Vermont Department of Taxes 133 State Street Montpelier, VT 05633-1401
Phone: (802) 828-5723

VT Schedule SLT-682	VERMONT SURPLUS LINES BROKER REPORT OF BUSINESS

1668211 00

ATTACH TO FORM SLT-681

Please PRINT in BLUE or BLACK INK

Broker's Name (same as on Form SLT-681)	Broker's Social Security Number

POLICY #1

Name of Insured		Line of Insurance Number (1-17)	Policy BEGIN Date (mm dd yyyy)
City	State	ZIP Code -	Policy END Date (mm dd yyyy)
Name of Insurance Company			Brokerage House or Agency (if applicable)
Insurance Company's FEIN or Foreign Identifier	Check one ☐ U.S. Ins. Co. ☐ Non-U.S. Ins. Co.		Individual dealt with in brokerage house

1a. Gross premium charges . . . . . **1a.** _____

1b. Gross return premium . . . . . **1b.** _____

1c. Net taxable premium (Line 1a minus Line 1b) **1c.** 0.00

POLICY #2

Name of Insured		Line of Insurance Number (1-17)	Policy BEGIN Date (mm dd yyyy)
City	State	ZIP Code -	Policy END Date (mm dd yyyy)
Name of Insurance Company			Brokerage House or Agency (if applicable)
Insurance Company's FEIN or Foreign Identifier	Check one ☐ U.S. Ins. Co. ☐ Non-U.S. Ins. Co.		Individual dealt with in brokerage house

2a. Gross premium charges . . . . . **2a.** _____

2b. Gross return premium . . . . . **2b.** _____

2c. Net taxable premium (Line 2a minus Line 2b) **2c.** 0.00

POLICY #3

Name of Insured		Line of Insurance Number (1-17)	Policy BEGIN Date (mm dd yyyy)
City	State	ZIP Code -	Policy END Date (mm dd yyyy)
Name of Insurance Company			Brokerage House or Agency (if applicable)
Insurance Company's FEIN or Foreign Identifier	Check one ☐ U.S. Ins. Co. ☐ Non-U.S. Ins. Co.		Individual dealt with in brokerage house

3a. Gross premium charges . . . . . **3a.** _____

3b. Gross return premium . . . . . **3b.** _____

3c. Net taxable premium (Line 3a minus Line 3b) **3c.** 0.00

4. **TOTAL** net taxable premiums for this page (Add Lines 1c, 2c, and 3c) **4.** 0.00

Clear ALL fields | Save and go to Important Printing Instructions | Save and Print