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Vermont Form REF-620	Application for Refund of Vermont Sales and Use Tax, Meals and Rooms Tax, or Local Option Tax
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Business Name			Federal ID Number		
OR Individual Last Name	First Name	MI	OR Social Security Number		
Address			Telephone Number		
City	State	ZIP Code	Period Covered by Claim (MM/DD/YYYY - MM/DD/YYYY)		
Foreign Country (if not United States)		Email Address			
Name of Representative (if any)			Telephone Number		
Address	City		State	ZIP Code	
Email Address					

Refund Amount \$ _____ . _____

Give a full explanation below (see instructions). Use additional sheets if necessary and submit all documents needed to properly substantiate your claim.

I, the claimant named above, or partner, officer, or other authorized representative of such claimant, make application for refund of Sales and Use tax, Meals and Rooms tax, or Local Option tax pursuant to 32 V.S.A. § 9781 (SU), § 9245 (MR), and 24 V.S.A. § 138 (LO). I certify all Vermont Sales and Use taxes, Meals and Rooms taxes, or Local Option taxes for which this claim is filed, have been paid, and no portion of the tax has been refunded or credited to me by any vendor.

Signature of Responsible Officer or Individual	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
Printed Name	Email Address (optional)		

Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>
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 ()	Preparer's Email Address (optional)

Paid
Preparer's
Use Only