

Vermont MeF Corporate and Business Income ATS Test Package for Tax Year 2024



Contents

General Information	2
Who Must Test?	2
Why Test?	2
What is tested?	2
When to test?	2
Test Feedback Report and Certification Letter	2
Direct Debit	2
Transmitting Testing Files	3
Test Acknowledgement	3
Vermont Schema and Forms Supported	3
Software Developer Responsibilities	4
Vermont Test Cases	5

General Information

This publication describes the Vermont State Acceptance Testing system procedures for software developers participating in Vermont's MeF electronic filing program using currently accepted Vermont schema versions.

Who Must Test?

All software developers who wish to participate in supporting Vermont returns for electronic filing must complete the ATS test package provided by Vermont. Before submitting the first test file, an e-mail is required to alert the MeF coordinator.

Why Test?

Testing is performed to ensure that the software adheres to Vermont business rules and to ensure successful transmission and receipt of acknowledgements.

A list of all approved software vendors will be posted to the Vermont Department of Taxes website at <https://tax.vermont.gov/tax-professionals/software-and-vendor-updates>. The 8879-VT is approved as part of the e-file testing process for preparer products.

What is tested?

Vermont's test package includes 12 test returns and includes information needed to prepare each return. A completed return for each test case is provided. All 8 test cases must be submitted for each Online and Preparer product. Vermont does not limit the type of form or schedule that your software will support. Please indicate what is not supported to the e-file coordinator. All forms do not need to be supported to pass ATS testing for Vermont.

"The Vermont MeF Handbook" should be used for general system instructions. Also refer to current releases of Vermont schema, validations and data elements.

When to test?

Testing can begin with Vermont as soon as the IRS opens its testing platform (November 4, 2019). ATS testing is scheduled to begin in early November but is subject to IRS system availability. It is suggested that all software testing be completed by March 1st.

Test Feedback Report and Certification Letter

Within 48 hours after Vermont receives the test file, you will receive an e-mail if there are any errors within your file. If errors are found, you must resubmit the entire test package. A separate letter will be sent for an Online product and Preparer product. Once testing is completed, you will receive a certification letter indicating you are approved for Vermont.

Direct Debit

Vermont will be accepting direct debits. A payment may be for all or a portion of the balance due. Vermont allows 5 days after the due date for processing the direct debits as the IRS does.

*****NOTE** taxpayers may receive a bill if the payment is posted for a date past the original due date.

Transmitting Testing Files

Returns must be transmitted through the IRS MeF system for federal and state processing. Both Fed/State and State only returns can be submitted. Each return (Fed/State or State Only) must be separate submissions. Multiple submissions may be contained in a single message payload.

Test Acknowledgement

Vermont will post acknowledgements to the MeF Fed/State Acknowledgement System and will follow the IRS acknowledgement schema for both testing and production.

Vermont Schema and Forms Supported

Software Developers use Fed/State 1040 MeF forms-based schemas and the Vermont forms-based schemas/spreadsheet.

Edits and verification of business rules are defined for each field or data element. The state spreadsheet will include information on field types, field formats, business rules and other edits. Developers should apply data from the state spreadsheet and tax forms to the appropriate data elements in the XML schema. All XML data must be well formed. Vermont's state specific schema supports the forms below (software developers are not required to support all forms Vermont accepts electronically);

Form	BI-471	Vermont Business Income Tax Return
Schedule	BI-472	Vermont Non-Composite Schedule
	BI-473	Vermont Composite Schedule
	BI-477	Vermont Income Adjustment Calculation: Pass-Through Nonresident
	BA-404	Vermont Tax Credits Earned, Applied, Expired and Carried Forward
	BA-406	Vermont Credit Allocation
	K-1VT	Vermont Shareholder, Partner, or Member Information
Form	BI-476	Vermont Business Income Tax Return for Residents Only
Schedule	BA-404	Vermont Tax Credits Earned, Applied, Expired and Carried Forward
	BA-406	Vermont Credit Allocation
Form	CO-411	Vermont Corporate Income Tax Return
Schedule	BA-410	Vermont Corporate Income Tax Affiliation Schedule
	BA-402	Vermont Apportionment and Allocation Schedule
	BA-404	Vermont Tax Credits Earned, Applied, Expired and Carried Forward
	CO-419	Vermont Apportionment of Foreign Dividends
	CO-420	Vermont Foreign Dividend Factor Increments
Form	BA-403	Vermont Extension to file Corporate or Business Income Tax Return
	CO-414	Vermont Corporate Estimated Tax Payment Voucher
	WH-435	Vermont Estimated Income Tax Payments for Nonresident Shareholders, Partners or Members

Software Developer Responsibilities

If the Software Developer is not acting as the ERO, the Software Developer is responsible for providing state acknowledgements to the ERO no later than two days after receipt. Failure to do so could lead to suspension from the Vermont Program.

Software errors which cause electronic returns to be rejected that arise after testing has been completed should be quickly corrected to ensure that the ERO is able to timely and accurately file its electronic returns. Software updates related to software errors should be distributed promptly to users along with any documentation needed.

Test 1 - Direct Deposit

Required Vermont Forms/Schedules: BI-476

Taxpayer(s) Information:

Entity Name: Green Grass LLC

Federal Employer ID: 40-0001585

Primary 6-digit NAICS #: 561730

Mailing Address: 44 Main St.

City: Waterbury

State: VT

Zip Code: 05676

Country: USA

Initial Return Y

Tax Year Begin Date: Jan-01-2024

Tax Year End Date: Dec-31-2024

Federal Return Filed: 1065

of Shareholders: 2

of VT Shareholders: 2

of Non-Resident Shareholders: 0

Direct Debit Information for Vermont:

Routing Number: 211691185

Checking Account Number 75486756

Payment Date: 03/15/2025

2024 Form BI-476

Vermont Business Income Tax Return For Resident Only



Check Appropriate Box(es) Name Change Address Change Accounting Period Change Extended Return Initial Return Pro Forma - Cannabis Final Return Entity Name GREEN GRASS LLC FEIN 400001585 Primary 6-digit NAICS number 561730 Address 44 MAIN ST Tax year BEGIN date 20240101 Tax year END date 20241231 Federal tax return filed 1120S 1065 Other City WATERBURY State VT ZIP Code 05676 Foreign Country

- A. Were any shareholders, partners, or members nonresidents of Vermont during this reporting tax year? Yes No
B. Did this entity have income or losses derived from at least one state other than Vermont? Yes No
C. Total number of Vermont shareholders, partners, or members 2

TAX COMPUTATION (see instructions)

Enter all amounts in whole dollars.

- 1. Vermont minimum entity tax (\$250) 250.00
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 0.00
3. Balance Due (If Line 1 is greater than Line 2, Line 1 MINUS Line 2) 250.00
4. Overpayment (If Line 2 is greater than Line 1, Line 2 MINUS Line 1) 0.00
5. Overpayment to be Refunded 0.00
6. Overpayment to be credited to next tax year 0.00

I hereby certify that I am an officer or authorized agent responsible for the taxpayer's compliance with the requirements Vermont Statutes Annotated, Title 32, 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 Vermont 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) 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.

2024 Form BI-476 Page 1 of 1 Rev. 10/24

Test 2 - Direct Deposit

Required Vermont Forms/Schedules: BI-471, BI-472, BI-477, K-1VT x2

Taxpayer(s) Information:

Entity Name: Sand Real Estate LLC.
Federal Employer ID: 40-0009654
Primary 6-digit NAICS #: 103587
Mailing Address: 4212 US Route 2
City: Marshfield
State: VT
Zip Code: 05658
Country: USA

Federal Extension Requested: Y
Tax Year Begin Date: Jan-01-2024
Tax Year End Date: Dec-31-2024
Federal Return Filed: 1065
of Shareholders/Partners/Members: 2
of VT Residents: 1
of Non-Residents: 1

Return Information:

VT Minimum Entity Tax: \$250
Nonresident estimated payment requirement: \$166,112
Total tax due: \$166,362
Payments with extension: \$250
Nonresident estimated payments paid: \$166,112

Income Attributable to Vermont: \$3,058,721 Other Adjustments Attributable to VT: \$ 168,000
Percentage of income from Line 3 passed through to nonresidents: 78%
Total income passed through to nonresidents: \$2,516,842
Nonresident estimate payment requirement: \$166,112

Net Real Estate Income/Loss: \$156,000	VT Net Real Estate Income/Loss: \$48,000
Other Net Rental income/Loss: \$23,000	Other VT Net Real Estate Income/Loss: \$23,000
Royalties \$24,000	VT Royalties: \$0
Net Short Term Capital Loss: \$ 162,577	VT Net Short Term Capital Loss: \$ 162,577
Bonus Depreciation Adjustment: \$ (6,247)	VT Bonus Depreciation Adjustment: \$ (6,247)
Other add-backs and adjustments: \$1,250	
Other compensation: \$158,123	VT Other compensation \$74,000
Guaranteed Payments for Services: \$ 357,000	VT Guaranteed Payments for Services: \$ 57,000
Ordinary Business Income: \$ 1,295,847	Interest Income: \$25,487
Other income: \$(68,947)	Bonus Depreciation: \$(58,000)
Income (loss) from lower-tier: \$5,745,611	VT Income (loss) from lower-tier: \$2,350,000

Sales or gross receipts: \$26,790,405	Sales of services: \$4,258,000
Sales or TPP delivered/shipped outside: \$3,562,000	
Apportionable interest/dividends: \$165,000	VT Apportionable interest/dividends: \$42,000
Royalties: \$689,000	VT Royalties: \$142,000
Apportionment from lower-tier: \$1,565,000	VT Apportionment from lower-tier: \$565,000

Salaries and wages: \$4,958,341	VT Salaries and wages: \$1,245,000
Buildings/other depreciable assets: \$65,980,000	VT Buildings/other depreciable assets: \$24,000,000
Land: \$4,985,000	VT Land: \$3,985,000
Other assets: \$852,000	VT Other assets: \$250,000

