VT Department of Taxes
Vinous Beverage Tax Return

INSTRUCTIONS FOR USING THIS FILL-IN FORM

- **Fields shaded pink MUST have data entered before printing the form.**
- Fill in the information requested below, including checking the appropriate box for the reporting period information on **this** page. Info will auto-populate onto Form VBT-606 (page 2 of this document).
- Dollar amounts and other figures should be entered directly on the form (page 2 of this document).
- Default print settings will print only page 2 (Form VBT-606).

NOTE: Form VBT-606 subject to change without notice.

To make sure you are filing on the current form,
check our website at www.tax.vermont.gov each quarter.

Licensed Distributor	
d/b/a (if applicable)	
Mailing Address (Number and Street/Road or PO Box)	
City	
State	
ZIP Code	
Federal ID Number	
VT State Distributor License Number	Reporting Period **YEAR** (enter the 4-digit year)
Daytime Telephone Number	Fax Number
Email Address	

Reporting Period - check only one

Please select the filing frequency which was assigned to your account by the Vermont Department of Taxes. If you are unsure of your proper filing frequency, please email us at tax.miscellaneoustax@vermont.gov or call us at (802) 828-2551.

MONTHLY

- ☐ January
- ☐ February
- ☐ March
- ☐ April
- ☐ May
- ☐ June
- ☐ July
- ☐ August
- ☐ September
- ☐ October
- ☐ November
- ☐ December

QUARTERLY

- ☐ 1st quarter (Jan. - Mar.)
- ☐ 2nd quarter (Apr. - June)
- ☐ 3rd quarter (July - Sep.)
- ☐ 4th quarter (Oct. - Dec.)

Clear ALL fields

Important Printing Instructions

Vermont Department of Taxes PO Box 547 Montpelier, VT 05601-0547
Phone: (802) 828-6839

VT Form
VBT-606

VINOUS BEVERAGE TAX RETURN

1660611100

This form, together with your check, is due on or before the 25th of the month following the reporting period end date.

Licensed Distributor			Federal ID Number
d/b/a (if applcable)			VT State Distributor License Number
Address			Reporting Period End Date (MMDDYYYY)
City	State	ZIP Code	Daytime Telephone Number
Email Address			Fax Number

1. If this is an amended return, check here . . . . . **1.** ☐

2. If you are no longer in business, enter your final date of operations . . . . . **2.** _____

TAX COMPUTATION SCHEDULE

A Type of vinous beverage sold	B Number of gallons sold	C Tax Rate	D Tax Due (Multiply Column B by Column C)
3. Taxable wine *(from grapes)*		$0.55	$ 0.00
4. Taxable hard cider *(from apples)*		$0.55	$ 0.00
5. Taxable mead *(from honey)*		$0.55	$ 0.00
6. Taxable (type) _____		$0.55	$ 0.00
7. Total Vinous Beverage Tax Due (Add Column D, Lines 3-6) Make check payable to **Vermont Department of Taxes**			$ 0.00

Signature

I hereby certify that this return has been examined by me, and to the best of my knowledge is a true and complete return for the month stated, under Vermont law at 7 V.S.A. § 421.

Signature Title Date

Printed Name

Clear ALL fields | Important Printing Instructions | Print