For faster processing, file and pay Sales and Use Tax online at myVTax.vermont.gov.

INSTRUCTIONS FOR USING THIS FILL-IN FORM

Form SUT-451 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 SUT-451.
- Enter dollar amounts directly onto Form SUT-451.
- Default print settings will print only Form SUT-451.

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 SUT -
Federal ID Number
Reporting Period YEAR (fill in the year here, then select period below)

NOTE: Form SUT-451 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 filers		QUARTERLY filers		ANNUAL filers	
□ January □ May □ September □ February □ June □ October □ March □ July □ November □ April □ August □ December		☐ 1st quarter (Jan Mar.) ☐ 2nd quarter (Apr June) ☐ 3rd quarter (July - Sep.) ☐ 4th quarter (Oct Dec.)		☐ (Jan Dec.)	

Form SUT-451

Sales and Use Tax Return



If Local Optio you are required to file electr	Tax returns must be filed 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 ma	ke any marks in boxes	or on lines that you intend to leave blank.
SALES AND USE TAXES 1. Total Sales			1.
			2.
la. Total State SALES TAX Due (Line	3 x <u>6.00</u> %)		4a
b. Total State USE TAX Due. SEE IN	STRUCTIONS		4b
If this reporting period include Check the box to certify that the	s Local Option Sales Ta nere is no Local Option	ax, you are required to fil Sales Tax due with this r	e electronically at <u>myVTax.vermont.gov</u> . eturn.
4c. TOTAL TAX DUE (Add Lines 4 Make check payable to Vermo	a and 4b)	es	4c
Send completed retur	PO Box 547 Montpelier, VT 05		ne: (802) 828-2551, option 3
CERTIFICATION I hereby certify that I have ex	amined this return and to t	the best of my knowledge a	nd 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 s	self-employed) and Address
Check here if authorizing the Department of Taxes to discu	uss this return	elephone Number Prepare	r's PTIN or EIN