



Vermont Form REF-619	Application for Refund of Miscellaneous Taxes
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To request a refund from the following taxes - Check ONE

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| <input type="checkbox"/> Cannabis Excise | <input type="checkbox"/> Health Care Claims | <input type="checkbox"/> Telephone Gross Receipts |
| <input type="checkbox"/> Captive Insurance Premium | <input type="checkbox"/> Health Care Contribution | <input type="checkbox"/> Telephone Personal Property |
| <input type="checkbox"/> Estate | <input type="checkbox"/> Insurance Premium | <input type="checkbox"/> Uniform Capacity |
| <input type="checkbox"/> Fire Training | <input type="checkbox"/> Malt and Vinous Beverage | <input type="checkbox"/> Wind Powered |
| <input type="checkbox"/> Fuel | <input type="checkbox"/> Railroad Company | |
| <input type="checkbox"/> Hazardous Waste | <input type="checkbox"/> Solid Waste | |

OR			OR		
Entity (Business) Name			Federal ID Number		
Individual Last Name			Social Security Number		
First Name			Daytime Telephone Number		
Initial			Period Covered by Claim (mmddyyyy - mmddyyyy)		
Mailing Address, Line 1					
Mailing Address, Line 2 (if needed)					
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.

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)		

Paid Preparer's Use Only	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)