

Form CO-411

Vermont Corporate Income Tax Return



* 2 1 4 1 1 1 1 0 0 *

Check appropriate boxes: Name Change, Accounting Period Change, Extended Return, Unitary Combined, PL 86-272 is Applicable, Address Change, Amended Return, Federal Extension Requested, Unitary Consolidated, Final Return (Cancels Account). Entity Name, FEIN, Primary 6-digit NAICS number, Address, Tax year BEGIN date, Tax year END date, City, State, ZIP Code, Foreign Country, Number of companies in Water's Edge Group, Number of companies with Vermont Nexus, Federal tax return filed.

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

Enter all amounts in whole dollars.

- 1. FEDERAL TAXABLE INCOME (Federal Form 1120, Line 30 plus any deduction for a federal net operating loss, Line 29a.) 1. 123456789012345.00
2. Bonus Depreciation Adjustment (See instructions) 2. 123456789012345.00
3. Federal Taxable Income adjusted for disallowance of Bonus Depreciation (Add Lines 1 and 2) 3. 123456789012345.00
4. ADD (a) Interest on non-Vermont state and local obligations 4a. 123456789012345.00
(b) State and local income or franchise taxes 4b. 123456789012345.00
LESS (c) Non-business income or loss allocated everywhere (Schedule BA-402, Line 1a, or leave blank) 4c. 123456789012345.00
(d) Foreign dividends received. 4d. 123456789012345.00
(e) Interest on U.S. Government obligations. 4e. 123456789012345.00
(f) "Gross Up" required by IRC sec. 78 and other excludable income 4f. 123456789012345.00
(g) Targeted Job Credit salary and wage expense addback. 4g. 123456789012345.00
5. NET APPORTIONABLE INCOME (Add Lines 3, 4(a), and 4(b). Then subtract Lines 4(c) through 4(g).) 5. 123456789012345.00

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 | |
| 12345678901234567890123456789012(36) | |
| FEIN | Fiscal Year Ending (YYYYMMDD) |
| 123456789 | 20211231 |



- 6. Vermont Percentage (100% or amount from Schedule BA-402, Line 22)
Calculate percentage to six places to the right of the decimal point. 6. 123.123456 %
- 7. Apportionable Income (from Form CO-411, Line 5) ← Check to indicate loss 7. 123456789012345.00
- 8. Income Apportioned to Vermont (Multiply Lines 6 and 7) ← Check to indicate loss 8. 123456789012345.00
- 9. Income Allocated to Vermont (Schedule BA-402, Line 1b) ← Check to indicate loss 9. 123456789012345.00
- 10. Foreign Dividends Allocated to Vermont (Schedule BA-402, Line 1d) 10. 123456789012345.00
- 11. Net Vermont Income Allocated and Apportioned to Vermont
(Add Lines 8, 9, and 10.) ← Check to indicate loss 11. 123456789012345.00
- 12. Vermont Net Operating Loss deduction applied (Attach schedule) 12. 123456789012345.00
- 13. Vermont Net taxable income for this entity (Line 11 minus Line 12) ← Check to indicate loss 13. 123456789012345.00
- 14. Vermont Tax. Apply Vermont Tax Rates (below) to amount on Line 13 14. 123456789012345.00
- 15. Credits (Schedule BA-404, Column C, Line 11) 15. 123456789012345.00
- 16. Use Tax for taxable items on which no sales tax was charged, including online purchases 16. 123456789012345.00
- 17. Tax Due for this entity (Subtract Line 15 from Line 14. To that result, add Line 16) 17. 123456789012345.00
- 18. Gross Receipts (For purpose of minimum tax calculation. See instructions) 18. 123456789012345.00

TAX COMPUTATION SCHEDULE

(Effective for taxable periods beginning January 1, 2012)

| <u>IF VERMONT NET INCOME IS</u> | <u>TAX IS</u> |
|---------------------------------|--------------------------------------------|
| \$10,000 or less | .6.00% |
| \$10,001 - \$25,000 | \$600 plus 7.00% of excess over \$10,000 |
| \$25,001 and over | \$1,650 plus 8.50% of excess over \$25,000 |

| <u>IF VERMONT GROSS RECEIPTS ARE</u> | <u>MINIMUM TAX IS</u> |
|--------------------------------------|-----------------------|
| \$2,000,000 or less | \$300 |
| \$2,000,001 - \$5,000,000 | \$500 |
| \$5,000,001 and over | \$750 |

File the return on the due date required under the Internal Revenue Code, unless extended.

Pay by the due date required under the Internal Revenue Code, even if the return is extended.

Corporations with liabilities over \$500, see instructions for estimated payments on Vermont Form CO-414.

| | |
|--------------------------------------|-------------------------------|
| Entity Name | |
| 12345678901234567890123456789012(36) | |
| FEIN | Fiscal Year Ending (YYYYMMDD) |
| 123456789 | 20211231 |



Amount from Line 17 123456789012345.

- 19. Total Tax Due (Add Line 17 plus Line 13 of all attached Schedules CO-421) 19. 123456789012345.00
- 20. Payments
 - 20a. Estimated Payments 20a. 123456789012345.00
 - 20b. Payment with Extension 20b. 123456789012345.00
 - 20c. Nonresident Estimated Payments (Form WH-435) 20c. 123456789012345.00
 - 20d. Real Estate Withholding Payments (Form RW-171) 20d. 123456789012345.00
 - 20e. Prior Year Overpayment Applied 20e. 123456789012345.00
- 20f. Total Payments (Add Lines 20a through 20e) 20f. 123456789012345.00
- 21. **Balance Due.** If Line 19 is more than Line 20f, subtract Line 20f from Line 19.
Make checks payable to Vermont Department of Taxes 21. 123456789012345.00
- 22. Payment submitted with this return 22. 123456789012345.00
- 23. Overpayment. If Line 20f is more than Line 19, Subtract Line 19 from Line 20f 23. 123456789012345.00
- 24. Overpayment to be applied to next tax year 24. 123456789012345.00
- 25. Overpayment to be refunded (Subtract Line 24 from Line 23) 25. 123456789012345.00

I hereby certify that I am an officer or authorized agent responsible for the taxpayer's compliance with the requirements of Title 32 of the Vermont Statutes and that this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration further provides that under 32 V.S.A. § 5901, this information has not been and will not be used for any other purpose, or made available to any other person, other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

| | | | |
|----------------------------------|------------------------------------------------|-----------------|--------------------------|
| Signature of Responsible Officer | | Date (MMDDYYYY) | Daytime Telephone Number |
| | | 12312020 | 802-123-1234 |
| Printed Name | Email Address | | |
| 12345678901234567890123 | 1234567890123456789012345678901234567890123456 | | |

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

| | | | |
|----------------------------------------------------------------------------|------------------------------------------------|------------------------|------------------------------------------------------------|
| Paid Preparer's Signature | | Date (MMDDYYYY) | Preparer's Telephone Number |
| | | 12312020 | 802-123-1234 |
| Preparer's Printed Name | Email Address (optional) | | |
| 12345678901234567890123 | 1234567890123456789012345678901234567890123456 | | |
| Firm's Name (or yours if self-employed) | EIN | Preparer's SSN or PTIN | |
| 1234567980123456789012345678901234567890 | 123456789 | 123456789 | |
| Firm's Address (or yours if self-employed) (Street, City, State, ZIP Code) | | | <input checked="" type="checkbox"/> Check if self-employed |
| 12345678901234567890123456789012345678901234567890123456 | | | |

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

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

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