

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 |
| | | |

| | 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") |
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