

**Vermont Department of Taxes
Sales and Use Tax Return**

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
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 (tax.vermont.gov) quarterly to make sure you are filing on the current form.

Reporting Period - check only ONE

MONTHLY filers

- | | | |
|-----------------------------------|---------------------------------|------------------------------------|
| <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 filers

- | |
|--|
| <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.) |

ANNUAL filers

- | |
|--|
| <input type="checkbox"/> (Jan. - Dec.) |
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VT Form SUT-451	SALES AND USE TAX RETURN	Tax returns must be filed even if no tax is due.
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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		
E-mail 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.

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 x 6.00 %) **4a.** _____ . _____

4b. Total State **USE TAX** Due. SEE INSTRUCTIONS **4b.** _____ . _____

4c. Total **LOCAL OPTION TAX** Due (Add Lines 5-22 below, if applicable) **4c.** _____ . _____

I certify that no Local Option Tax is due

4d. TOTAL TAX DUE (Add Lines 4a, 4b, and 4c) **4d.** _____ . _____

PART II 1.00 % LOCAL OPTION TAXES Check our website <http://tax.vermont.gov> for updates on new Local Option municipalities.

MUNICIPALITY	TAX DUE	MUNICIPALITY	TAX DUE
5. MANCHESTER	_____ . _____	14. WINHALL	_____ . _____
6. WILLISTON	_____ . _____	15. WILMINGTON	_____ . _____
7. STRATTON	_____ . _____	16. ST ALBANS TOWN	_____ . _____
8. BURLINGTON	_____ . _____	17. COLCHESTER	_____ . _____
9. DOVER	_____ . _____	18. BRANDON	_____ . _____
10. S BURLINGTON	_____ . _____	19. BRATTLEBORO	_____ . _____
11. Killington REPEALED 07/01/2018	_____ . _____	20. WINOOSKI	_____ . _____
12. MIDDLEBURY	_____ . _____	21. ST ALBANS CITY	_____ . _____
13. RUTLAND TOWN	_____ . _____	22. _____	_____ . _____

PART III 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	

<input type="checkbox"/> Check here if authorizing the VT Department of Taxes to discuss this return and attachments with your preparer.	Preparer's Telephone Number	Preparer's PTIN or EIN
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