Partner 1 Name: Share LLC
Partner 1 City: Warrenton
Partner 1 Zip Code: 20187
Profit Percentage: 78.000000%

Partner 1 Address: 5173 S Hill Dr.
Partner 1 State: VA
Ownership Percentage: 78.000000%
Loss Percentage: 50.000000%

Partner 2 Last Name: Andrews
Partner 2 First Name: Tracy
Partner 2 City: Rutland
Partner 2 Zip Code: 05701
Profit Percentage: 22.000000%

Partner 2 Address: 108 River St.
Partner 2 State: VT
Ownership Percentage: 22.000000%
Loss Percentage: 50.000000%

Direct Debit Information for Vermont:

Routing Number: 211691185
Account Number 75486756
Payment Date: 03/15/2025

2024 Form BI-471



Vermont Business Income Tax Return

for Partnerships, Subchapter S Corporations, and LLCs

Check Appropriate Box(es)
Name Change, Composite Return, Accounting Period Change, Initial Return, Public Law 86-272 Applies, Pro Forma - Cannabis, Address Change, Amended Return, Extended Return, Federal Extension Requested, Final Return (Cancels Account)
Entity Name: SAND REAL ESTATE LLC, FEIN: 400009654, Primary 6-digit NAICS number: 103587
Address: 4212 US ROUTE 2, Tax year BEGIN date: 20240101, Tax year END date: 20241231
City: MARSHFIELD, State: VT, ZIP Code: 05658
Federal tax return filed (Check one box): 1120S, 1065, Other

- A. Were any shareholders, partners, or members nonresidents of Vermont during this tax year? Yes No
B. Did this entity have income or losses derived from at least one state other than Vermont? Yes No
C. Net adjustment to income resulting from Vermont's disallowance of "bonus depreciation" (IRC 168(k)). .00
D. Total number of Shareholders, Partners, or Members 2
E. How many are Vermont Residents? 1
F. How many are Nonresidents? 1
G. Check box if 32 V.S.A. § 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.

TAX COMPUTATION (see instructions):

Enter all amounts in whole dollars.

Check box if exception to minimum tax applies: NO VERMONT ACTIVITY / INACTIVE (\$0), INVESTMENT CLUB § 5921 (\$0), IRC § 761 (\$0)
1. Vermont minimum entity tax (\$250) or above exception (See instructions) 250.00
2. For non-composite entities
2a. Nonresident estimated payment requirement (Schedule BI-472, Line 6) 166112.00
2b. Overpayment distributed to owners (ADD Schedule K-1VT, Lines 11 and 12 from all schedules, then SUBTRACT amount from Schedule BI-472, Line 6) .00
2c. ADD Lines 2a and 2b 166112.00
3. For composite entities, Vermont composite tax due (Schedule BI-473, Line 11) .00
4. Vermont apportionment of entity level taxes (See instructions) .00
5. Use Tax for taxable items on which no sales tax was charged, including online purchases .00
6. Total tax due (ADD Lines 1, 2c, 3, 4, and 5) 166362.00

Entity Name	
SAND REAL ESTATE LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400009654	20241231



PAYMENTS AND CREDITS

Enter all amounts in whole dollars.

7. Prior Year Overpayment Applied.....	7.	_____	.00
8. Payments with Extension (Form BA-403)	8.	_____ 250	.00
9. Real estate withholding paid for this entity (Form REW-171, REW Schedule A)	9.	_____	.00
10. Real estate withholding distributed to this entity by a different company (Schedule K-1VT, Line 12) ...	10.	_____	.00
11. Nonresident estimated payments paid by this entity (Form WH-435).....	11.	_____ 166112	.00
12. Nonresident estimated payments distributed to this entity by a different company (Schedule K-1VT, Line 11)	12.	_____	.00
13. Total payments (ADD Lines 7 through 12)	13.	_____ 166362	.00

RECONCILIATION

14. Balance Due: If Line 6 is greater than Line 13, subtract Line 13 from Line 6.	14.	_____ 0	.00
15. Payment included with this return. Make check payable to Vermont Department of Taxes	15.	_____	.00
16. Overpayment: If Line 6 is less than the sum of Lines 13 and 15, ADD Lines 13 and 15, then SUBTRACT Line 6.....	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 Vermont Statutes Annotated, Title 32, 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 Vermont 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.

2024 Form BI-471
Page 2 of 2
Rev. 10/24

Vermont Department of Taxes
2024 Schedule BI-472
Vermont Non-Composite



PRINT in BLUE or BLACK INK

Include with Form BI-471

Entity Name (same as on Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
SAND REAL ESTATE LLC	20241231	400009654

Enter all amounts in whole dollars.

1. Income Attributable to Vermont (Schedule BI-477, Line 31)	1.	3058721	.00
2. Other adjustments to income attributable to Vermont	2.	168000	.00
3. Total Income Attributable to Vermont (ADD Lines 1 and 2)	3.	3226721	.00
4. Percentage of income from Line 3 passed through to nonresidents	4.	78.000000	%
5. Total income passed through to nonresidents (MULTIPLY Line 3 by Line 4)	5.	2516842	.00
6. Nonresident estimated payment requirement (MULTIPLY Line 5 by 6.6% (0.066))	6.	166112	.00

2024 Schedule BI-477



* 2 4 4 7 7 1 1 0 0 *

**Vermont Income Adjustment Calculation:
Pass-Through Nonresident**

Include with Form BI-471

Entity Name (same as on Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
SAND REAL ESTATE LLC	20241231	400009654

SECTION 1 PASS-THROUGH PERSONAL INCOME ADJUSTMENT CALCULATION

1A. NONAPPORTIONABLE INCOME CALCULATION

PART I. INCOME DERIVED FROM OWNERSHIP OF PROPERTY

	<u>Column A</u> Federal Amount		<u>Column B</u> Amount from Vermont Situs Property
1. Net Rental Real Estate Income (loss) 1A.	156000 .00	1B.	48000 .00
2. Other Net Rental Income (loss) 2A.	23000 .00	2B.	23000 .00
3. Royalties 3A.	24000 .00	3B.	.00

PART II. GAINS FROM THE SALE OR EXCHANGE OF PROPERTY

	<u>Column A</u> Federal Amount		<u>Column B</u> Amount from Vermont Situs Property
4. Net Long Term Capital Gain (loss) 4A.	.00	4B.	.00
5. Net Short Term Capital Gain (loss) 5A.	162577 .00	5B.	162577 .00
6. Guaranteed Payments for Capital 6A.	.00	6B.	.00
7. Net IRC § 1231 Gain (loss) . . 7A.	.00	7B.	.00
8. Bonus Depreciation Adjustment (Nonapportionable items) . . . 8A.	-6247 .00	8B.	-6247 .00
9. Other add-backs and adjustments (Nonapportionable items) . . . 9A.	1250 .00	9B.	.00

PART III. WAGES, SALARIES, COMPENSATION TO SHAREHOLDERS / PARTNERS / MEMBERS

	<u>Column A</u> Federal Amount		<u>Column B</u> Amount Received for Services Performed in Vermont
10. Other Compensation 10A.	158123 .00	10B.	74000 .00
11. Guaranteed Payments for Services 11A.	357000 .00	11B.	57000 .00

Entity Name (same as on Form BI-471)	
SAND REAL ESTATE LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400009654	20241231



1B. APPORTIONABLE INCOME CALCULATION

PART IV. INCOME FROM BUSINESS OR TRADE

Federal

12. Ordinary Business Income12.	1295847	.00
13. Interest Income (include only apportionable interest)13.	25487	.00
14. Dividends (include only apportionable dividends)14.		.00
15. Other Income (Specify) .15.	-68947	.00
16. IRC § 179 Deduction16.		.00
17. Bonus Depreciation Adjustment (Apportionable items).17.	-58000	.00
18. Other Add-backs and Adjustments for Ordinary Business Income .18.		.00
19. Total Apportionable Income (ADD Lines 12 through 18)19.	1194387	.00
20. Vermont Sales and Receipts Factor as a percent of Everywhere (Section 2, Line 44).20.	29.336441	%
21. Income Apportioned to Vermont (MULTIPLY Line 19 by Line 20)21.	350391	.00

PART V. OTHER

<u>Column A</u>	<u>Column B</u>
Federal	Vermont

22. Income (loss) from lower-tier partnerships/PTEs (attach Affiliation Schedule BA-410 and necessary worksheets) . . 22A.	5745611	.00	22B.	2350000	.00
23. Adjustments (attach detailed explanation). 23A.		.00	23B.		.00

PART VI. INCOME ADJUSTMENT

24. Federal Total (ADD Lines 1A through 11A, 19, 22A, and 23A).24.	7815701	.00
25. Nonapportionable Interest Income (SUBTRACT Line 13 from federal Form 1065, Sch. K, Line 5 or federal Form 1120-S, Line 4)25.	565000	.00
26. Nonapportionable Dividends (SUBTRACT Line 14 from federal Form 1065, Sch. K, Line 6a or federal Form 1120-S, Line 5a)26.	250000	.00
27. Other Income (loss) (Specify)27.		.00
28. ADD Lines 24 through 27.28.	8630701	.00
29. Other Adjustments (Attach detailed explanation).29.	-75000	.00
30. Federal Adjusted Gross Income Equivalent from federal Form 1120-S or federal Form 1065, Sch. K with Vermont adjustments (ADD Lines 28 and 29)30.	8555701	.00
31. Vermont Income (ADD Lines 1B through 11B, 21, 22B, and 23B)31.	3058721	.00
32. Income Adjustment % (DIVIDE Line 31 by Line 30. MULTIPLY the result by 100 and carry the result out to the sixth decimal place.) Also enter on Schedule BI-473, Line 2.32.	35.750677	%

