

**VT Department of Taxes
Fuel Tax and Petroleum Distributor Licensing Fee Return**

For faster processing, file and pay Fuel Tax and Petroleum Distributor Licensing Fee Return through myVTax.

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 FGR-615 (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 FGR-615).

Entity Name. If Sole Proprietorship, enter Last Name, First Name, Middle Initial
Mailing Address (Number and Street/Road or PO Box)
Address, Line 2, if needed
City
State
ZIP Code
Foreign Country
E-mail Address
Vermont Account ID FGR-
Federal ID Number
Reporting Period YEAR (fill in the year here, then select period below)

NOTE: Form FGR-615 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 filers

- | | | |
|-----------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> May | <input type="checkbox"/> September |
| <input type="checkbox"/> February | <input type="checkbox"/> June | <input type="checkbox"/> October |
| <input type="checkbox"/> March | <input type="checkbox"/> July | <input type="checkbox"/> November |
| <input type="checkbox"/> April | <input type="checkbox"/> August | <input type="checkbox"/> December |

QUARTERLY filers

- | |
|--|
| <input type="checkbox"/> 1st quarter (Jan. - Mar.) |
| <input type="checkbox"/> 2nd quarter (Apr. - June) |
| <input type="checkbox"/> 3rd quarter (July - Sep.) |
| <input type="checkbox"/> 4th quarter (Oct. - Dec.) |



**VT Form
FGR-615**

**FUEL TAX and
PETROLEUM DISTRIBUTOR
LICENSING FEE RETURN**

RETURNS MUST BE FILED EVEN IF NO TAX IS DUE.

Entity Name. If Sole Proprietorship, enter Last Name, First Name, Middle Initial			Federal ID Number	
Address			VT Account ID	
Address, Line 2, if needed			Reporting Period (MMDDYYYY - MMDDYYYY) -	
City	State	ZIP Code	Due Date	
E-mail Address			For Department Use Only	

FUEL TAX

1. Number of **GALLONS** of heating oil, propane, kerosene, and other dyed diesel fuel delivered in Vermont **1.** _____ . _____
2. Heating oil, propane, kerosene, dyed diesel tax (Multiply Line 1 by the tax rate of \$0.02 per gallon) **2.** _____ . _____
3. Sales of natural gas and coal **3.** _____ . _____
4. Natural gas and coal tax (Multiply Line 3 by the tax rate of 0.75% or .0075 of sale) **4.** _____ . _____
5. Sales of electricity **5.** _____ . _____
6. Electricity tax (Multiply Line 5 by the tax rate of 0.5% or .005 of sale) **6.** _____ . _____

PETROLEUM DISTRIBUTOR LICENSING FEE


7. Number of **GALLONS** of heating oil, kerosene, and other dyed diesel fuel sold **7.** _____ . _____
8. Petroleum Distributor Licensing Fee (Multiply Line 7 by the fee rate of \$0.01 per gallon) . . **8.** _____ . _____

TOTAL TAX AND LICENSING FEE

9. Total Fuel Tax and Licensing Fee due (Add Lines 2, 4, 6, and 8) **9.** _____ . _____

Make check payable to Vermont Department of Taxes

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, his/her declaration further provides under 32 V.S.A. §§ 5901-5903 this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

	Signature of Responsible Officer	Date	Daytime telephone number (optional) ()	May the Dept. of Taxes discuss this return with the preparer shown? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Printed name	E-mail address (optional)		

Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>
Preparer's Printed Name	Preparer's Social Security No. or PTIN	
Firms name (or yours if self-employed) and address		
EIN	Preparer's Telephone Number	
Preparer's e-mail address (optional)		