



VERMONT *Corporate Income Tax Return* **FORM CO-411**



- Check here if you are filing as a nonprofit corporation
- Check here if name or address has changed
- Check here if you will be using a computer-generated form next year

PRINT OR TYPE COMPLETE NAME AND ADDRESS BELOW

Entity Name		
Address		
City	State	ZIP Code

- Check here if this is an INTERNATIONAL address

A. CHECK APPROPRIATE BOX(ES)																																		
<input type="checkbox"/> CONSOLIDATED RETURN	<input type="checkbox"/> ACCOUNTING PERIOD CHANGE	<input type="checkbox"/> INITIAL RETURN																																
<input type="checkbox"/> AMENDED RETURN	<input type="checkbox"/> EXTENDED RETURN	<input type="checkbox"/> FINAL RETURN (CANCELS ACCOUNT)																																
B. Federal ID Number		RETURNS CANNOT BE PROCESSED WITHOUT THE FEDERAL ID NUMBER																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px;">Y</td><td style="width: 25px;">Y</td><td style="width: 25px;">Y</td><td style="width: 25px;">Y</td><td style="width: 25px;">M</td><td style="width: 25px;">M</td><td style="width: 25px;">D</td><td style="width: 25px;">D</td> </tr> <tr> <td colspan="8" style="text-align: center;">Tax Year BEGIN date</td> </tr> <tr> <td style="width: 25px;">Y</td><td style="width: 25px;">Y</td><td style="width: 25px;">Y</td><td style="width: 25px;">Y</td><td style="width: 25px;">M</td><td style="width: 25px;">M</td><td style="width: 25px;">D</td><td style="width: 25px;">D</td> </tr> <tr> <td colspan="8" style="text-align: center;">Tax Year END date</td> </tr> </table>		Y	Y	Y	Y	M	M	D	D	Tax Year BEGIN date								Y	Y	Y	Y	M	M	D	D	Tax Year END date								D. ENTITY'S PRIMARY 6-DIGIT NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) NUMBER
Y	Y	Y	Y	M	M	D	D																											
Tax Year BEGIN date																																		
Y	Y	Y	Y	M	M	D	D																											
Tax Year END date																																		

Place an "X" in the box left of the line number to indicate a loss amount. **Enter all amounts in whole dollars.**

1. FEDERAL (or RECOMPUTED Federal) TAXABLE INCOME (See instructions) 1.
- Check here if you have taken the "Bonus" depreciation {see IRC 168(K)}. If this box is checked, Line 1 must be recomputed eliminating the federal special bonus depreciation treatment. See instructions.
2. ADD (a) Interest on non-Vermont state and local obligations. **2(a)**.
- (b)** State and local income or franchise taxes. **2(b)**.
- LESS(c)** Interest on U.S. Government obligations. **2(c)**.
- (d)** "Gross Up" required by IRC Sec. 78 and other excludable income. **2(d)**.
- (e)** Targeted Job Credit salary and wage expense addback. **2(e)**.
3. NET TAXABLE INCOME (Line 1 plus Lines 2(a) and 2(b) less Line 2(c), 2(d), and 2(e)). 3.
4. NON-BUSINESS INCOME ALLOCATED EVERYWHERE (VT Form BA-402, Part 1, Line 1a). 4.
5. NET APPOINTIONABLE INCOME (Subtract Line 4 from Line 3). 5.
6. VERMONT APPOINTIONMENT PERCENTAGE (100% or amount from VT Form BA-402, Line 22). Calculate percentage to six places to the right of the decimal point. 6. . %
7. NET INCOME APPOINTIONED TO VERMONT (Multiply Line 5 by Line 6). 7.
8. NET INCOME ALLOCATED AND APPOINTIONED TO VERMONT (Enter amount from Line 3 above, or if not entirely sourced in VT, add VT Form BA-402, Part 1, Line 1b and Line 7 above.) 8.
9. VERMONT Net Operating Loss deduction (attach statement) (See instructions). 9.
10. VERMONT NET TAXABLE INCOME (Subtract Line 9 from Line 8). 10.
11. VERMONT TAX per tax computation schedules on Side 2 (\$250. minimum). 11.

- 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)



* 1 1 4 1 1 1 2 0 0 *

12. LESS TOTAL CREDITS (Form BA-404, Column C, Line 15). Attach Form BA-404 and all required documentation **12.**

13. TAX (Subtract Line 12 from Line 11, but not less than the minimum tax) . **13.**

14. Less (a) Estimated Payment, and Payments with Extension **14(a).**

(b) Nonresident Estimated Payments (Form WH-435). **14(b).**

(c) Real Estate Withholding (Form RW-171) **14(c).**

(d) Prior Year Overpayment Applied **14(d).**

(e) Add Lines 14(a) through 14(d) **14(e).**

15. BALANCE DUE Subtract Line 14(e) from Line 13 **15.**

OR

16. Overpayment to be applied to next tax year **16.**

17. Overpayment to be refunded. **17.**

TAX COMPUTATION SCHEDULE
(Effective for taxable periods beginning January 1, 2007)

IF VERMONT NET INCOME IS TAX IS

\$10,000 or less 6.00% (minimum tax is \$250.).

\$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.

Return is due on the 15th day of the 3rd month following the year end, unless extended.

Payment is due on the 15th day of the 3rd month following the year end, even if the return is extended. Corporations with liabilities over \$500, see instructions for estimated payments, VT Form CO-414.

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

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 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"/>
Paid Preparer's Use Only				
Preparer's printed name		Preparer's Social Security No. or PTIN		
Firm's name (or yours if self-employed) and address		EIN		
		Preparer's Telephone Number		