

**Vermont Department of Taxes
Meals and Rooms Tax Return**

For faster processing, file and pay Meals and Rooms Tax online at myVTax.vermont.gov.

INSTRUCTIONS FOR USING THIS FILL-IN FORM

Form MRT-441 is on the next page of this document.

- Before printing the form, enter the requested information into the fields below.
- Fill in the business name, address, account numbers, and reporting period information on **this** page. The information you enter will auto-populate onto Form MRT-441.
- Enter dollar amounts directly onto Form MRT-441.
- Default print settings will print only Form MRT-441.

Business Name. If Sole Proprietorship, enter Owner's Name (Last Name, First Name)
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)

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

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

Reporting Period - check only one

MONTHLY

- | | | |
|-----------------------------------|---------------------------------|------------------------------------|
| <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

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

Business Name			Vermont Account ID		
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	MUNICIPALITY	TAX DUE
4. Williston 4.	_____ . ____	14. Winhall 14.	_____ . ____	24. St. Albans City 24.	_____ . ____
5. Stratton 5.	_____ . ____	15. Wilmington 15.	_____ . ____	25. 25.	_____ . ____
6. Stowe 6.	_____ . ____	16. St. Albans Town 16.	_____ . ____	26. 26.	_____ . ____
7. Brattleboro 7.	_____ . ____	17. Woodstock 17.	_____ . ____	27. 27.	_____ . ____
8. Dover 8.	_____ . ____	18. Colchester 18.	_____ . ____	28. 28.	_____ . ____
9. S. Burlington 9.	_____ . ____	19. Brandon 19.	_____ . ____	29. 29.	_____ . ____
10. Manchester 10.	_____ . ____	20. Montpelier 20.	_____ . ____	30. 30.	_____ . ____
11. Killington 11.	_____ . ____	21. Hartford 21.	_____ . ____	31. 31.	_____ . ____
12. Middlebury 12.	_____ . ____	22. Barre City 22.	_____ . ____	32. 32.	_____ . ____
13. Rutland Town 13.	_____ . ____	23. Winooski 23.	_____ . ____	33. 33.	_____ . ____

PART III TOTALS

34a. Total Meals and Rooms Tax Due (Add Lines 1d, 2d, and 3d) **34a.** _____ . ____
 34b. Total Local Option Tax Due (Add Lines 4-33 above, if applicable) **34b.** _____ . ____
 34c. Total Tax Due (Add Lines 34a and 34b) **34c.** _____ . ____

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			

<input type="checkbox"/> 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
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