

**VT Department of Taxes  
Malt and 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 MVB-612 (page 2 of this document).
- Dollar amounts and other figures should be entered directly on the form (pages 2 & 3 of this document).
- Default print settings will print pages 2 and 3 only.

Licensed Distributor	
If <b>Individual ONLY</b> , Last Name	
If <b>Individual ONLY</b> , First Name	
If <b>Individual ONLY</b> , Middle Initial	
d/b/a (if applicable)	
Mailing Address (Number and Street/Road or PO Box)	
City	
State	
ZIP Code	
Federal ID Number	If <b>Individual ONLY</b> , Social Security Number
VT State Distributor License Number	Reporting Period <b>YEAR</b> (enter the 4-digit year)
Daytime Telephone Number	Fax Number
Email Address	

**Reporting Period - check only one**

MONTHLY			QUARTERLY	
<input type="checkbox"/> January	<input type="checkbox"/> May	<input type="checkbox"/> September	<input type="checkbox"/> 1st quarter (Jan. - Mar.)	
<input type="checkbox"/> February	<input type="checkbox"/> June	<input type="checkbox"/> October	<input type="checkbox"/> 2nd quarter (Apr. - June)	
<input type="checkbox"/> March	<input type="checkbox"/> July	<input type="checkbox"/> November	<input type="checkbox"/> 3rd quarter (July - Sep.)	
<input type="checkbox"/> April	<input type="checkbox"/> August	<input type="checkbox"/> December	<input type="checkbox"/> 4th quarter (Oct. - Dec.)	



VT Form <b>MVB-612</b>	<b>MALT and VINOUS BEVERAGE                  TAX RETURN</b>
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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		
<b>OR</b> Individual Last Name			First Name		MI
d/b/a (if applicable)			<b>OR</b> Social Security Number		
Address			VT State Distributor License Number		
City			State	ZIP Code	
Email Address			Reporting Period End Date (MMDDYYYY)		
			Daytime Telephone Number		
			Fax Number		

1. Check one .....  Monthly  Quarterly
2. Are you an out-of-state winery making direct-to-consumer or direct-to-retailer shipments of wine? .....  Yes  No
3. Is this is an amended return? .....  Yes  No
4. If you are no longer in business, enter your final date of operations ..... 4. \_\_\_\_\_

**MALT BEVERAGE TAX CALCULATION**

5. Enter the number of gallons of taxable malt 6% or less alcohol sold ..... 5. \_\_\_\_\_
6. Multiply Line 5 by the tax rate of \$0.265 ..... 6. \_\_\_\_\_
7. Enter the number of gallons of taxable malt over 6% alcohol sold ..... 7. \_\_\_\_\_
8. Multiply Line 7 by the tax rate of \$0.55 ..... 8. \_\_\_\_\_
9. Total **Malt** Beverage Tax Due (Add Lines 6 and 8) ..... 9. \_\_\_\_\_

*(continued on next page)*

Licensed Distributor	
Federal ID Number	Reporting Period End Date (MMDDYYYY)



Amount from Line 9 \_\_\_\_\_

**VINOUS BEVERAGE TAX CALCULATION**

- 10. Enter the number of gallons of taxable wine (from grapes) sold ..... **10.** \_\_\_\_\_
- 11. Multiply Line 10 by the tax rate of \$0.55 ..... **11.** \_\_\_\_\_
- 12. Enter the number of gallons of taxable hard cider (from apples) sold ..... **12.** \_\_\_\_\_
- 13. Multiply Line 12 by the tax rate of \$0.55 ..... **13.** \_\_\_\_\_
- 14. Enter the number of gallons of taxable mead (from honey) sold. .... **14.** \_\_\_\_\_
- 15. Multiply Line 14 by the tax rate of \$0.55 ..... **15.** \_\_\_\_\_
- 16. Enter the number of gallons of taxable vinous beverage sold (type) \_\_\_\_\_ ... **16.** \_\_\_\_\_
- 17. Multiply Line 16 by the tax rate of \$0.55 ..... **17.** \_\_\_\_\_
- 18. Total **Vinous** Beverage Tax Due (Add Lines 11, 13, 15, and 17) ..... **18.** \_\_\_\_\_

**BEVERAGE TAX DUE**

- 19. **Total Beverage Tax Due** (Add Lines 9 and 18) ..... **19.** \_\_\_\_\_  
 Make check payable to **VERMONT DEPARTMENT OF TAXES**

**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.

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Signature \_\_\_\_\_ Title \_\_\_\_\_

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Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Send completed return to:**

Vermont Department of Taxes  
 PO Box 547  
 Montpelier, VT 05601-0547

**Form MVB-612**  
 (formerly MBT-605 and VBT-606)  
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