March

April

July

August

November

December

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, reporting period information, and dollar amount on **this** page. The information you enter will auto-populate 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) | NOTE: Form MRT-441 is subject | | |
| City | to change without notice. | | |
| | Please check our website | | |
| State | (tax.vermont.gov) quarterly to make sure you | | |
| ZIP Code | are filing on the current form. | | |
| Foreign Country | | | |
| Email Address | | | |
| Vermont Account ID | | | |
| MRT- | | | |
| Federal ID Number | | | |
| Reporting Period YEAR (fill in the year here, then select period below) | | | |
| Derevelar - Derevelar in the fact | | | |
| Reporting Period - check o | niy one | | |
| MONTHLY | QUARTERLY | | |
| ☐ January ☐ May ☐ September ☐ February ☐ June ☐ October | 1st quarter (Jan Mar.) 2nd quarter (Apr June) | | |

3rd quarter (July - Sep.)

4th quarter (Oct. - Dec.)

| Form | partment of Taxes MRT-441 | | * 2 2 4 4 1 2 1 0 0 * | |
|--|--------------------------------------|------------------------------|---|--|
| If Meals and Rooms Tax Return 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. | |
| Business Name | | | Vermont Account ID | |
| Address | | | Federal ID Number | |
| City | State ZIP Co | de | 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 1a. | · | | |
| 1b. | Exempt Meals1b. | ·_ | | |
| 1c. | Net Taxable 1c. | · | | |
| 1d. | Multiply Line 1c by9.00 | _% | 1d | |
| 2. RENT 2a. | Total Rent 2a. | · | | |
| 2b. | Exempt Rent2b. | ·_ | | |
| 2c. | Net Taxable | ·_ | | |
| 2d. | Multiply Line 2c by9.00 | _% | 2d | |
| 3. ALCOHOL 3a. | Total Alcohol | | | |
| 3b. | Exempt Alcohol 3b. | · | | |
| 3c. | Net Taxable 3c. | · | | |
| 3d. | Multiply Line 3c by 10.00 | % | | |
| 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)4 Make check payable to Vermont Department of Taxes. | | | | |
| Vermont Department | | - | Phone: (802) 828-2551, option 3 | |
| CERTIFICATION I hereby certify that I l | nave examined this return and to the | best of my knowledge and | d 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 se | elf-employed) and Address | |
| 5454 | to discuss this return | hone Number Preparer's | s PTIN or EIN Form MRT-441 Page 1 of 1 Rev. 09/22 | |