Entity Name (same as on Form BI-471)	
SAND REAL ESTATE LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400009654	20241231



SECTION 2 VERMONT APPORTIONMENT

PART VII. VERMONT SALES AND RECEIPTS FACTOR

	<u>Column A</u> Everywhere		<u>Column B</u> Vermont
33. Sales or gross receipts 33A.	26790405		.00
34. Sales of services 34B.		4258000	.00
35. Sales of tangible personal property delivered or shipped to purchasers in Vermont from outside Vermont 35B.		3562000	.00
36. Sales of tangible personal property delivered or shipped to purchasers in Vermont from within Vermont 36B.			.00
37. Special Industries 37B.			.00
38. Apportionable interest and dividends 38A.	165000	38B.	42000
	.00		.00
39. Royalties 39A.	689000	39B.	142000
	.00		.00
40. Gross rents 40A.		40B.	.00
41. Other apportionable business income (attach detailed supporting statement) 41A.		41B.	.00
	.00		.00
42. Apportionment Factors from Lower-Tier Unitary Activity. 42A.	1565000	42B.	565000
	.00		.00
43. Total Gross Receipts (ADD Lines 33 through 42) 43A.	29209405	43B.	8569000
	.00		.00
44. Vermont Gross Receipt factor (DIVIDE Line 43B by 43A. MULTIPLY the result by 100 and carry the result out to the sixth decimal place.) 44.		29.336441	%

SECTION 3 WAGE AND PROPERTY FACTOR REPORTING

PART VIII. SALARY AND WAGES(required for reporting only)

	<u>Column A</u> Everywhere		<u>Column B</u> Vermont
45. Total SALARIES AND WAGES 45A.	4958341	45B.	1245000
	.00		.00

PART IX. PROPERTY FACTOR (Average value during year)

	<u>Column A</u> Everywhere		<u>Column B</u> Vermont
46. Inventories 46A.		46B.	.00
	.00		.00
47. Buildings and other depreciable assets (original cost) 47A.	65980000	47B.	24000000
	.00		.00
48. Depletable assets (original cost) 48A.		48B.	.00
	.00		.00
49. Land 49A.	4985000	49B.	3985000
	.00		.00
50. Other assets (Attach schedule) 50A.	852000	50B.	250000
	.00		.00
51. Rented real and personal property (Multiply annual rent by 8) 51A.		51B.	.00
	.00		.00
52. Total PROPERTY (ADD Lines 46 through 51) 52A.	71817000	52B.	28235000
	.00		.00

2024 Schedule K-1VT

Vermont Shareholder, Partner, or Member Information



* 2 4 K 1 V 1 1 0 0 *

**This schedule is REQUIRED.
Include with Form BI-471**

Entity Name (same as on Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
SAND REAL ESTATE LLC	20241231	400009654

HEADER INFORMATION - REQUIRED ENTRIES

Entity Name (Shareholder, Partner, or Member)			FEIN	
OR SHARE LLC			400006798	
Individual Last Name (Shareholder, Partner, or Member)	First Name	Initial	OR Social Security Number	
Address			Recipient Type (I, C, S, L, P, X, or T) <input type="checkbox"/> I	
5173 S HILL RD			Residency Status	
Address, Line 2 (if needed)			<input type="checkbox"/> Vermont Resident	
City	State	ZIP Code	<input checked="" type="checkbox"/> Nonresident	
WARRENTON	VA	20187		
Foreign Country (if not United States)				

PART I PASS-THROUGH ENTITY INFORMATION

- 1. Ownership percentage 1. 78.000000 %
- 2. Profit percentage 2. 78.000000 %
- 3. Loss percentage 3. 50.000000 %
- 4. Disregarded entity (single-member LLC or Qualified Subchapter S subsidiary)? 4. Yes No
- 5. Is this entity a unit of a Series LLC? 5. Yes No
- 6. Did this entity pay tax on this income as part of a composite return? 6. Yes No

PART II DISTRIBUTIONS TO OWNERS

Enter all amounts in whole dollars.

- 7. Vermont Business Income 7. 273305.00
- 8. Capital gains allocated to Vermont 8. 177317.00
- 9. Other income allocated to Vermont 9. 1935180.00
- 10. Exempt Income - Vermont income not characterized as Unrelated Business Income (UBI) for federal purposes (tax-exempt entities only) 10. .00
- 11. Total annual nonresident estimated payments allocated to this shareholder 11. 166112.00
- 12. Total annual real estate withholding payments allocated to this shareholder 12. .00
- 13. Share of total federal bonus depreciation difference. Enter on Schedule IN-112, Line 4 or Line 9. 13. -14134.00
- 14. Share of total state and local taxes deducted difference 14. .00

(continued on next page)

Entity Name (same as on Form BI-471)	
SAND REAL ESTATE LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400009654	20241231



PART III DISTRIBUTIVE SHARE OF APPORTIONMENT FACTORS

	A. Everywhere	B. Vermont
15. Sales.....	15A. _____ .00	15B. _____ .00
16. Payroll	16A. _____ .00	16B. _____ .00
17. Property	17A. _____ .00	17B. _____ .00

2024 Schedule K-1VT

Vermont Shareholder, Partner, or Member Information



* 2 4 K 1 V 1 1 0 0 *

**This schedule is REQUIRED.
Include with Form BI-471**

Entity Name (same as on Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
SAND REAL ESTATE LLC	20241231	400009654

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
	ANDREWS	TRACY			445665454
Address			Recipient Type (I, C, S, L, P, X, or T) <input type="checkbox"/> I		
108 RIVER ST			Residency Status		
Address, Line 2 (if needed)			<input checked="" type="checkbox"/> Vermont Resident		
			<input type="checkbox"/> Nonresident		
City	State	ZIP Code			
RUTLAND	VT	05701			
Foreign Country (if not United States)					

PART I PASS-THROUGH ENTITY INFORMATION

- 1. Ownership percentage 1. 22.000000 %
- 2. Profit percentage 2. 22.000000 %
- 3. Loss percentage 3. 50.000000 %
- 4. Disregarded entity (single-member LLC or Qualified Subchapter S subsidiary)? 4. Yes No
- 5. Is this entity a unit of a Series LLC? 5. Yes No
- 6. Did this entity pay tax on this income as part of a composite return? 6. Yes No

PART II DISTRIBUTIONS TO OWNERS

Enter all amounts in whole dollars.

- 7. Vermont Business Income 7. 77086.00
- 8. Capital gains allocated to Vermont 8. 50013.00
- 9. Other income allocated to Vermont 9. 545820.00
- 10. Exempt Income - Vermont income not characterized as Unrelated Business Income (UBI) for federal purposes (tax-exempt entities only) 10. .00
- 11. Total annual nonresident estimated payments allocated to this shareholder 11. .00
- 12. Total annual real estate withholding payments allocated to this shareholder 12. .00
- 13. Share of total federal bonus depreciation difference.
Enter on Schedule IN-112, Line 4 or Line 9. 13. -14134.00
- 14. Share of total state and local taxes deducted difference 14. .00

(continued on next page)

Entity Name (same as on Form BI-471)	
SAND REAL ESTATE LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400009654	20241231



PART III DISTRIBUTIVE SHARE OF APPORTIONMENT FACTORS

	A. Everywhere	B. Vermont
15. Sales.....	15A. _____ .00	15B. _____ .00
16. Payroll.....	16A. _____ .00	16B. _____ .00
17. Property.....	17A. _____ .00	17B. _____ .00

Test 3 - Direct Deposit**Required Vermont Forms/Schedules: BI-471, BI-473, BI-477, BA-404 & K-1VT****Taxpayer(s) Information:**

Entity Name: Juicy LLC
Federal Employer ID: 40-0008098
Primary 6-digit NAICS #: 423910
Mailing Address: 8693 Poplar St.
City: Dedham
State: MA
Zip Code: 02026
Country: USA
Initial Return: Y
Tax Year Begin Date: Jan-01-2024
Tax Year End Date: Dec-31-2024
Federal Return Filed: 1120S
of Shareholders: 67
of VT Shareholders: 7
of Non-Resident Shareholders: 60

Return Information:

Prior Year Overpayment Applied: \$ 3,517.00
Nonresident Estimated Payments: \$ 5,268.00
Payment made with return: \$ 27,954

Net Long Term Capital Gain (loss): \$156,842,674
VT Net Long Term Capital Gain (loss): \$398,917
Total salaries and wages: \$500,525
VT total salaries and wages: \$150,450

Research and development tax credit: \$5,500

Direct Debit Information for Vermont:

Routing Number: 211691185
Checking Account Number: 75486756
Payment Date: 03/15/2025

2024 Form BI-471

Vermont Business Income Tax Return

for Partnerships, Subchapter S Corporations, and LLCs



Check Appropriate Box(es) Name Change, Composite Return, Accounting Period Change, Initial Return, Public Law 86-272 Applies, Pro Forma - Cannabis, Address Change, Amended Return, Extended Return, Federal Extension Requested, Final Return (Cancels Account). Entity Name: JUICY LLC, FEIN: 400008098, Primary 6-digit NAICS number: 423910. Address: 8693 POPLAR ST, DEDHAM, MA 02026. Federal tax return filed: 1120S.

- A. Were any shareholders, partners, or members nonresidents of Vermont during this tax year? Yes No
B. Did this entity have income or losses derived from at least one state other than Vermont? Yes No
C. Net adjustment to income resulting from Vermont's disallowance of "bonus depreciation" (IRC 168(k)). -16761.00
D. Total number of Shareholders, Partners, or Members 67
E. How many are Vermont Residents? 7
F. How many are Nonresidents? 60
G. Check box if 32 V.S.A. § 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.

