

Vermont Department of Taxes
Meals and Rooms Tax Return

**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)
City
State
ZIP Code
Foreign Country
Email Address
Vermont Account ID MRT -
Federal ID Number
Reporting Period YEAR (fill in the year here, then select period below)

NOTE: Form MRT-441 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

- | | | |
|-----------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> May | <input type="checkbox"/> September |
| <input type="checkbox"/> February | <input type="checkbox"/> June | <input type="checkbox"/> October |
| <input type="checkbox"/> March | <input type="checkbox"/> July | <input type="checkbox"/> November |
| <input type="checkbox"/> April | <input type="checkbox"/> August | <input type="checkbox"/> December |

QUARTERLY

- | |
|--|
| <input type="checkbox"/> 1st quarter (Jan. - Mar.) |
| <input type="checkbox"/> 2nd quarter (Apr. - June) |
| <input type="checkbox"/> 3rd quarter (July - Sep.) |
| <input type="checkbox"/> 4th quarter (Oct. - Dec.) |

Form MRT-441**Meals and Rooms Tax Return**

* 2 2 4 4 1 2 1 0 0 *

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 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 make any marks in boxes or on lines that you intend to leave blank.

1. MEALS	1a. Total Meals 1a. _____ . _____
	1b. Exempt Meals 1b. _____ . _____
	1c. Net Taxable 1c. _____ . _____
	1d. Multiply Line 1c by <u>9.00</u> % 1d. _____ . _____
2. RENT	2a. Total Rent 2a. _____ . _____
	2b. Exempt Rent 2b. _____ . _____
	2c. Net Taxable 2c. _____ . _____
	2d. Multiply Line 2c by <u>9.00</u> % 2d. _____ . _____
3. ALCOHOL	3a. Total Alcohol 3a. _____ . _____
	3b. Exempt Alcohol 3b. _____ . _____
	3c. Net Taxable 3c. _____ . _____
	3d. Multiply Line 3c by <u>10.00</u> % 3d. _____ . _____

☐ 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 of Taxes 133 State Street Montpelier, VT 05633-1401 Phone: (802) 828-2551, option 3

CERTIFICATION

I hereby certify that I have examined this return and to the best of my knowledge and 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 self-employed) and Address			

☐ Check here if authorizing the Vermont Department of Taxes to discuss this return and attachments with your preparer.

Preparer's Telephone Number

Preparer's PTIN or EIN

Form MRT-441

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