

Vermont Department of Taxes

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.

Table with 3 columns: Entity Name, Fiscal Year Ending, FEIN. Row 1: 12345678901234567890123456789012 (36), 20221231, 123456789

Table for Affiliate 1: Affiliates Name, FEIN, Address, City, State, ZIP Code, Foreign Country. Includes 'For Department Use Only' label.

Table for Affiliate 2: Affiliates Name, FEIN, Address, City, State, ZIP Code, Foreign Country. Includes 'For Department Use Only' label.

Table for Affiliate 3: Affiliates Name, FEIN, Address, City, State, ZIP Code, Foreign Country. Includes 'For Department Use Only' label.

Table for Affiliate 4: Affiliates Name, FEIN, Address, City, State, ZIP Code, Foreign Country. Includes 'For Department Use Only' label.

USE ADDITIONAL SCHEDULES, IF NECESSARY

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