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

Check box if exception to minimum tax applies: NO VERMONT ACTIVITY / INACTIVE (\$0), INVESTMENT CLUB § 5921 (\$0), IRC § 761 (\$0). 1. Vermont minimum entity tax (\$250) or above exception (See instructions) 250.00
2. For non-composite entities
2a. Nonresident estimated payment requirement (Schedule BI-472, Line 6) .00
2b. Overpayment distributed to owners (ADD Schedule K-1VT, Lines 11 and 12 from all schedules, then SUBTRACT amount from Schedule BI-472, Line 6) .00
2c. ADD Lines 2a and 2b .00
3. For composite entities, Vermont composite tax due (Schedule BI-473, Line 11) 36489.00
4. Vermont apportionment of entity level taxes (See instructions) .00
5. Use Tax for taxable items on which no sales tax was charged, including online purchases .00
6. Total tax due (ADD Lines 1, 2c, 3, 4, and 5) 36739.00

Entity Name	
JUICY LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008098	20241231



PAYMENTS AND CREDITS

Enter all amounts in whole dollars.

7. Prior Year Overpayment Applied.....	7.	_____	3517	.00
8. Payments with Extension (Form BA-403)	8.	_____		.00
9. Real estate withholding paid for this entity (Form REW-171, REW Schedule A)	9.	_____		.00
10. Real estate withholding distributed to this entity by a different company (Schedule K-1VT, Line 12) ...	10.	_____		.00
11. Nonresident estimated payments paid by this entity (Form WH-435).....	11.	_____	5268	.00
12. Nonresident estimated payments distributed to this entity by a different company (Schedule K-1VT, Line 11)	12.	_____		.00
13. Total payments (ADD Lines 7 through 12)	13.	_____	8785	.00

RECONCILIATION

14. Balance Due: If Line 6 is greater than Line 13, subtract Line 13 from Line 6.	14.	_____	27954	.00
15. Payment included with this return. Make check payable to Vermont Department of Taxes	15.	_____	27954	.00
16. Overpayment: If Line 6 is less than the sum of Lines 13 and 15, ADD Lines 13 and 15, then SUBTRACT Line 6.....	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 Vermont Statutes Annotated, Title 32, 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 Vermont 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.

2024 Form BI-471
Page 2 of 2
Rev. 10/24

2024 Schedule BA-404

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



**Include with 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
JUICY LLC	20241231	400008098

	(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 (32 V.S.A. § 5930ii)		5500	5000	500
2. Charitable Housing (32 V.S.A. § 5830c)				
3. Affordable Housing (32 V.S.A. § 5930u)				
4. Qualified Sale of Mobile Home Park (32 V.S.A. § 5828)				
5. Vermont Entrepreneurs' Seed Capital Fund (32 V.S.A. § 5830b)				
6. Code Improvement (32 V.S.A. § 5930cc(c))				
7. Historic Rehabilitation (32 V.S.A. § 5930cc(a))				
8. Facade Improvement (32 V.S.A. § 5930cc(b))				
9. Investment Tax Credit - Solar Energy (32 V.S.A. § 5822(d))				
10. Investment Tax Credit - Other (32 V.S.A. § 5822(d))				
11. TOTAL FOR ALL CREDITS (ADD Lines 1 through 10)		5500	5000	500

2024 Schedule BI-473

Vermont Composite



* 2 4 4 7 3 1 1 0 0 *

PRINT in BLUE or BLACK INK

Include with Form BI-471

Entity Name (same as on Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
JUICY LLC	20241231	400008098

Enter all amounts in whole dollars.

- 1. Federal Adjusted Gross Income Equivalent (Schedule BI-477, Line 30) 1. 214670698 .00
 - 2. Vermont Income Tax Adjustment % (Schedule BI-477, Line 32)..... 2. .254300 %
 - 3. Vermont Adjusted Income (MULTIPLY Line 1 by Line 2) 3. 545908 .00
 - 4. Percentage of income from Line 3 passed through to nonresidents 4. 100.000000 %
 - 5. Total nonresident income (MULTIPLY Line 3 by Line 4) 5. 545908 .00
 - 6. Composite net operating loss (Enter as a Positive Number, Attach Statement)..... 6. _____ .00
 - 7. Additional Adjustments (Specify) _____ 7. _____ .00
 - 8. Vermont taxable composite income (SUBTRACT Line 6 from Line 5 and ADD Line 7) 8. 545908 .00
 - 9. Composite Tax (MULTIPLY Line 8 by 7.6% (0.076)). If negative, enter -0- 9. 41489 .00
 - 10. Tax credits available for composite shareholders/partners/members
(Attach Schedules BA-404 and BA-406) 10. 5000 .00
- NOTE:** Line 10 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.
- 11. Vermont Composite Tax due (Line 9 MINUS Line 10) 11. 36489 .00

2024 Schedule BI-477



* 2 4 4 7 7 1 1 0 0 *

**Vermont Income Adjustment Calculation:
Pass-Through Nonresident**

Include with Form BI-471

Entity Name (same as on Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
JUICY LLC	20241231	400008098

SECTION 1 PASS-THROUGH PERSONAL INCOME ADJUSTMENT CALCULATION

1A. NON-APPORTIONABLE INCOME CALCULATION

PART I. INCOME DERIVED FROM OWNERSHIP OF PROPERTY

	<u>Column A</u> Federal Amount		<u>Column B</u> Amount from Vermont Situs Property
1. Net Rental Real Estate Income (loss) 1A.	.00	1B.	.00
2. Other Net Rental Income (loss) 2A.	.00	2B.	.00
3. Royalties 3A.	.00	3B.	.00

PART II. GAINS FROM THE SALE OR EXCHANGE OF PROPERTY

	<u>Column A</u> Federal Amount		<u>Column B</u> Amount from Vermont Situs Property
4. Net Long Term Capital Gain (loss) 4A.	156842674 .00	4B.	398917 .00
5. Net Short Term Capital Gain (loss) 5A.	.00	5B.	.00
6. Guaranteed Payments for Capital 6A.	.00	6B.	.00
7. Net IRC § 1231 Gain (loss) . . 7A.	.00	7B.	.00
8. Bonus Depreciation Adjustment (Non-apportionable items) . . . 8A.	.00	8B.	.00
9. Other add-backs and adjustments (Non-apportionable items) . . . 9A.	.00	9B.	.00

PART III. COMPENSATION THAT HAS NOT OTHERWISE BEEN WITHHELD UPON

	<u>Column A</u> Federal Amount		<u>Column B</u> Amount Received for Services Performed in Vermont
10. Other Compensation 10A.	.00	10B.	.00
11. Guaranteed Payments for Services 11A.	.00	11B.	.00

Entity Name (same as on Form BI-471)	
JUICY LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008098	20241231



1B. APPORTIONABLE INCOME CALCULATION

PART IV. INCOME FROM BUSINESS OR TRADE

Federal

12. Ordinary Business Income 12.	.00
13. Interest Income (include only apportionable interest) 13.	.00
14. Dividends (include only apportionable dividends) 14.	.00
15. Other Income (Specify) 15.	.00
16. IRC § 179 Deduction 16.	.00
17. Bonus Depreciation Adjustment (Apportionable items). 17.	.00
18. Other Add-backs and Adjustments for Ordinary Business Income . 18.	.00
19. Total Apportionable Income (ADD Lines 12 through 18) 19.	.00
20. Vermont Sales and Receipts Factor as a percent of Everywhere (Section 2, Line 44). 20.	%
21. Income Apportioned to Vermont (MULTIPLY Line 19 by Line 20) 21.	.00

PART V. MULTI-TIER ENTITIES AND OTHER ADJUSTMENTS

	Column A Federal	Column B Vermont
22. Income (loss) from lower-tier partnerships/PTEs (attach Affiliation Schedule BA-410 and necessary worksheets) . . 22A.	.00	22B. .00
23. Adjustments (attach detailed explanation). 23A.	.00	23B. .00

PART VI. INCOME ADJUSTMENT

24. Federal Total (ADD Lines 1A through 11A, 19, 22A, and 23A). 24.	156842674	.00
25. Non-apportionable Interest Income (SUBTRACT Line 13 from federal Form 1065, Sch. K, Line 5 or federal Form 1120-S, Line 4) 25.		.00
26. Non-apportionable Dividends (SUBTRACT Line 14 from federal Form 1065, Sch. K, Line 6a or federal Form 1120-S, Line 5a) 26.		.00
27. Other Income (loss) (Specify) 27.		.00
28. ADD Lines 24 through 27. 28.	156842674	.00
29. Other Adjustments (Attach detailed explanation). 29.		.00
30. Federal Adjusted Gross Income Equivalent from federal Form 1120-S or federal Form 1065, Sch. K with Vermont adjustments (ADD Lines 28 and 29) 30.	156842674	.00
31. Vermont Income (ADD Lines 1B through 11B, 21, 22B, and 23B) 31.	398917	.00
32. Income Adjustment % (DIVIDE Line 31 by Line 30. MULTIPLY the result by 100 and carry the result out to the sixth decimal place.) Also enter on Schedule BI-473, Line 2. 32.	.254342	%

Entity Name (same as on Form BI-471)	
JUICY LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008098	20241231



SECTION 2 VERMONT APPORTIONMENT

PART VII. VERMONT SALES AND RECEIPTS FACTOR

	<u>Column A</u> Everywhere		<u>Column B</u> Vermont
33. Sales or gross receipts 33A.	.00		
34. Sales of services 34B.			.00
35. Sales of tangible personal property delivered or shipped to purchasers in Vermont from outside Vermont 35B.			.00
36. Sales of tangible personal property delivered or shipped to purchasers in Vermont from within Vermont 36B.			.00
37. Special Industries 37B.			.00
38. Apportionable interest and dividends 38A.	.00	38B.	.00
39. Royalties 39A.	.00	39B.	.00
40. Gross rents 40A.	.00	40B.	.00
41. Other apportionable business income (attach detailed supporting statement) 41A.	.00	41B.	.00
42. Apportionment Factors from Lower-Tier Unitary Activity. 42A.	.00	42B.	.00
43. Total Gross Receipts (ADD Lines 33 through 42) 43A.	.00	43B.	.00
44. Vermont Gross Receipt factor (DIVIDE Line 43B by 43A. MULTIPLY the result by 100 and carry the result out to the sixth decimal place.) 44.			%

