

VT Department of Taxes
Malt and Vinous Beverage Tax Return

INSTRUCTIONS FOR USING THIS FILL-IN FORM

- **Fields shaded pink MUST have data entered before printing the form.**
- Fill in the information requested below, including checking the appropriate box for the reporting period information on **this** page. Info will auto-populate onto Form MVB-612 (page 2 of this document).
- Enter dollar amounts and other figures directly on the form (pages 2 & 3 of this document).
- Default print settings will print pages 2 and 3 only.

Licensed Distributor	
If Individual ONLY, Last Name	
If Individual ONLY, First Name	
If Individual ONLY, Middle Initial	
d/b/a (if applicable)	
Mailing Address (Number and Street/Road or PO Box)	
City	
State	
ZIP Code	
Federal ID Number	If Individual ONLY, Social Security Number
VT State Distributor License Number	Reporting Period YEAR (enter the 4-digit year)
Daytime Telephone Number	Fax Number
Email Address	

Reporting Period - check only one

MONTHLY			QUARTERLY	
<input type="checkbox"/> January	<input type="checkbox"/> May	<input type="checkbox"/> September	<input type="checkbox"/> 1st quarter (Jan. - Mar.)	
<input type="checkbox"/> February	<input type="checkbox"/> June	<input type="checkbox"/> October	<input type="checkbox"/> 2nd quarter (Apr. - June)	
<input type="checkbox"/> March	<input type="checkbox"/> July	<input type="checkbox"/> November	<input type="checkbox"/> 3rd quarter (July - Sep.)	
<input type="checkbox"/> April	<input type="checkbox"/> August	<input type="checkbox"/> December	<input type="checkbox"/> 4th quarter (Oct. - Dec.)	

Form MVB-612

Malt and Vinous Beverage Tax Return



This form, together with your check, is due on or before the 25th of the month following the reporting period end date.

Licensed Distributor			FEIN		
OR	Individual Last Name	First Name	Initial	OR	Social Security Number
	d/b/a (if applicable)				Vermont State Distributor License Number
Address			Reporting Period End Date (MM / DD / YYYY)		
City		State	ZIP Code	Daytime Telephone Number	
Email Address			Fax Number		

1. Check one Monthly Quarterly
2. Are you an out-of-state winery making direct-to-consumer or direct-to-retailer shipments of wine? Yes No
3. Is this is an amended return? Yes No
4. If you are no longer in business, enter your final date of operations **4.** _____

MALT BEVERAGE TAX CALCULATION

5. Enter the number of gallons of taxable malt 6% or lower alcohol sold **5.** _____
6. Multiply Line 5 by the tax rate of \$0.265 **6.** _____
7. Enter the number of gallons of taxable malt over 6% alcohol sold **7.** _____
8. Multiply Line 7 by the tax rate of \$0.55 **8.** _____
9. Total **Malt** Beverage Tax Due (Add Lines 6 and 8) **9.** _____

(continued on next page)

Licensed Distributor	
FEIN	Reporting Period End Date (MM / DD / YYYY)



Amount from Line 9 _____

VINOUS BEVERAGE TAX CALCULATION

- 10. Enter the number of gallons of taxable wine (from grapes) sold **10.** _____
- 11. Multiply Line 10 by the tax rate of \$0.55 **11.** _____
- 12. Enter the number of gallons of taxable hard cider (from apples) sold **12.** _____
- 13. Multiply Line 12 by the tax rate of \$0.55 **13.** _____
- 14. Enter the number of gallons of taxable mead (from honey) sold. **14.** _____
- 15. Multiply Line 14 by the tax rate of \$0.55 **15.** _____
- 16. Enter the number of gallons of taxable vinous beverage sold (type) _____ ... **16.** _____
- 17. Multiply Line 16 by the tax rate of \$0.55 **17.** _____
- 18. Total **Vinous Beverage Tax Due** (Add Lines 11, 13, 15, and 17) **18.** _____

READY-TO-DRINK BEVERAGE TAX CALCULATION

- 19. Enter the number of gallons of ready-to-drink spirit beverages sold **19.** _____
- 20. Multiply Line 19 by the tax rate of \$1.10 for total of **Ready-to-Drink Beverage Tax** **20.** _____

BEVERAGE TAX DUE

- 21. **Total Beverage Tax Due** (Add Lines 9, 18, and 20) **21.** _____
 Make check payable to **VERMONT DEPARTMENT OF TAXES**

SIGNATURE

I hereby certify that this return has been examined by me, and to the best of my knowledge is a true and complete return for the month stated, under Vermont law at 7 V.S.A. § 421.

Signature	Title
Printed Name	Date

Send completed return to:

Vermont Department of Taxes
 PO Box 547
 Montpelier, VT 05601-0547