Field Name	Meaning	Field Type	Character Length	Required/Optional
Reporting Year	Calendar year report	Number	4	Required
Name	Name of Platform submitting report	Text	50	Required
FEIN	FEIN of Platform submitting report	Text	9	Required
Contact Name	Platform contact person for questions related to data within the report	Text	75	Required
Telephone #	Platform contact person's telephone number	Text	16	Required
Email Address	Platform contact person's email address	Text	75	Required
Name	Host Name	Text	75	Required
SSN or FEIN	Host SSN or FEIN	Text	9	Optional
Street Address or PO Box	Host Street Address or PO Box	Text	75	Required
City	Host (address) City	Text	50	Required
State	Host (address) State	Text	2	Required*
Zip Code	Host (address) Zip Code	Text	10	Required**
Country	Host (address) Country	Text	3	Required
VDT Account Number	Host's Vermont Department of Taxes Meals & Rooms Account Number. Account number always begins with "MRT-_____"	Text	12	Required***
Street Address And Unit #	Rental Property Street Address and Unit # (when applicable)	Text	75	Required
City	Rental Property (address) City	Text	50	Required
State	Rental Property (address) State NOTE: Must be VT for inclusion in this reporting	Text	2	Required
Zip Code	Rental Property (address) Zip Code NOTE: Must start with 05 for inclusion in this reporting	Text	10	Required
SPAN	Rental Property's state-issued school property account number	Text	11	Optional
# of Rental Days	Enter the number of days the rental property had transactions for during the reporting calendar year	Number	4	Required
Total Value Paid	Enter the total dollar value paid related to the # of days the property had transaction for during the reporting calendar year	Number	12	Required

*Required for USA only   **Required for USA and CAN only   ***Will be optional only for calendar year 2018 reporting

VERMONT
DEPARTMENT OF TAXES