

# FORM REF-619 Instructions

## Application for Refund of Miscellaneous Taxes

### General Information

Please print in **BLUE** or **BLACK** ink only.

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#### PURPOSE OF APPLICATION FOR REFUND

Use Form REF-619 to request a refund for the miscellaneous tax types listed on the form.

Do not use this form to request a refund resulting from correction of errors on a return. If you want to correct errors on a return, you must submit an amended return.

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#### TAX TYPES INCLUDED

This form may be used for any of the tax types listed on the form itself. Tax types not listed have their own specifically-designed requests for refund.

Please check the appropriate box to indicate the tax type for which the refund is requested.

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#### EXPLANATION AND DOCUMENTATION

Please give a full explanation of the circumstances surrounding the request for refund in the space provided. Attach additional sheets as necessary. Also submit any documentation that would help an examiner understand the basis for your request.



VT Form <b>REF-619</b>	<b>Application for Refund of                  Miscellaneous Taxes</b>
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**To request a refund from the following taxes - Check ONE**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Captive Insurance Premium | <input type="checkbox"/> Health Care Contribution | <input type="checkbox"/> Solid Waste                 |
| <input type="checkbox"/> Estate                    | <input type="checkbox"/> Insurance Premium        | <input type="checkbox"/> Surplus Lines               |
| <input type="checkbox"/> Fire Training             | <input type="checkbox"/> Land Use Change          | <input type="checkbox"/> Telephone Gross Receipts    |
| <input type="checkbox"/> Fuel                      | <input type="checkbox"/> Malt and Vinous Beverage | <input type="checkbox"/> Telephone Personal Property |
| <input type="checkbox"/> Hazardous Waste           | <input type="checkbox"/> Railroad Company         | <input type="checkbox"/> Wind Powered                |
| <input type="checkbox"/> Health Care Claims        | <input type="checkbox"/> Solar Energy Capacity    |  |

Business Name			Federal ID Number		
<b>OR</b>	Individual Last Name	First Name	MI	<b>OR</b>	Social Security Number
	Address				Telephone Number
City		State	ZIP Code	Period Covered by Claim (mm/dd/yyyy - mm/dd/yyyy)	
Foreign Country (if not United States)		E-mail Address			
Name of Representative (if any)			Telephone Number		
Address		City	State	ZIP Code	
E-mail Address					

**Refund Amount . . . . . \$ \_\_\_\_\_**

Give a full explanation below (see instructions). Use additional sheets, if necessary, and submit all documents needed to properly substantiate your claim.
(Empty space for explanation)

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	
Firm's name (or yours if self-employed) and address		
EIN	Preparer's Telephone Number (      )	Preparer's e-mail address (optional)

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 Use Only**