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 |
| Email 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 | | QUARTERLY | | | | |
| ☐ January ☐ February ☐ March ☐ April | ☐ May ☐ June ☐ July ☐ August | September October November December | | 1st quarter (Jan Mar.) 2nd quarter (Apr June) 3rd quarter (July - Sep.) 4th quarter (Oct Dec.) | | | |

Form MRT-441

Meals and Rooms Tax Return

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|---|---|---|---|---|---|---|---|---|---|---|

If Meals and Rooms Local Option Tax is due, you are required to file electronically at myVTax.vermont.gov

Tax returns must be filed even if no tax is due.

| you are required to file electronically at my v Tax.vermont.gov | 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 | | | | | | |
| Email 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. | | | | | | | |
| 1. MEALS 1a. Total Meals | | | | | | | |
| 1b. Exempt Meals 1b. | | | | | | | |
| 1c. Net Taxable 1c. | | | | | | | |
| 1d. Multiply Line 1c by9.00_% | 1d. | | | | | | |
| 2. RENT 2a. Total Rent2a | | | | | | | |
| 2b. Exempt Rent | | | | | | | |
| • | | | | | | | |
| 2c. Net Taxable | | | | | | | |
| 2d. Multiply Line 2c by9.00_% | 2d | | | | | | |
| 3. ALCOHOL 3a. Total Alcohol 3a. | | | | | | | |
| 3b. Exempt Alcohol 3b. | | | | | | | |
| 3c. Net Taxable 3c. | | | | | | | |
| 3d. Multiply Line 3c by 10.00% | 3d | | | | | | |
| If this reporting period includes Local Option Meals and Rooms Tax, you are required to file electronically at myVTax.vermont.gov. Check the box to certify that there is no Local Option Meals and Rooms Tax due with this return. | | | | | | | |
| 4. TOTAL Meals and Rooms Tax Due (Add Lines 1d, 2d, and 3d) | | | | | | | |
| Make check payable to Vermont Department of Taxes. Vermont Department of Taxes PO Box 547 Montpelier, VT 05601-0547 Phone: (802) 828-2551, option 3 | | | | | | | |
| 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 | f-employed) and Address | | | | | | |
| | PTIN or EIN Form MRT-441 Page 1 of 1 Rev. 09/22 | | | | | | |