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		MI	Spouse's or CU Partner's Social Security Number
Mailing Address (Number and Street/Road or PO Box)			Tax Year	
City	State	ZIP Code or Postal Code		
				Amount of
Foreign Country (if not United States)			this payment	
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5454	Mail to:	Vermont Department of Taxes PO Box 1779 Montpelier, VT 05601-1779	If you electronically filed, DO NOT include a copy of the filed return with this payment.
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Form IN-116 Rev.10/22