VT Department of Taxes
Meals and Rooms Tax Return

On November 12, 2015, the Department will launch our new online filing system, **myVTax.** All taxpayers can file and pay their Meals and Rooms Tax through **myVTax for free.**

Click here to go to www.myVTax.vermont.gov to get started today.

INSTRUCTIONS FOR USING THIS FILL-IN FORM

- **Fields shaded pink MUST have data entered before printing the form.**
- Fill in the business name, address, account numbers, and reporting period information on **this** page. Info will auto-populate onto Form MRT-441 (page 2 of this document).
- Dollar amounts should be entered directly on the form (page 2 of this document).
- Default print settings will print only page 2 (Form MRT-441).

Business Name. **If Sole Proprietorship, enter Owner's Name** (Last name first)
Mailing Address (Number and Street/Road or PO Box)
City
State
ZIP Code
Foreign Country
E-mail Address
Vermont Account ID MRT-
Federal ID Number
Reporting Period **YEAR** (fill in the year here, then select period below) 2015

NOTE: Form MRT-441 is subject to change without notice.

Please check our website (www.tax.vermont.gov) quarterly to make sure you are filing on the current form.

Reporting Period - check only one

MONTHLY

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

QUARTERLY

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

Clear period info only | **Clear ALL fields** | **Save and go to Important Printing Instructions**

Vermont Department of Taxes PO Box 547 Montpelier, VT 05601-0547
Phone: (802) 828-2551, option #3

VT Form **MRT-441**	**MEALS AND ROOMS TAX RETURN**	**Tax returns must be filed even if no tax is due.**

* 1 5 4 4 1 1 1 0 0 *

Business Name			Vermont Account ID MRT-
Address			Federal ID Number
City	State	ZIP Code	Reporting Period (MM DD YYYY - MM DD YYYY) –
Foreign Country (if not United States)			Due Date
E-mail Address			**For Department Use Only**

Use **BLUE** or **BLACK** ink only. Please do not make any marks in boxes or on lines that you intend to leave blank.

PART I MEALS AND ROOMS TAXES

1. MEALS

1a. Total Meals _____ . __
1b. Exempt Meals _____ . __
1c. Net Taxable _____ . __
1d. Multiply Line 1c by 9.00 %
1d. _____ . __

2. RENT

2a. Total Rent _____ . __
2b. Exempt Rent _____ . __
2c. Net Taxable _____ . __
2d. Multiply Line 2c by 9.00 %
2d. _____ . __

3. ALCOHOL

3a. Total Alcohol _____ . __
3b. Exempt Alcohol _____ . __
3c. Net Taxable _____ . __
3d. Multiply Line 3c by 10.00 %
3d. _____ . __

PART II 1.00 **% LOCAL OPTION TAXES** Check our website *http://tax.vermont.gov* for updates on new Local Option municipalities.

MUNICIPALITY	TAX DUE	MUNICIPALITY	TAX DUE
4. WILLISTON	. __	13. RUTLAND TOWN	. __
5. STRATTON	. __	14. WINHALL	. __
6. STOWE	. __	15. WILMINGTON	. __
7. BRATTLEBORO	. __	16. ST ALBANS TOWN	. __
8. DOVER	. __	17. WOODSTOCK	. __
9. S BURLINGTON	. __	18. COLCHESTER	. __
10. MANCHESTER	. __	19.	. __
11. KILLINGTON	. __	20.	. __
12. MIDDLEBURY	. __	21.	. __

PART III TOTALS

22a. Total Meals and Rooms Tax Due (Add Lines 1d, 2d, and 3d) . . . . . **22a.** _____ . __

22b. Total Local Option Tax Due (Add Lines 4-21 above, if applicable) . . . . . **22b.** _____ . __

22c. Total Tax Due (Add Lines 22a and 22b) . . . . . **22c.** _____ . __

PART IV CERTIFICATION

I hereby certify that I have examined this return and to the best of my knowledge and belief it is true, correct, and complete.

Signature of Officer or Authorized Agent	Date	Preparer's Signature	Date
Title	Telephone Number	Firm's name (or yours, if self-employed) and address	

☐ Check here if authorizing the VT Department of Taxes to discuss this return and attachments with your preparer.

Preparer's Telephone Number	Preparer's PTIN or EIN

5454

Form MRT-441
Rev. 10/15

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