067
Name of Affiliate	Affiliate's FEIN	

Column A EVERYWHERE (Denominator)	Column B VERMONT (Numerator)	Column C VT as portion of EVERYWHERE
--	---	---

PART 1: Sales

- 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

- 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

- 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). 14. 66 . 437217 %
- 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 15. 16 . 609304 %
- 16. FOREIGN DIVIDENDS as defined in Reg. 5862(d). This amount must agree with Schedule BA-402, Line 1c 16. 256000 .00
- 17. VERMONT FOREIGN DIVIDENDS TAXABLE INCOME (Multiply Line 16 by Line 15) Enter this amount on Schedule BA-402, Line 1d and Form CO-411, Line 10 or Schedule CO-421, Line 5 17. 42520 .00

Schedule CO-419



* 2 2 4 1 9 1 1 0 0 *

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

Attach to Form CO-411

Entity Name (same as on Form CO-411)	Fiscal Year Ending (YYYYMMDD)	FEIN
MCCORMACK SHELVES INC	20221231	400008067
Name of Affiliate	Affiliate's FEIN	
ATOCHA INC	064291115	

Column A
EVERYWHERE
(Denominator)

Column B
VERMONT
(Numerator)

Column C
VT as portion
of EVERYWHERE

PART 1: Sales

- 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

- 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

- 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) 14. 10 . 629027 %
- 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 15. 2 . 657257 %
- 16. FOREIGN DIVIDENDS as defined in Reg. 5862(d). This amount must agree with Schedule BA-402, Line 1c 16. 256000 .00
- 17. VERMONT FOREIGN DIVIDENDS TAXABLE INCOME (Multiply Line 16 by Line 15) Enter this amount on Schedule BA-402, Line 1d and Form CO-411, Line 10 or Schedule CO-421, Line 5 17. 6803 .00

Schedule BA-404

**Vermont Tax Credits Earned, Applied,
Expired, and Carried Forward**



* 2 2 4 0 4 1 1 0 0 *

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

PRINT in BLUE or BLACK INK

Enter all amounts in whole dollars.

Entity Name (same as on Form CO-411, Form BI-471, or Form BI-476)	Fiscal Year Ending (YYYYMMDD)	FEIN
MCCORMACK SHELVES INC	20221231	400008067

	(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	
2. Charitable Housing § 5830c				
3. Affordable Housing § 5930u				
4. Qualified Sale of Mobile Home Park § 5828				
5. Vermont Entrepreneurs' Seed Capital Fund § 5830b				
6. Code Improvement § 5930cc(c)				
7. Historic Rehabilitation § 5930cc(a)				
8. Facade Improvement § 5930cc(b)				
9. Investment Tax Credit - Solar Energy § 5822(d)				
10. Investment Tax Credit - Other § 5822(d)				
11. TOTAL FOR ALL CREDITS (Add Lines 1 through 10)		5000	5000	

Schedule BA-410

**Vermont Corporate and Business
Income Tax Affiliation**



* 2 2 4 1 0 1 1 0 0 *

**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
MCCORMACK SHELVES INC	20221231	400008067

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				
SOLAR FLARE INC				041616529
Address				For Department Use Only
736 MIRAMAR ST				
Address (Line 2)				
City	State	ZIP Code		
FORT MYERS	FL	33916		
Foreign Country				
Affiliate Name				FEIN
Address				For Department Use Only
Address (Line 2)				
City	State	ZIP Code		
Foreign Country				
Affiliate Name				FEIN
Address				For Department Use Only
Address (Line 2)				
City	State	ZIP Code		
Foreign Country				

Test 5:**Required Vermont Forms/Schedules: CO-411****Taxpayer(s) Information:**

Entity Name:	Scooby's Homeowners Assoc. Inc.
Federal Employer ID:	40-0008087
Primary 6-digit NAICS #:	813990
Mailing Address:	152 Calais Rd.
City:	Worcester
State:	VT
Zip Code:	05682
Country:	US
Name Change:	Yes
Address Change:	Yes
Tax Year Begin Date:	Jan-01-2022
Tax Year End Date:	Dec-31-2022
Federal Return Filed:	1120-H
Exception to Minimum Tax:	Yes

