Vermont Department of Taxes PO Box 547 Montpelier, VT 05601-0547
Phone: (802) 828-2551

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VT Form **REF-620**	**Application for Refund of** VT Sales and Use Tax or Meals and Rooms Tax

Business Name			Telephone Number
Address			Vermont Business Account Number
City	State	ZIP Code -	Period Covered by Claim (mm/dd/yyyy - mm/dd/yyyy) -
Foreign Country (if not United States)	E-mail Address		
Name of Representative (if any)			Telephone Number
Address	City	State	ZIP Code -
E-mail 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 or Meals and Rooms tax pursuant to 32 V.S.A. § 9781 (SU), and § 9245 (MR). I certify all Vermont Sales and Use taxes or Meals and Rooms 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	Date	Daytime telephone number (optional) ( )	May the Dept. of Taxes discuss this return with the preparer shown? ☐ Yes ☐ No
Printed name	E-mail address (optional)		

Paid Preparer's Use Only

Preparer's signature		Date	Check if self-employed ☐
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 e-mail address (optional)	

Form REF-620
(formerly SMWA-1)
Rev. 04/16

5454

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