Vermont Department of Taxes

Form IN-116

Please PRINT in BLUE or BLACK INK





| Taxpayer's Last Name | First Name | | MI | Taxpayer's Social Security Number | |
|---|------------|-------------------------|------|---|-------------|
| | | | | | |
| Spouse's/CU Partner's Last Name | First Name | | MI | Spouse's or CU Partner's Social Security Number | |
| | | | | | |
| Mailing Address (Number and Street/Road or PO Box) | | | | Tax Year | |
| | | | 2024 | | |
| City | State | ZIP Code or Postal Code | | - | |
| | | | | Amount of | |
| Foreign Country (if not United States) | | | | this payment | .00 |
| | | | | | |
| | | | | | Form IN-116 |
| 5454 If you electronically filed, DO NOT include a copy of the filed return | | | | n with this payment. | Rev 10/23 |

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Rev.10/23

Mail voucher and check made payable to "Vermont Department of Taxes" to:

Vermont Department of Taxes PO Box 1779 Montpelier, VT 05601-1779