

Schedule BA-410

**Vermont Corporate and Business
Income Tax Affiliation**



* 1 9 4 1 0 1 1 0 0 *

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

REQUIRED FOR COMBINED AND CONSOLIDATED RETURNS

Please provide information only for affiliates/subsidiaries with nexus in Vermont.

Entity Name (same as on Form CO-411 or Form BI-471)	Fiscal Year Ending (YYYYMMDD)	FEIN
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Affiliate Name			FEIN		
Address			For Department Use Only		
Address (Line 2)					
City	State	ZIP Code			
Foreign Country					

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USE ADDITIONAL SCHEDULES, IF NECESSARY