SECTION 3 WAGE AND PROPERTY FACTOR REPORTING

PART VIII. SALARY AND WAGES(required for reporting only)

	<u>Column A</u> Everywhere		<u>Column B</u> Vermont
45. Total SALARIES AND WAGES 45A.	500525 .00	45B.	150450 .00

PART IX. PROPERTY FACTOR (Average value during year)

	<u>Column A</u> Everywhere		<u>Column B</u> Vermont
46. Inventories 46A.	.00	46B.	.00
47. Buildings and other depreciable assets (original cost) 47A.	.00	47B.	.00
48. Depletable assets (original cost) 48A.	.00	48B.	.00
49. Land 49A.	.00	49B.	.00
50. Other assets (Attach schedule) 50A.	.00	50B.	.00
51. Rented real and personal property (Multiply annual rent by 8) 51A.	.00	51B.	.00
52. Total PROPERTY (ADD Lines 46 through 51) 52A.	.00	52B.	.00

2024 Schedule K-1VT

Vermont Shareholder, Partner, or Member Information



* 2 4 K 1 V 1 1 0 0 *

**This schedule is REQUIRED.
Include with Form BI-471**

Entity Name (same as on Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
JUICY LLC	20241231	400008098

HEADER INFORMATION - REQUIRED ENTRIES

Entity Name (Shareholder, Partner, or Member)			FEIN	
OR PARTNERS INC			400008077	
Individual Last Name (Shareholder, Partner, or Member)	First Name	Initial	OR Social Security Number	
Address			Recipient Type (I, C, S, L, P, X, or T) <input type="checkbox"/> I <input checked="" type="checkbox"/> C	
1 MAIN ST			Residency Status	
Address, Line 2 (if needed)			<input type="checkbox"/> Vermont Resident	
City	State	ZIP Code	<input checked="" type="checkbox"/> Nonresident	
MONTPELIER	VT	05601		
Foreign Country (if not United States)				

PART I PASS-THROUGH ENTITY INFORMATION

- 1. Ownership percentage 1. 100.000000 %
- 2. Profit percentage 2. 100.000000 %
- 3. Loss percentage 3. 100.000000 %
- 4. Disregarded entity (single-member LLC or Qualified Subchapter S subsidiary)? 4. Yes No
- 5. Is this entity a unit of a Series LLC? 5. Yes No
- 6. Did this entity pay tax on this income as part of a composite return? 6. Yes No

PART II DISTRIBUTIONS TO OWNERS

Enter all amounts in whole dollars.

- 7. Vermont Business Income 7. 545908.00
- 8. Capital gains allocated to Vermont 8. 0.00
- 9. Other income allocated to Vermont 9. 0.00
- 10. Exempt Income - Vermont income not characterized as Unrelated Business Income (UBI) for federal purposes (tax-exempt entities only) 10. 0.00
- 11. Total annual nonresident estimated payments allocated to this shareholder 11. 0.00
- 12. Total annual real estate withholding payments allocated to this shareholder 12. 0.00
- 13. Share of total federal bonus depreciation difference. Enter on Schedule IN-112, Line 4 or Line 9. 13. -16761.00
- 14. Share of total state and local taxes deducted difference 14. 0.00

(continued on next page)

Entity Name (same as on Form BI-471)	
JUICY LLC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008098	20241231



PART III DISTRIBUTIVE SHARE OF APPORTIONMENT FACTORS

	A. Everywhere	B. Vermont
15. Sales.....15A.	19533092 .00	15B. 49681 .00
16. Payroll16A.	.00	16B. 27206 .00
17. Property17A.	290734 .00	17B. .00

Test 4**Required Vermont Forms/Schedules:**

CO-411,
BA-402,
BA-404,
CO-419
CO-420 (x 2)

Taxpayer(s) Information:

Entity Name:	Falling Leaves Inc
Federal EmployerID:	40-0008087
Federal Extension Requested:	Y
Primary 6-digit NAICS #:	522110
Unitary:	Y
Mailing Address:	108 River St
City:	Bloomsburg
State:	PA
Zip Code:	17815
Country:	USA
Tax Year Begin Date:	Jan-01-2024
Tax Year End Date:	Dec-31-2024

Federal Return Filed:	1120
# of companies in VT Unitary Group:	108
# of companies with VT Nexus:	10

Return Information:**CO-411**

Federal Taxable Income:	\$ 107,692,446
Special Deductions Federal:	\$ (25,756,371)
Other VT adjustments to Combined Net Income:	\$ (135,205)
Bonus Depreciation Adjustment:	\$ 560,732

Interest on non-VT State & Local Obligations:	\$ 5,392
State & Local Income or Franchise Taxes:	\$ 2,034,463

Foreign dividends:	\$ 18,939,223
Interest on US Government Obligations:	\$ 296,466
Gross UP: required by IRC §78:	\$ 2,428,056
Vermont Gross Receipts:	\$ 27,520

BA-402

Everywhere Foreign dividends:	\$ 18,939,223
VT foreign dividends:	\$ 2,354
Everywhere Sales or Gross Receipts:	\$ 126,727,276
Sales of Services to Vermont:	\$ 26,892
Everywhere Royalties:	\$ 4,729,992
Everywhere Other Apportionable Income:	\$ 8,478,853

VT Other Apportionable Income:	\$ 628
Everywhere Salaries and wages:	\$39,579,918
VT salaries and wages:	\$4,672
Everywhere Inventories:	\$ 2,231,752
Everywhere Buildings/other depreciable assets:	\$ 90,174,095
VT buildings/other depreciable assets:	\$ 1
Everywhere Land:	\$ 2,866,870
Everywhere Other assets:	\$ 906,311
Everywhere Rented real and personal property:	\$ 15,304,656

BA-404

Previous Year R&D:	\$ 2,000
Current Year R&D:	\$ 5,000
R&D Used Current Year:	\$ 828
Amount carried forward:	\$ 6,172

CO-419

Everywhere Total income, sales, gross receipts:	\$ 139,926,121
Vermont Total income, sales, gross receipts:	\$ 27,520
Sales increment:	\$ 81,520,815
Adjusted sales increment:	\$ 221,456,936
VT foreign dividends:	\$ 2,354

CO-420 (one of two)

Foreign Affiliate 1 Name:	One
Foreign Affiliate 1 FEIN:	44-5566778
Dividends Paid:	\$1,000,000
Taxable income:	\$7,000,000
Sales or gross receipts:	\$20,000,000

CO-420 (two of two)

Foreign Affiliate 2 Name:	Two
Foreign Affiliate 2 FEIN:	88-7766554
Dividends Paid:	\$17,939,223
Taxable income:	\$30,083,155
Sales or gross receipts:	\$82,268,964
Royalties:	\$187,498
Other business income:	\$48,458,472

2024 Form CO-411

Vermont Corporate Income Tax Return



Check Appropriate Box(es) Name Change, Accounting Period Change, Extended Return, Unitary, PL 86-272 is Applicable, Address Change, Amended Return, Federal Extension Requested, RAR Amended, Pro Forma - Cannabis, Final Return (Cancels Account). Entity Name: FALLING LEAVES INC, FEIN: 400008087, Primary 6-digit NAICS number: 522110, Address: 108 RIVER ST, Tax year BEGIN date: 20240101, Tax year END date: 20241231, City: BLOOMSBURG, State: PA, ZIP Code: 17815. Federal tax return filed (Check one box): 1120.

Enter all amounts in whole dollars.

- 1. FEDERAL TAXABLE INCOME (federal Form 1120, Line 28, as filed) 1. 107692446.00
1a. Special Deductions as filed with IRS (federal Form 1120, Line 29b) 1a. -25756371.00
1b. Income/Loss from unitary members included in Vermont combined group 1b. .00
1c. Income/Loss from affiliated entities filed in the above federal consolidated returns but excluded from Vermont combined group 1c. .00
1d. Special Deductions: Vermont adjustments to federal special deductions 1d. .00
1e. Eliminations: Vermont adjustments to federal eliminations 1e. .00
1f. Other: Other Vermont adjustments to Combined Net Income (charitable expenses, etc.) 1f. -135205.00
1g. Federal Taxable Income as Adjusted for Combined Net Income (ADD Lines 1 through 1f) 1g. 81800870.00
2. Bonus Depreciation Adjustment (see instructions) 2. 560732.00
3. Federal Taxable Income as Adjusted for Combined Net Income and Bonus Depreciation (ADD Lines 1g and 2) 3. 82361602.00
4. ADD 4a. Interest on non-Vermont state and local obligations 4a. 5392.00
4b. State and local income or franchise taxes 4b. 2034463.00

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

Entity Name	
FALLING LEAVES INC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008087	20241231



