



Vermont Form
FGR-615

FUEL TAX and
PETROLEUM DISTRIBUTOR
LICENSING FEE TAX RETURN

RETURNS MUST BE FILED EVEN IF NO TAX IS DUE.

Entity Name. If Sole Proprietorship, enter Last Name, First Name, Middle Initial			Federal ID Number	
Address			Vermont Account ID	
Address, Line 2, if needed			Reporting Period (MMDDYYYY - MMDDYYYY)	
City	State	ZIP Code	Due Date	
Email Address			For Department Use Only	

FUEL TAX

- Number of **GALLONS** of the following fuels delivered in Vermont.
 - Propane **1a.** _____ **gal.**
 - Heating Oil **1b.** _____ **gal.**
 - Kerosene **1c.** _____ **gal.**
 - Dyed diesel **1d.** _____ **gal.**
 - Total (**ADD Lines 1a through 1d**) **1e.** _____ **gal.**
- Heating oil, propane, kerosene, dyed diesel tax (**MULTIPLY Line 1e by the tax rate of \$0.02 per gallon**) **2.** _____
- Number of Mcf (thousand cubic feet) of natural gas sold **3.** _____ **Mcf**
- Short tons of coal sold **4.** _____ **st**
- Sales of natural gas and coal **5.** _____
- Natural gas and coal tax (Multiply Line 5 by the tax rate of 0.75% or .0075 of sale) **6.** _____
- Electricity
 - MWh **7a.** _____ **MWh**
 - Sales **7b.** _____
- Electricity Tax (**MULTIPLY Line 7b by tax rate of 0.5% or .005 of sale**) **7c.** _____

PETROLEUM DISTRIBUTOR LICENSING FEE

- Number of **GALLONS** of heating oil, kerosene, and other dyed diesel fuel sold **8.** _____
- Petroleum Distributor Licensing Fee (Multiply Line 8 by the fee rate of \$0.01 per gallon) **9.** _____

TOTAL TAX AND LICENSING FEE

- Total Fuel Tax and Licensing Fee due (**ADD Lines 2, 6, 7c, and 9**) **10.** _____
- Make check payable to Vermont Department of Taxes**

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, their declaration further provides under 32 V.S.A. §§ 5901-5903 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		
	FEIN	Preparer's Telephone Number	
Preparer's Email Address (optional)			