



Vermont Form REF-620	Application for Refund of Vermont Sales and Use Tax, Meals and Rooms Tax, or Local Option Tax
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Business Name			Federal ID Number	
OR Individual Last Name			First Name	MI
OR 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)		Email Address		
Name of Representative (if any)			Telephone Number	
Address		City	State	ZIP Code
Email Address				

Refund Amount \$ _____ . _____

Give a full explanation below to support your claim using additional sheets if necessary and submit all documents.
Returns must be amended for the periods where tax was originally reported or remitted to claim a refund for overpayments.
See instructions: tax.vermont.gov/content/instructions-ref-620

I, the claimant named above, or partner, officer, or other authorized representative of such claimant, make application for refund of Sales and Use tax, Meals and Rooms tax, or Local Option tax pursuant to 32 V.S.A. § 9781 (SU), § 9245 (MR), and 24 V.S.A. § 138 (LO). I certify all Vermont Sales and Use taxes, Meals and Rooms taxes, or Local Option taxes for which this claim is filed, have been paid, and no portion of the tax has been refunded or credited to me by any vendor.

	Signature of Responsible Officer or Individual	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		Email Address (optional)		

**Paid
Preparer's
Use Only**

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 Email Address (optional)