LESS	4c. Non-Appportionable Income or loss allocated everywhere (Schedule BA-402, Line 1a, or leave blank)	4c.	_____	.00
	4d. Foreign dividends received.	4d.	18939223	.00
	4e. Interest on U.S. Government obligations.	4e.	296466	.00
	4f. "Gross Up" required by IRC § 78 and other excludable income	4f.	2428056	.00
	4g. Targeted Job Credit salary and wage expense addback.	4g.	_____	.00
5.	NET APPORTIONABLE INCOME (ADD Lines 3, 4a, and 4b, Then SUBTRACT Lines 4c through 4g.)	5.	62737712	.00
6.	Vermont Percentage (Schedule BA-402, Line 14, or 100.000000%) Enter percentage with six places to the right of the decimal point	6.	0.019666	%
7.	Income Apportioned to Vermont (MULTIPLY Line 5 by Line 6)	7.	12338	.00
8.	Non-Appportionable Income to Vermont (Schedule BA-402, Line 1B)	8.	_____	.00
9.	Foreign Dividends Allocated to Vermont (Schedule BA-402, Line 2B)	9.	2354	.00
10.	Net Vermont Income Allocated and Apportioned to Vermont (ADD Lines 7 through 9)	10.	14692	.00
11.	Vermont Net Operating Loss deduction applied (Attach schedule)	11.	_____	.00
12.	Vermont Net taxable income for this entity (Line 10 MINUS Line 11)	12.	14692	.00
13.	Vermont Tax. Calculate Vermont tax due on Line 12 amount using the Tax Computation Schedule below	13.	928	.00
14.	Credits (Schedule BA-404, Column C, Line 11)	14.	828	.00
15.	Use Tax for taxable items on which no sales tax was charged, including online purchases	15.	0	.00
16.	Tax Due for this entity (Line 13 MINUS Line 14, then ADD Line 15)	16.	100	.00
17.	Gross Receipts (For purpose of minimum tax calculation. See instructions)	17.	26892	.00

TAX COMPUTATION SCHEDULE

(Effective for taxable periods beginning January 1, 2023)

IF VERMONT NET INCOME (Line 12) IS	TAX IS
\$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
IF VERMONT GROSS RECEIPTS ARE	MINIMUM TAX IS
\$500,000 or less	\$100
\$500,001 to 1,000,000	\$500
\$1,000,001 to \$5,000,000	\$2,000
\$5,000,001 to \$300,000,000	\$6,000
\$300,000,001 and over	\$100,000

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	
FALLING LEAVES INC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008087	20241231



Amount from Line 16 100

- 18. Payments**
- 18a. Estimated Payments (Form CO-411)..... **18a.** _____ **.00**
 - 18b. Payment with Extension (Form BA-403) **18b.** _____ **.00**
 - 18c. Nonresident estimated payments distributed to this entity by
a different company through a Schedule K-1VT..... **18c.** _____ **.00**
 - 18d. Real Estate Withholding Payments (Form RW-171)..... **18d.** _____ **.00**
 - 18e. Prior Year Overpayment Applied **18e.** _____ **.00**
- 18f. Total Payments (ADD Lines 18a through 18e) 18f. _____ .00**
- 19. Balance Due.** If Line 16 is more than Line 18f, subtract Line 18f from Line 16.
Make check payable to **Vermont Department of Taxes** **19.** _____ **.00**
- 20. Payment submitted with this return 20. _____ .00**
- 21. Overpayment.** If Line 18f is more than Line 16, subtract Line 16 from Line 18f **21.** _____ **.00**
- 22. Overpayment to be applied to next tax year 22. _____ .00**
- 23. Overpayment to be refunded (Line 21 MINUS Line 22) 23. _____ .00**

I hereby certify that I am an officer or authorized agent responsible for the taxpayer's compliance with the requirements of Vermont Statutes Annotated, Title 32, 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 Vermont 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.

2024 Form CO-411
Page 3 of 3
Rev. 10/24

Entity Name (same as on Form CO-411 or Form BI-471)	
FALLING LEAVES INC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008087	20241231



Section B Salaries and Wages Factor (Informational purposes only)

	A. Everywhere	B. Vermont
15. Total SALARIES AND WAGES . . .15A.	39579918 .00	15b. 4672 .00

Section C Property Factor (Average value during year) (Informational purposes only)

	A. Everywhere	B. Vermont
16. Inventories16A.	2231752 .00	16B. .00
17. Buildings and other depreciable assets (original cost)17A.	90174095 .00	17B. 1 .00
18. Depletable assets (original cost) . . .18A.	.00	18B. .00
19. Land19A.	2866870 .00	19B. .00
20. Other assets (Attach schedule)20A.	906311 .00	20B. .00
21. Rented real and personal property (Multiply annual rent by 8)21A.	15304656 .00	21B. .00
22. Total PROPERTY (Add Lines 16 through 21)22A.	111483684 .00	22B. 1 .00

2024 Schedule BA-404

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



**Include with 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
FALLING LEAVES INC	20241231	400008087

	(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 (32 V.S.A. § 5930ii)	2000	5000	828	6172
2. Charitable Housing (32 V.S.A. § 5830c)				
3. Affordable Housing (32 V.S.A. § 5930u)				
4. Qualified Sale of Mobile Home Park (32 V.S.A. § 5828)				
5. Vermont Entrepreneurs' Seed Capital Fund (32 V.S.A. § 5830b)				
6. Code Improvement (32 V.S.A. § 5930cc(c))				
7. Historic Rehabilitation (32 V.S.A. § 5930cc(a))				
8. Facade Improvement (32 V.S.A. § 5930cc(b))				
9. Investment Tax Credit - Solar Energy (32 V.S.A. § 5822(d))				
10. Investment Tax Credit - Other (32 V.S.A. § 5822(d))				
11. TOTAL FOR ALL CREDITS (ADD Lines 1 through 10)	2000	5000	828	6172

2024 Schedule CO-419



* 2 4 4 1 9 1 1 0 0 *

**Vermont Apportionment of Foreign Dividends
(for Unitary Filers Only)**

Include with Form CO-411

Entity Name (same as on Form CO-411)	Fiscal Year Ending (YYYYMMDD)	FEIN
FALLING LEAVES INC	20241231	400008087

	Column A EVERYWHERE (Denominator)	Column B VERMONT (Numerator)	Column C Vermont as portion of EVERYWHERE
1. Total Income, Sales, and Gross Receipts (Schedule BA-402, Lines 13A and 13B)	1A. 139936121 .00	1B. 27520 .00	
2. Sales Increment (ADD Lines 10 and 20 from all attached Schedules CO-420)	2A. 81520815 .00		
3. Adjusted Sales Increment (ADD Lines 1A and 2A)	3A. 221456936 .00		
4. Modified Sales Factor (DIVIDE Line 1B by Line 3A. MULTIPLY the result by 100 and carry the result out to the sixth decimal place.)			4. 0.012427 %
5. FOREIGN DIVIDENDS as defined in Reg. § 1.5862(d). (Schedule BA-402, Line 2A)			5. 18939223 .00
6. VERMONT FOREIGN DIVIDENDS TAXABLE INCOME (MULTIPLY Line 5 by Line 4) Enter onto Schedule BA-402, Line 2B and Form CO-411, Line 9.			6. 2354 .00

2024 Schedule CO-420



Vermont Foreign Dividend Factor Increments
(for Unitary Filers only)

Include with Form CO-411

Complete for each dividend payor affiliate. More than one Schedule CO-420 may be attached.
Enter all amounts in **WHOLE DOLLARS**.

Entity Name (same as on Form CO-411)	Fiscal Year Ending (YYYYMMDD)	FEIN
FALLING LEAVES	20241231	400008087

Affiliate #1	Name of Affiliate	Affiliate's FEIN
	ONE	445566778

1. Dividend paid	1.	1000000	.00
2. Taxable Income	2.	7000000	.00
3. Percentage of taxable income paid as dividend (DIVIDE Line 1 by Line 2. MULTIPLY the result by 100, carry the result out to the sixth decimal place.) If taxable income is \$0 or less, enter 100.000000% . . . 3.	3.	14.285714	%
4. Sales or gross receipts	4.	20000000	.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.	20000000	.00
10. Sales and Receipts Increment (MULTIPLY Line 9 by Line 3)	10.	2857143	.00

Affiliate #2	Name of Affiliate	Affiliate's FEIN
	TWO	887766554

1. Dividend paid	1.	17939223	.00
2. Taxable Income	2.	30083155	.00
3. Percentage of taxable income paid as dividend (DIVIDE Line 1 by Line 2. MULTIPLY the result by 100, carry the result out to the sixth decimal place.) If taxable income is \$0 or less, enter 100.000000% . . . 3.	3.	59.632120	%
4. Sales or gross receipts	4.	82268964	.00
5. Business interest	5.		.00
6. Royalties	6.	187498	.00
7. Gross rents	7.		.00
8. Other business income	8.	49458472	.00
9. TOTAL INCOME, SALES, AND GROSS RECEIPTS (ADD Lines 4 through 8)	9.	131914934	.00
10. Sales and Receipts Increment (MULTIPLY Line 9 by Line 3)	10.	78663672	.00

The sales and receipts increment (Both Lines 10 from all attached Schedules CO-420) will be entered onto Line 2 of Schedule CO-419.

2024 Schedule CO-420

Test 5

Required Vermont Forms/Schedules: CO-411, BA-402, BA-404 & BA-410

Taxpayer(s) Information:

Entity Name: Robotics Inc.
Federal Employer ID: 40-0008693
Primary 6-digit NAICS #: 541715
Mailing Address: 1776 Independence Rd.
City: Norwich
State: VT
Zip Code: 05055
Country: USA
Extended Return: Y
Tax Year Begin Date: Jan-01-2024
Tax Year End Date: Dec-31-2024
Federal Return Filed: 1120
of companies in VT Unitary Group: 4
of companies with VT Nexus: 1

Return Information:

Federal Taxable Income: \$ 12,452,620.00
Bonus Depreciation Adjustment: - \$ 1,445,928
Sales & Gross Receipts: \$ 12,831.00

Sales of tangible personal property
delivered or shipped to purchasers in VT
from outside VT: \$ 12,831.00
Salaries and Wages: \$ 39,199,693
VT Salaries and Wages: \$ 19,299.00
Buildings & other depreciable assets: \$ 529,732
Research & Development: \$ 5,260.00

Affiliate 2 Name: Bears Inc
Affiliate 2 FEIN: 40-0008002
Unitary Member? Y
Disregarded Entity? Y
Pass-through Entity? N
Vermont Nexus: N

Affiliate 3 Name: Bobs Auto Inc
Affiliate 3 FEIN: 40-0008003
Unitary Member? Y
Disregarded Entity? N
Pass-through Entity? N
Vermont Nexus: Y

Affiliate 1 Name: Mechanics LLC
Affiliate 1 FEIN: 40-0008001
Unitary Member? Y
Disregarded Entity? N
Pass-through Entity? Y
Vermont Nexus: N

2024 Form CO-411

Vermont Corporate Income Tax Return



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	<input type="checkbox"/> PL 86-272 is Applicable
	<input type="checkbox"/> Address Change	<input type="checkbox"/> Amended Return	<input type="checkbox"/> Federal Extension Requested	<input type="checkbox"/> RAR Amended	<input type="checkbox"/> Pro Forma - Cannabis
Entity Name (Principal Vermont Corporation)			FEIN	Primary 6-digit NAICS number	
ROBOTICS INC			400008693	541715	
Address			Tax year BEGIN date (YYYYMMDD)	Tax year END date (YYYYMMDD)	
1776 INDEPENDENCE RD			20240101	20241231	
Address (Line 2)			Number of companies in Vermont Unitary Group	Number of companies with Vermont Nexus	
			4	1	
City	State	ZIP Code	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		
NORWICH	VT	05055			
Foreign Country					

Enter all amounts in whole dollars.