Return Information:

Federal Taxable Income:	2,895.00
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Direct Debit Information for Vermont:

Routing Number:	211691185
Checking Account Number:	964315879
Payment Date:	Same as return

Form CO-411

Vermont Corporate Income Tax Return



* 2 2 4 1 1 1 1 0 0 *

Check Appropriate Box(es)	<input checked="" type="checkbox"/> Name Change	<input type="checkbox"/> Accounting Period Change	<input type="checkbox"/> Extended Return	<input type="checkbox"/> Unitary Combined	<input type="checkbox"/> PL 86-272 is Applicable
	<input checked="" type="checkbox"/> Address Change	<input type="checkbox"/> Amended Return	<input type="checkbox"/> Federal Extension Requested	<input type="checkbox"/> Unitary Consolidated	<input type="checkbox"/> Pro Forma - Cannabis
Entity Name (Principal Vermont Corporation)			FEIN	Primary 6-digit NAICS number	
SCOOPY'S HOMEOWNERS ASSOC INC			400008087	813990	
Address			Tax year BEGIN date (YYYYMMDD)	Tax year END date (YYYYMMDD)	
152 CALAIS RD			20220101	20221231	
Address (Line 2)			Number of companies in Water's Edge Group	Number of companies with Vermont Nexus	
City State ZIP Code			Federal tax return filed (Check one box)		
WORCESTER VT 05682			<input type="checkbox"/> 1120 <input type="checkbox"/> 1120-F <input type="checkbox"/> 990-T <input checked="" type="checkbox"/> 1120-H <input type="checkbox"/> Other		
Foreign Country					

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"/>	← Check to indicate loss	1. 2895	.00
2. Bonus Depreciation Adjustment (See instructions)	<input type="checkbox"/>	← Check to indicate loss	2.	.00
3. Federal Taxable Income adjusted for disallowance of Bonus Depreciation (Add Lines 1 and 2)	<input type="checkbox"/>	← Check to indicate loss	3. 2895	.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"/>	← Check to indicate loss	4b.	.00
LESS (c) Non-business income or loss allocated everywhere (Schedule BA-402, Line 1a, or leave blank)	<input type="checkbox"/>	← Check to indicate loss	4c.	.00
(d) Foreign dividends received			4d.	.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.	.00
5. NET APPORTIONABLE INCOME (Add Lines 3, 4(a), and 4(b). Then subtract Lines 4(c) through 4(g).)	<input type="checkbox"/>	← Check to indicate loss	5. 2895	.00

Check box if exception to minimum tax applies:	<input type="checkbox"/> SMALL FARM CORPORATION (\$75 minimum)	<input type="checkbox"/> NO VERMONT ACTIVITY (\$0)	<input checked="" type="checkbox"/> HOMEOWNER'S / CONDO ASSOC. (Federal Form 1120-H only) (\$0)
---	--	--	---

Entity Name	
SCOOPY'S HOMEOWNERS ASSOC INC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008087	20221231



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.	100	000000	%
7. Apportionable Income (from Form CO-411, Line 5)	<input type="checkbox"/>	← Check to indicate loss	7. 2895	.00
8. Income Apportioned to Vermont (Multiply Lines 6 and 7)	<input type="checkbox"/>	← Check to indicate loss	8. 2895	.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. 2895	.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. 2895	.00
14. Vermont Tax. Apply Vermont Tax Rates (below) to amount on Line 13			14. 174	.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. 174	.00
18. Gross Receipts (For purpose of minimum tax calculation. See instructions)			18.	.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 VERMONT 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	
SCOOPY'S HOMEOWNERS ASSOC INC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008087	20221231



Amount from Line 17 _____

19. Total Tax Due (Add Line 17 plus Line 13 of all attached Schedules CO-421)	19.	174	.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.	174	.00
22. Payment submitted with this return	22.	174	.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 (MMDDYYYY)	Daytime Telephone Number
Printed Name	Email Address	

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

Signature of Paid Preparer	Date (MMDDYYYY)	Preparer's Telephone Number
Preparer's Printed Name	Email Address (optional)	
Firm's Name (or yours if self-employed)	EIN	Preparer's SSN or PTIN
Firm's Address (or yours if self-employed) (Street, City, State, ZIP Code)		<input type="checkbox"/> Check if self-employed

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

For Department Use Only	
Ck. Amt.	Init.

