



VT Form SB-804	SUBORDINATION FEE PAYMENT VOUCHER
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Last Name of Applicant	First Name	Initial	For Department Use Only Date received
Applicant's Representative			
Account Number (Four leading zeroes plus SPAN) 0000-	Check Number		

Amount of this payment \$ _____ **.00**

5454

Form SB-804
Rev. 08/16

FORM SB-804 Instructions Subordination Fee Payment Voucher

General Information

Please type or print in **BLUE** or **BLACK** ink only.

Enter the applicant's name, applicant's representative, SPAN, check number, and check amount.

Check Amount

Subordination fee is \$179 per lien.

Contacting the Department

Mailing address:

Vermont Department of Taxes
PO Box 1499
Montpelier, VT 05601-1499

Taxpayer Services: (802) 828-5860
Email Address: tax.currentuse@vermont.gov
Web site Address: <http://tax.vermont.gov>
Forms: (802) 828-2515