- 1. FEDERAL TAXABLE INCOME (federal Form 1120, Line 28, as filed) **1.** 12452620 **.00**
- 1a. Special Deductions as filed with IRS (federal Form 1120, Line 29b) **1a.** -1445928 **.00**
- 1b. Income/Loss from unitary members **included** in Vermont combined group **1b.** **.00**
- 1c. Income/Loss from affiliated entities filed in the above federal consolidated returns but **excluded** from Vermont combined group. **1c.** **.00**
- 1d. Special Deductions: Vermont adjustments to federal special deductions. **1d.** **.00**
- 1e. Eliminations: Vermont adjustments to federal eliminations **1e.** **.00**
- 1f. Other: Other Vermont adjustments to Combined Net Income (charitable expenses, etc.) **1f.** **.00**
- 1g.** Federal Taxable Income as Adjusted for Combined Net Income (**ADD Lines 1 through 1f**) **1g.** 11006692 **.00**
- 2. Bonus Depreciation Adjustment (see instructions). **2.** **.00**
- 3. Federal Taxable Income as Adjusted for Combined Net Income and Bonus Depreciation (**ADD Lines 1g and 2**) **3.** 11006692 **.00**
- 4. **ADD 4a.** Interest on non-Vermont state and local obligations **4a.** **.00**
- 4b.** State and local income or franchise taxes **4b.** 505575 **.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	
ROBOTICS INC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008693	20241231



LESS	4c. Non-Apportionable Income or loss allocated everywhere (Schedule BA-402, Line 1a, or leave blank)	4c.	_____	.00
	4d. Foreign dividends received.	4d.	_____	.00
	4e. Interest on U.S. Government obligations.	4e.	_____	.00
	4f. "Gross Up" required by IRC § 78 and other excludable income	4f.	_____	.00
	4g. Targeted Job Credit salary and wage expense addback.	4g.	_____	.00
5.	NET APPORTIONABLE INCOME (ADD Lines 3, 4a, and 4b, Then SUBTRACT Lines 4c through 4g.)	5.	_____	11512267.00
6.	Vermont Percentage (Schedule BA-402, Line 14, or 100.000000%) Enter percentage with six places to the right of the decimal point	6.	_____	0.022490 %
7.	Income Apportioned to Vermont (MULTIPLY Line 5 by Line 6)	7.	_____	2589.00
8.	Non-Apportionable Income to Vermont (Schedule BA-402, Line 1B)	8.	_____	.00
9.	Foreign Dividends Allocated to Vermont (Schedule BA-402, Line 2B)	9.	_____	.00
10.	Net Vermont Income Allocated and Apportioned to Vermont (ADD Lines 7 through 9)	10.	_____	2589.00
11.	Vermont Net Operating Loss deduction applied (Attach schedule)	11.	_____	.00
12.	Vermont Net taxable income for this entity (Line 10 MINUS Line 11)	12.	_____	2589.00
13.	Vermont Tax. Calculate Vermont tax due on Line 12 amount using the Tax Computation Schedule below	13.	_____	155.00
14.	Credits (Schedule BA-404, Column C, Line 11)	14.	_____	.00
15.	Use Tax for taxable items on which no sales tax was charged, including online purchases	15.	_____	.00
16.	Tax Due for this entity (Line 13 MINUS Line 14, then ADD Line 15)	16.	_____	155.00
17.	Gross Receipts (For purpose of minimum tax calculation. See instructions)	17.	_____	12831.00

TAX COMPUTATION SCHEDULE

(Effective for taxable periods beginning January 1, 2023)

IF VERMONT NET INCOME (Line 12) IS	TAX IS
\$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
IF VERMONT GROSS RECEIPTS ARE	MINIMUM TAX IS
\$500,000 or less	\$100
\$500,001 to 1,000,000	\$500
\$1,000,001 to \$5,000,000	\$2,000
\$5,000,001 to \$300,000,000	\$6,000
\$300,000,001 and over	\$100,000

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	
ROBOTICS INC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008693	20241231



Amount from Line 16 155

18. Payments	
18a. Estimated Payments (Form CO-411).....	18a. _____ .00
18b. Payment with Extension (Form BA-403)	18b. <u>174</u> .00
18c. Nonresident estimated payments distributed to this entity by a different company through a Schedule K-1VT.....	18c. _____ .00
18d. Real Estate Withholding Payments (Form RW-171).....	18d. _____ .00
18e. Prior Year Overpayment Applied	18e. _____ .00
18f. Total Payments (ADD Lines 18a through 18e)	18f. _____ <u>174</u> .00
19. Balance Due. If Line 16 is more than Line 18f, subtract Line 18f from Line 16. Make check payable to Vermont Department of Taxes	
19.	_____ .00
20. Payment submitted with this return	20. _____ .00
21. Overpayment. If Line 18f is more than Line 16, subtract Line 16 from Line 18f	21. _____ <u>19</u> .00
22. Overpayment to be applied to next tax year	22. _____ <u>19</u> .00
23. Overpayment to be refunded (Line 21 MINUS Line 22)	23. _____ .00

I hereby certify that I am an officer or authorized agent responsible for the taxpayer's compliance with the requirements of Vermont Statutes Annotated, Title 32, 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 Vermont 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.

2024 Form CO-411
Page 3 of 3
Rev. 10/24

2024 Schedule BA-402

Vermont Apportionment & Allocation



Include with Form CO-411

Entity Name (same as on Form CO-411)	Fiscal Year Ending (YYYYMMDD)	FEIN
ROBOTICS INC	20241231	400008693

PART I Non-Apportionable Income and Foreign Dividends

Enter all amounts in WHOLE DOLLARS.

A. Everywhere

B. Vermont

- 1. Non-Apportionable Income1A. _____ .00 1B. _____ .00
- 2. Foreign Dividends2A. _____ .00 2B. _____ .00

PART II Sales and Receipts Factor

Section A Sales and Receipts Factor

A. Everywhere

B. Vermont

- 3. Sales or gross receipts3A. _____ 56257758 .00
- 4. Sales of Services received in or delivered to Vermont4B. _____ .00
- 5. Sales of tangible personal property delivered or shipped to purchasers in Vermont from outside Vermont5B. _____ 12831 .00
- 6. Sales of tangible personal property delivered or shipped to purchasers in Vermont from within Vermont6B. _____ .00
- 7. Special Industries7B. _____ .00
- 8. Apportionable interest and dividends8A. _____ 772543 .00 8B. _____ .00
- 9. Factors from pass through entities . . .9A. _____ .00 9B. _____ .00
- 10. Royalties10A. _____ .00 10B. _____ .00
- 11. Gross rents11A. _____ .00 11B. _____ .00
- 12. Other apportionable income (attach detailed supporting statement)12A. _____ 20605 .00 12B. _____ .00
- 13. Total INCOME, SALES, AND GROSS RECEIPTS (ADD Lines 3 through 12)13A. _____ 57050906 .00 13B. _____ 12831 .00
- 14. Vermont Sales and Receipts factor as percent of Everywhere. (DIVIDE Line 13B by Line 13A. MULTIPLY the result by 100 and carry the result out to the sixth decimal place.) Enter this figure on Form CO-411, Line 6.14. _____ 0.022490 %

Entity Name (same as on Form CO-411 or Form BI-471)	
ROBOTICS INC	
FEIN	Fiscal Year Ending (YYYYMMDD)
400008693	20241231



Section B Salaries and Wages Factor (Informational purposes only)

	A. Everywhere		B. Vermont
15. Total SALARIES AND WAGES . . .15A.	39199693	.00	15b. 19299
			.00

Section C Property Factor (Average value during year) (Informational purposes only)

	A. Everywhere		B. Vermont
16. Inventories16A.		.00	16B. .00
17. Buildings and other depreciable assets (original cost)17A.	529732	.00	17B. .00
18. Depletable assets (original cost) . . .18A.		.00	18B. .00
19. Land19A.		.00	19B. .00
20. Other assets (Attach schedule)20A.		.00	20B. .00
21. Rented real and personal property (Multiply annual rent by 8)21A.	88984	.00	21B. .00
22. Total PROPERTY (Add Lines 16 through 21)22A.	618716	.00	22B. .00

2024 Schedule BA-404

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



**Include with 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
ROBOTICS INC	20241231	400008693

	(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 (32 V.S.A. § 5930ii)		5260		5260
2. Charitable Housing (32 V.S.A. § 5830c)				
3. Affordable Housing (32 V.S.A. § 5930u)				
4. Qualified Sale of Mobile Home Park (32 V.S.A. § 5828)				
5. Vermont Entrepreneurs' Seed Capital Fund (32 V.S.A. § 5830b)				
6. Code Improvement (32 V.S.A. § 5930cc(c))				
7. Historic Rehabilitation (32 V.S.A. § 5930cc(a))				
8. Facade Improvement (32 V.S.A. § 5930cc(b))				
9. Investment Tax Credit - Solar Energy (32 V.S.A. § 5822(d))				
10. Investment Tax Credit - Other (32 V.S.A. § 5822(d))				
11. TOTAL FOR ALL CREDITS (ADD Lines 1 through 10)		5260		5260

2024 Schedule BA-410

**Vermont Corporate and Business
Income Tax Affiliation**



* 2 4 4 1 0 1 1 0 0 *

**Include with Form CO-411
or Form BI-471**

REQUIRED FOR COMBINED AND CONSOLIDATED RETURNS

Please provide information for all affiliates/subsidiaries/entities contributing income/activity to Vermont Unitary Group.