Form CO-411
Page 3 of 3
Rev. 10/22

5454

Test 6:

Required Vermont Forms/Schedules: BA-403

Taxpayer(s) Information:

Entity Name:	Mystery Inc.
Federal Employer ID:	40-0007051
Mailing Address:	152 Church St.
City:	Burlington
State:	VT
Zip Code:	05401
Country:	USA
Tax Year Begin Date:	Jan-01-2022
Tax Year End Date:	Dec-31-2022
Federal Return Filed:	1120
Consolidated or Group Return:	Yes

Return Information:

Estimated tax liability:	10,000.00
Payments already made:	7,500.00

Form BA-403



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

Entity Name (Principal Vermont Corporation) MYSTERY INC			FEIN 400007051	
Address 152 CHURCH ST			Tax year BEGIN date (YYYYMMDD) 20220101	Tax year END date (YYYYMMDD) 20221231
Address (Line 2)			<input checked="" type="checkbox"/> CONSOLIDATED OR GROUP RETURN TO BE FILED (1120 series) <input type="checkbox"/> COMPOSITE RETURN TO BE FILED (1120S or 1065)	
City BURLINGTON	State VT	ZIP Code 05401		
Foreign Country				
Federal tax return to be filed (Check one box) <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 liability1. 10000.00

2. Previous payments2. 7500.00

3. **Amount of tax due with this application.**
Line 1 minus Line 2. 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.

For Department Use Only	
Ck. Amt.	Init.

Test 7:

Required Vermont Forms/Schedules: WH-435 x4

Taxpayer(s) Information:

Name of Estate or Trust:	Barnes Rogers & Wilson LLC
Federal Employer ID:	40-0008064
Mailing Address:	888 Bear Hill Rd.
City:	Maidstone
State:	VT
Zip Code:	05905
Tax Year Begin Date:	Jan-01-2023
Tax Year End Date:	Dec-31-2023
Entity Type	Partnership

Return Information:

1 st Quarter	1,500.00
2 nd Quarter	2,500.00
3 rd Quarter	2,410.00
4 th Quarter	1,075.00

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 months 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-sourced income (including guaranteed partnership payments) distributed or allocable to nonresident shareholders, partners, or members. The income amount will be calculated on Schedule BI-472, Non-Composite Schedule, or Schedule BI-473, Composite Schedule.

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. **Catch-up payments made after the original due date for the entity return will be subject to late payment penalties and interest.** Late payment penalties and interest are separate and apart from underpayment penalties and interest and their accrual generally begins when the accrual period for underpayment penalties and interest ends. In order for the catch-up payment to be valid and to 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 the fourth 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, Business Income Tax Return, that is filed annually.

Review 32 V.S.A. §§ 5914 & 5920, and Technical Bulletin TB-06, Estimated Payments by S Corporations, Partnerships, and Limited Liability Companies on Behalf of Shareholders, Partners, and Members, for details. Information is available at 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 Form WH-435 if no payment is due.

Form WH-435 Instructions
Rev. 10/22

Vermont Department of Taxes

Form WH-435

Vermont Estimated Income Tax Payments

For Nonresident Shareholders, Partners, or Members



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.

DO NOT SUBMIT PAPER FORM IF FILING ELECTRONICALLY

Business Name BARNES ROGERS & WILSON LLC			FEIN 400008064	
Address 888 BEAR HILL RD			Tax year BEGIN date (YYYYMMDD) 20230101	Tax year END date (YYYYMMDD) 20231231
Address (Line 2)			Total Vermont nonresident estimated income tax payments for this quarter (Use WHOLE DOLLARS). If "\$0," DO NOT file..... 1500 .00	
City MAIDSTONE	State VT	ZIP Code 05905		
Foreign Country (if not United States)				

**Send voucher
and check to:**

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

Phone: (802) 828-5723

For Department Use Only	
Ck. Amt.	Init.

