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

VT Schedule **SLT-684**	**VERMONT DIRECT INSURANCE PLACEMENT REPORTING FORM** (8 V.S.A. § 5036)

1668411100

Please PRINT in BLUE or BLACK INK

ATTACH TO FORM SLT-681

Entity Name (same as on Form SLT-681)	Entity Federal ID Number

Location of Insured VT Risk			Policy BEGIN Date (mm dd yyyy)
City	State	ZIP Code -	Policy END Date (mm dd yyyy)
Name of Insurance Company			Policy Number
Description of Coverage			

1. Net premium. . . . . **1.** _____

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