



VT Department of Taxes  
 133 State Street  
 Montpelier, VT 05633-1401  
 (802) 828-5723



**2010 VERMONT** *Application for Extension of Time to File Vermont Corporate/Business Income Tax Returns*

Entity Name

Mailing Address, Line 1

Mailing Address, Line 2

City or Town  State  Zip Code  -   Check here if this is an INTERNATIONAL address

- File this application on or before the due date of the Vermont Corporate Income Tax Return or Vermont Business Income Tax Return.
- 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 and return must be submitted by the Parent or Principal Vermont Corporation, respectively.

**REQUIRED ENTRIES**

INDICATE FEDERAL TAX RETURN TO BE FILED (CHECK BOX):  1120 series EXCEPT FOR 1120S, or 990  1120S  1065/1065-B

TAXPAYER INFORMATION:   
 Y Y Y Y M M D D | Y Y Y Y M M D D | Federal ID Number  
        |         |

CONSOLIDATED OR GROUP RETURN TO BE FILED (1120 series)  COMPOSITE RETURN TO BE FILED (1120S or 1065)

**CALCULATION OF TAX DUE** Enter all amounts in whole dollars.

1. Estimated tax liability ..... 1. , , , , .

2. Previous payments ..... 2. , , , , .

3. AMOUNT OF TAX DUE WITH THIS APPLICATION: Subtract Line 2 from Line 1 ... 3. , , , , .

Make check payable to **Vermont Department of Taxes** and mail it with this application to:  
**VT Department of Taxes, 133 State Street, Montpelier, VT 05633-1401.**

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 in accordance with 32 V.S.A. §3108.

Signature of Officer or Authorized Agent	Printed name	Date	Daytime telephone number (optional) ( )	May the Dept. of Taxes discuss this return with the preparer shown? <input type="checkbox"/> Yes <input type="checkbox"/> No
Preparer's signature		Date	Check if self-employed <input type="checkbox"/>	
Preparer's printed name		Preparer's Social Security No. or PTIN <input type="text"/>		
Firm's name (or yours if self-employed) and address		EIN <input type="text"/>		
		Preparer's Telephone Number <input type="text"/>		

**Paid Preparer's Use Only**