

**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
12345678901234567890123456789012 (36)	20221231	123456789

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

**USE ADDITIONAL SCHEDULES, IF NECESSARY**