For faster processing, file and pay Sales and Use Tax through myVTax.

Click here to go to www.myVTax.vermont.gov to get started today.

INSTRUCTIONS FOR USING THIS FILL-IN FORM

- Fields shaded pink MUST have data entered before printing the form.
- Fill in the business name, address, account numbers, and reporting period information on **this** page. Info will auto-populate onto Form SUT-451 (page 2 of this document).
- Dollar amounts should be entered directly on the form (page 2 of this document).
- Default print settings will print only page 2 (Form SUT-451).

Business Name. If Sole Proprietorship, enter Owner's Name (Last name first)
Mailing Address (Number and Street/Road or PO Box)
City
State
ZIP Code
Foreign Country
E-mail 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
(www.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.)			

Vermont Department of Taxes PO Box 547 Montpelier, VT 05601-0547 Phone: (802) 828-2551

VT Form **SUT-451** **SALES AND USE** TAX RETURN

Tax returns must be filed even if no tax is due.



· · · · · · · · · · · · · · · · · · ·						
Business Name			Vermont Account ID			
Address			Federal ID Number			
City	State ZIP Co	ode	Reporting Period (MM DI	O YYYY - MM DD YYYY)		
Foreign Country (if not United States)			Due Date			
E-mail Address			For Depa	artment Use Only		
Use BLUE or BLACK ink only.	Please do not make	any marks in boxes	or on lines that yo	ou intend to leave blank.		
PART I SALES AND USE TAXES						
1. Total Sales			1.	··		
2. Nontaxable Sales			2.	·		
3. Taxable Sales (Line 1 minus Line 2)			3	·		
4a. Total State SALES TAX Due (Line 3	3 x <u>6.00</u> %)		4a	·		
4b. Total State USE TAX Due. SEE INSTRUCTIONS						
4c. Total LOCAL OPTION TAX Due (and I certify that no Local Option	Add Lines 5-22 below, it named Tax is due	f applicable)	4c.	·		
4d. TOTAL TAX DUE (Add Lines 4a, 4			4d.			
PART II 1.00 % LOCAL OPTION TA						
MUNICIPALITY	TAX DUE	MUNICI		TAX DUE		
5. MANCHESTER		14. WINHAL	L			
• WITTTCTON		15. WILMIN	GTON			
- CMD 7 MMON		16. ST ALB	ANS TOWN	<u></u> .		
8. BURLINGTON		17. COLCHE	STER			
9. DOVER	·	18. <u>BRANDO</u>	<u>N</u>	••		
10. S BURLINGTON	·	19		••		
11. KILLINGTON	·	20		<u> </u>		
12. MIDDLEBURY	·	21		·		
13. RUTLAND TOWN	·	22		·		
PART III CERTIFICATION I hereby certify that I have exart Signature of Officer or Authorized Agent	mined this return and to the	best of my knowledge a Preparer's Signature	nd belief it is true, co	rrect, and complete.		
Organization of Officer of Authorized Agent	<i></i>					
Title Te	elephone Number	Firm's name (or yours, if s	elf-employed) and address			
Check here if authorizing the V Department of Taxes to discuss and attachments with your preparation.	this return	hone Number Prepare	r's PTIN or EIN	Form SUT-451 Rev. 10/15		