Form WH-435
Rev. 10/19

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 months 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-sourced income (including guaranteed partnership payments) distributed or allocable to nonresident shareholders, partners, or members. The income amount will be calculated on Schedule BI-472, Non-Composite Schedule, or Schedule BI-473, Composite Schedule.

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. **Catch-up payments made after the original due date for the entity return will be subject to late payment penalties and interest.** Late payment penalties and interest are separate and apart from underpayment penalties and interest and their accrual generally begins when the accrual period for underpayment penalties and interest ends. In order for the catch-up payment to be valid and to 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 the fourth 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, Business Income Tax Return, that is filed annually.

Review 32 V.S.A. §§ 5914 & 5920, and Technical Bulletin TB-06, Estimated Payments by S Corporations, Partnerships, and Limited Liability Companies on Behalf of Shareholders, Partners, and Members, for details. Information is available at 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 Form WH-435 if no payment is due.

Form WH-435 Instructions
Rev. 10/22

Vermont Department of Taxes

Form WH-435

Vermont Estimated Income Tax Payments

For Nonresident Shareholders, Partners, or Members



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.

DO NOT SUBMIT PAPER FORM IF FILING ELECTRONICALLY

Business Name BARNES ROGERS & WILSON LLC			FEIN 400008064
Address 888 BEAR HILL RD			Tax year BEGIN date (YYYYMMDD) 20230101
Address (Line 2)			Tax year END date (YYYYMMDD) 20231231
City MAIDSTONE	State VT	ZIP Code 05905	Total Vermont nonresident estimated income tax payments for this quarter (Use WHOLE DOLLARS). If "\$0," DO NOT file..... 2500 .00
Foreign Country (if not United States)			

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

Phone: (802) 828-5723

For Department Use Only	
Ck. Amt.	Init.

Form WH-435
Rev. 10/19

5454

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 months 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-sourced income (including guaranteed partnership payments) distributed or allocable to nonresident shareholders, partners, or members. The income amount will be calculated on Schedule BI-472, Non-Composite Schedule, or Schedule BI-473, Composite Schedule.

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. **Catch-up payments made after the original due date for the entity return will be subject to late payment penalties and interest.** Late payment penalties and interest are separate and apart from underpayment penalties and interest and their accrual generally begins when the accrual period for underpayment penalties and interest ends. In order for the catch-up payment to be valid and to 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 the fourth 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, Business Income Tax Return, that is filed annually.

Review 32 V.S.A. §§ 5914 & 5920, and Technical Bulletin TB-06, Estimated Payments by S Corporations, Partnerships, and Limited Liability Companies on Behalf of Shareholders, Partners, and Members, for details. Information is available at 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 Form WH-435 if no payment is due.

Form WH-435 Instructions
Rev. 10/22

Vermont Department of Taxes

Form WH-435

Vermont Estimated Income Tax Payments

For Nonresident Shareholders, Partners, or Members



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.

DO NOT SUBMIT PAPER FORM IF FILING ELECTRONICALLY

Business Name BARNES ROGERS & WILSON LLC			FEIN 400008064	
Address 888 BEAR HILL RD			Tax year BEGIN date (YYYYMMDD) 20230101	Tax year END date (YYYYMMDD) 20231231
Address (Line 2)			Total Vermont nonresident estimated income tax payments for this quarter (Use WHOLE DOLLARS). If "\$0," DO NOT file..... 2410 .00	
City MAIDSTONE	State VT	ZIP Code 05905		
Foreign Country (if not United States)				

Send voucher and check to:

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

Phone: (802) 828-5723

For Department Use Only	
Ck. Amt.	Init.

Form WH-435
Rev. 10/19

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 months 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-sourced income (including guaranteed partnership payments) distributed or allocable to nonresident shareholders, partners, or members. The income amount will be calculated on Schedule BI-472, Non-Composite Schedule, or Schedule BI-473, Composite Schedule.

