



Vermont Form
REF-619

**Application for Refund of
 Miscellaneous Taxes**

To request a refund from the following taxes - Check ONE

<input type="checkbox"/> Cannabis Excise	<input type="checkbox"/> Health Care Claims
<input type="checkbox"/> Captive Insurance Premium	<input type="checkbox"/> Health Care Contribution
<input type="checkbox"/> Estate	<input type="checkbox"/> Insurance Premium
<input type="checkbox"/> Fire Training	<input type="checkbox"/> Malt and Vinous Beverage
<input type="checkbox"/> Fuel	<input type="checkbox"/> Railroad Company
<input type="checkbox"/> Hazardous Waste	<input type="checkbox"/> Solid Waste

<input type="checkbox"/> Telephone Gross Receipts
<input type="checkbox"/> Telephone Personal Property
<input type="checkbox"/> Uniform Capacity
<input type="checkbox"/> Wind Powered

Entity (Business) Name			Federal ID Number
OR Individual Last Name			Social Security Number
Mailing Address, Line 1			Daytime Telephone Number
Mailing Address, Line 2 (if needed)			Period Covered by Claim (mmddyyyy - mmddyyyy)
City	State	ZIP Code	For Department Use Only
Foreign Country (if not United States)			Email Address
Name of Representative (if any)			Mailing Address
City	State	ZIP Code	Foreign Country (if not United States)
Email Address			Daytime Telephone Number

Refund Amount \$

Give a full explanation below (see instructions). Use additional sheets, if necessary, and submit all documents needed to properly substantiate your claim.			
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I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration further provides under 32 V.S.A. §§ 5901-5903 that this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

Signature of Responsible Officer 	Date	Daytime Telephone Number (optional) ()	May the Dept. of Taxes discuss this return with the preparer shown? <input type="checkbox"/> Yes <input type="checkbox"/> No
Printed Name	Email Address (optional)		
Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	
Preparer's Printed Name	Preparer's SSN or PTIN		
Firm's Name (or yours if self-employed) and Address			
EIN	Preparer's Telephone Number ()	Preparer's Email Address (optional)	