Entity Name (same as on Form CO-411 or Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
ROBOTICS INC	20241231	400008693

	Affiliate Name	FEIN	Unitary group member? ("Y" or "N")	Disregarded entity? ("Y" or "N")	Pass-through entity directly owned? ("Y" or "N")	Has Vermont sales or activity? ("Y" or "N")
1.	MECHANICS LLC	400008001	Y	N	Y	N
2.	BEARS INC	400008002	Y	Y	N	N
3.	BOBS AUTO INC	400008003	Y	N	N	Y
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

Test 6

Required Vermont Forms/Schedules: BA-403

Taxpayer(s) Information:

Entity Name: Spooky Inc.

Federal Employer ID: 40-0003213

Mailing Address: 100 Main St.

City: Montpelier

State: VT

Zip Code: 05602

Country: USA

Tax Year Begin Date: Jan-01-2024

Tax Year End Date: Dec-31-2024

Federal Return Filed: 1120

Consolidated or Group Return: Yes

Return Information:

Estimated Tax Liability: \$ 20,000.00

Previous payments: \$ 12,000.00

Tax due: \$ 8,000.00

Form BA-403



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

- File this application on or before the due date of the Vermont Corporate Income Tax Return (Form CO-411) or Vermont Business Income Tax Return (Form BI-471 or Form BI-476).
- 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.

Entity Name (Principal Vermont Corporation) SPOOKY INC			FEIN 400003213		
Address 100 MAIN ST			Tax year BEGIN date (YYYYMMDD) 20240101	Tax year END date (YYYYMMDD) 20241231	
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 MONTPELIER	State VT	ZIP Code 05602			
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					

CALCULATION OF TAX DUE

Enter all amounts in whole dollars.

- Estimated tax liability **1.** 20000.00
- Previous payments **2.** 12000.00
- Amount of tax due with this application.**
Line 1 minus Line 2. Do not enter negative value.
Make check payable to **Vermont Department of Taxes**. **3.** 8000.00

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.

Mail to:

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

For Department Use Only	
Ck. Amt.	Init.

Test 7:

Required Vermont Forms/Schedules: WH-435 x 4

Taxpayer(s) Information:

Entity Name: Sit and Stew Inc

Federal Employer ID: 40-0003658

Mailing Address: 21 Church St

City: Woodsville

State: NH

Zip Code: 03785

Country: USA

Tax Year Begin Date: Jan-01-2025

Tax Year End Date: Dec-31-2025

Entity Type S-Corporation

Return Information:

1st Quarter: \$ 185.00

2nd Quarter: \$ 220.00

3rd Quarter: \$ 250.00

4th Quarter: \$ 200.00

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 of the current year, 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 SIT AND STEW INC			FEIN 400003658	
Address 21 CHURCH ST			Tax year BEGIN date (YYYYMMDD) 20250101	Tax year END date (YYYYMMDD) 20251231
Address (Line 2)			Amount of this payment (Use WHOLE DOLLARS). If "\$0," DO NOT file..... 185.00	
City WOODSVILLE	State NH	ZIP Code 03785		
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
Page 1 of 1
Rev. 10/23

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, Vermont Non-Composite, or Schedule BI-473, Vermont Composite.

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 total estimated payment amount is \$500 or less, then no underpayment interest and penalty 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 —YYYYMMDD.
- 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.
- Do not file Form WH-435 if no payment is due.

Form WH-435 Instructions
Page 1 of 1
Rev. 10/23

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 of the current year, 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 SIT AND STEW INC			FEIN 400003658	
Address 21 CHURCH ST			Tax year BEGIN date (YYYYMMDD) 20250101	Tax year END date (YYYYMMDD) 20251231
Address (Line 2)			Amount of this payment (Use WHOLE DOLLARS). If "\$0," DO NOT file..... 220.00	
City WOODSVILLE	State NH	ZIP Code 03785		
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
Page 1 of 1
Rev. 10/23

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, Vermont Non-Composite, or Schedule BI-473, Vermont Composite.

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 total estimated payment amount is \$500 or less, then no underpayment interest and penalty 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 —YYYYMMDD.
- 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.
- Do not file Form WH-435 if no payment is due.

Form WH-435 Instructions
Page 1 of 1
Rev. 10/23

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 of the current year, 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 SIT AND STEW INC			FEIN 400003658	
Address 21 CHURCH ST			Tax year BEGIN date (YYYYMMDD) 20250101	Tax year END date (YYYYMMDD) 20251231
Address (Line 2)			Amount of this payment (Use WHOLE DOLLARS). If "\$0," DO NOT file..... 250.00	
City WOODSVILLE	State NH	ZIP Code 03785		
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
Page 1 of 1
Rev. 10/23

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, Vermont Non-Composite, or Schedule BI-473, Vermont Composite.

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 total estimated payment amount is \$500 or less, then no underpayment interest and penalty 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 —YYYYMMDD.
- 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.
- Do not file Form WH-435 if no payment is due.

Form WH-435 Instructions
Page 1 of 1
Rev. 10/23

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 of the current year, 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 SIT AND STEW INC			FEIN 400003658	
Address 21 CHURCH ST			Tax year BEGIN date (YYYYMMDD) 20250101	Tax year END date (YYYYMMDD) 20251231
Address (Line 2)			Amount of this payment (Use WHOLE DOLLARS). If "\$0," DO NOT file..... 200.00	
City WOODSVILLE	State NH	ZIP Code 03785		
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
Page 1 of 1
Rev. 10/23

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, Vermont Non-Composite, or Schedule BI-473, Vermont Composite.

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 total estimated payment amount is \$500 or less, then no underpayment interest and penalty 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 —YYYYMMDD.
- 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.
- Do not file Form WH-435 if no payment is due.

Form WH-435 Instructions
Page 1 of 1
Rev. 10/23

Test 8:

Required Vermont Forms/Schedules: CO-414 x4

Taxpayer(s) Information:

Entity Name: Winter Inc

Federal Employer ID: 40-0008071

Mailing Address: 123 South Main St

City: Burlington

State: VT

Zip Code: 05401

Country: USA

Tax Year Begin Date: Jan-01-2025

Tax Year End Date: Dec-31-2025

Entity Type Corporation

Return Information:

1st Quarter: \$ 10,000.00

2nd Quarter: \$ 8,500.00

3rd Quarter: \$ 12,500.00

4th Quarter: \$ 15,000.00

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) WINTER INC			FEIN 400008071	
Address 123 SOUTH MAIN ST			Tax year BEGIN date (YYYYMMDD) 20250101	Tax year END date (YYYYMMDD) 20251231
Address (Line 2)			<input type="checkbox"/> Check box for Change of Year End	
City BURLINGTON	State VT	ZIP Code 05401	Amount of payment being remitted with this voucher 10000.00	
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
Page 1 of 1
Rev. 10/23

5454

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 are at least 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, **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 Form CO-414.

For assistance, please call the Taxpayer Services Division of the Vermont Department of Taxes M, T, Th, F, between 7:45 a.m. and 4:30 p.m. at (802) 828-5723.

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) WINTER INC			FEIN 400008071	
Address 123 SOUTH MAIN ST			Tax year BEGIN date (YYYYMMDD) 20250101	Tax year END date (YYYYMMDD) 20251231
Address (Line 2)			<input type="checkbox"/> Check box for Change of Year End	
City BURLINGTON	State VT	ZIP Code 05401	Amount of payment being remitted with this voucher 8500.00	
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
Page 1 of 1
Rev. 10/23

5454

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 are at least 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, **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 Form CO-414.

For assistance, please call the Taxpayer Services Division of the Vermont Department of Taxes M, T, Th, F, between 7:45 a.m. and 4:30 p.m. at (802) 828-5723.

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) WINTER INC			FEIN 400008071	
Address 123 SOUTH MAIN ST			Tax year BEGIN date (YYYYMMDD) 20250101	Tax year END date (YYYYMMDD) 20251231
Address (Line 2)			<input type="checkbox"/> Check box for Change of Year End	
City BURLINGTON	State VT	ZIP Code 05401	Amount of payment being remitted with this voucher 12500.00	
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
Page 1 of 1
Rev. 10/23

5454

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 are at least 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, **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 Form CO-414.

For assistance, please call the Taxpayer Services Division of the Vermont Department of Taxes M, T, Th, F, between 7:45 a.m. and 4:30 p.m. at (802) 828-5723.

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) WINTER INC			FEIN 400008071	
Address 123 SOUTH MAIN ST			Tax year BEGIN date (YYYYMMDD) 20250101	Tax year END date (YYYYMMDD) 20251231
Address (Line 2)			<input type="checkbox"/> Check box for Change of Year End	
City BURLINGTON	State VT	ZIP Code 05401	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
Page 1 of 1
Rev. 10/23

5454

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 are at least 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, **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 Form CO-414.

For assistance, please call the Taxpayer Services Division of the Vermont Department of Taxes M, T, Th, F, between 7:45 a.m. and 4:30 p.m. at (802) 828-5723.