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. **Catch-up payments made after the original due date for the entity return will be subject to late payment penalties and interest.** Late payment penalties and interest are separate and apart from underpayment penalties and interest and their accrual generally begins when the accrual period for underpayment penalties and interest ends. In order for the catch-up payment to be valid and to 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 the fourth 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, Business Income Tax Return, that is filed annually.

Review 32 V.S.A. §§ 5914 & 5920, and Technical Bulletin TB-06, Estimated Payments by S Corporations, Partnerships, and Limited Liability Companies on Behalf of Shareholders, Partners, and Members, for details. Information is available at 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 Form WH-435 if no payment is due.

Form WH-435 Instructions
Rev. 10/22

Vermont Department of Taxes

Form WH-435

Vermont Estimated Income Tax Payments

For Nonresident Shareholders, Partners, or Members



* 1 9 4 3 5 1 1 0 0 *

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.

DO NOT SUBMIT PAPER FORM IF FILING ELECTRONICALLY

Business Name BARNES ROGERS & WILSON LLC			FEIN 400008064		
Address 888 BEAR HILL RD			Tax year BEGIN date (YYYYMMDD) 20230101	Tax year END date (YYYYMMDD) 20231231	
Address (Line 2)			Total Vermont nonresident estimated income tax payments for this quarter (Use WHOLE DOLLARS). If "\$0," DO NOT file..... 1075 .00		
City MAIDSTONE	State VT	ZIP Code 05905			
Foreign Country (if not United States)					

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

Phone: (802) 828-5723

5454

For Department Use Only	
Ck. Amt.	Init.

Form WH-435
Rev. 10/19

Test 8:**Required Vermont Forms/Schedules:** CO-414 x4**Taxpayer(s) Information:**

Name of Estate or Trust:	Scooby Snack Factory Inc.
Federal Employer ID:	40-0008065
Mailing Address:	152 Old River Rd.
City:	Dacula
State:	GA
Zip Code:	30019
Tax Year Begin Date:	Jan-01-2023
Tax Year End Date:	Dec-31-2023
Entity Type	Corporation

Return Information:

1 st Quarter	15,000.00
2 nd Quarter	9,500.00
3 rd Quarter	12,540.00
4 th Quarter	8,600.00

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. 10/19

Vermont Department of Taxes

Form CO-414

Vermont Corporate Estimated Tax Payment Voucher



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 (Principal Vermont Corporation) SCOOPY SNACK FACTORY INC			FEIN 400008065	
Address 152 OLD RIVER RD			Tax year BEGIN date (YYYYMMDD) 20230101	Tax year END date (YYYYMMDD) 20231231
Address (Line 2)			<input type="checkbox"/> Check box for Change of Year End	
City DACULA	State GA	ZIP Code 30019	Amount of payment being remitted with this voucher 15000.00	
Foreign Country				

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

Phone: (802) 828-5723

For Department Use Only	
Ck. Amt.	Init.

Form CO-414
Rev. 10/19

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:

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Form CO-414 Instructions
Rev. 10/19

Vermont Department of Taxes

Form CO-414

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Address (Line 2)			<input type="checkbox"/> Check box for Change of Year End	
City DACULA	State GA	ZIP Code 30019	Amount of payment being remitted with this voucher 12540.00	
Foreign Country				

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

Phone: (802) 828-5723

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Form CO-414
Rev. 10/19

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Rev. 10/19

Vermont Department of Taxes

Form CO-414

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Address (Line 2)			<input type="checkbox"/> Check box for Change of Year End	
City DACULA	State GA	ZIP Code 30019	Amount of payment being remitted with this voucher 9500.00	
Foreign Country				

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

Phone: (802) 828-5723

5454

For Department Use Only	
Ck. Amt.	Init.

Form CO-414
Rev. 10/19

INSTRUCTIONS FOR FILING VERMONT CORPORATE ESTIMATED TAX PAYMENTS

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Address (Line 2)			<input type="checkbox"/> Check box for Change of Year End	
City DACULA	State GA	ZIP Code 30019	Amount of payment being remitted with this voucher 8600.00	
Foreign Country				

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

Phone: (802) 828-5723

5454

For Department Use Only	
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Form CO-414
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