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**Vermont Form
REF-620**

**Application for Refund of
Vermont Sales and Use Tax,
Meals and Rooms Tax, or Local Option Tax**

Business Name			Federal ID Number	
OR			OR	
Individual Last Name		First Name	MI	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

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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)		
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)	