133 State Street Montpelier, VT 05633-1401

**VT Form LGT-177** 

## **VERMONT LAND GAINS** WITHHOLDING TAX RETURN

To be completed by Transferee (Buyer)

* 1	9 1	7 7	1 1	0 0 *

	Entity TRANSFEROR Name					Federal ID Number		
OR	Individual TRANSFEROR Last Name	First Name Initial		Initial	OR Social Security Number			
TRAN	TRANSFEROR Mailing Address Following Transfer				Daytime Telephone Number			
Line :	2 for Mailing Address Following Transfer	(if needed)					For Department Use Only	
City				State	ZIP Code			
Foreign Country (if not United States)			Email Address					
) <u>.</u>	TRANSFEREE'S (Buyer's) INF	ORMATION	 [					
	Entity TRANSFEREE Name	Entity TRANSFEREE Name				Federal ID Number		
OR	Individual TRANSFEREE Last Name	E Last Name First Name		Initial		Initial	OR Social Security Number	
TRANSFEREE Mailing Address Following Transfer				Daytime Telephone Number				
Line :	2 for Mailing Address Following Transfer	(if needed)					For Department Use Only	
City				State	ZIP Code			
Forei	gn Country (if not United States)			Email A	ddress			
	PROPERTY INFORMATION							
Property Physical Location - Number and Street or Road Name					Land Size (in acres)			
City or Town			Check if property is located in multiple cities or towns			SPAN		
).	HOLDING PERIOD							
Date	Acquired by Transferor (mm dd yyyy)	Date of this C	losing (mm dd yyyy)		Time Held			

(continued on next page)

Transferee's Name_	
Property Location _	
Date of this Closing	I



E. EXEN	MPTIONS								
E1.	. If transfer is exempt from Land Gains Tax, enter exemption number E1.								
	E1a. If Line E1 is "08," enter description E1a.								
E2.	If a Vermont Commissioner's Certificate issued, enter Certificate number <b>E2.</b>								
E3.	Is the transferor simultaneously filing a full amount of tax due?	E3.	Yes No						
<b>F.</b> TAX (	CALCULATIONS								
If Lines E1	, E2, or E3 do not apply, then:								
F1.	Sales price attributable to land. (see instructions)		F1.						
	OR								
F2.	Amount of Installment Sale payment su	F2.							
F3.	Withholding tax rate		F3.		10.00 %				
	<ul> <li>If simultaneously filing a Transfer</li> </ul>	was issued, enter the withholding ameror (Seller) Form LGT-178, enter the ine E1, enter -0- (or, if over allowable	e amount s	shown due					
	ATURES tify this return is true, correct, and complete to the	e best of our knowledge.							
Signa	ature of Primary Transferee	Printed name		Date					
Ma	y the Department of Taxes discuss this re	eturn with the preparer shown?	Yes	☐ No					
	Preparer's signature	Date							
Preparer's	Preparer's		Preparer's Telephone Number						
Use Only	Firm's name (or if self-employed, your name) and address								
	Preparer's email address								

## Send completed return to:

Vermont Department of Taxes 133 State Street Montpelier, VT 05633-1401