

VERMONT WITHHOLDING TAX RETURN FOR TRANSFER OF REAL PROPERTY

TO BE COMPLETED BY THE BUYER OR OTHER TRANSFEREE REQUIRED TO WITHHOLD

FILE THIS RETURN AND ALL SCHEDULE "A"s WITH THE
VERMONT DEPARTMENT OF TAXES, 133 STATE STREET, MONTPELIER, VERMONT 05633

PLEASE TYPE OR PRINT CLEARLY. USE BLUE OR BLACK INK ONLY.

1. NAME OF WITHHOLDING AGENT (BUYER OR OTHER TRANSFEREE)		2. SOCIAL SECURITY NUMBER / FEDERAL I.D. NUMBER	
3. ADDRESS (NUMBER AND STREET)			
4. CITY, STATE, AND ZIP CODE			
5. NAME OF WITHHOLDING AGENT (BUYER OR OTHER TRANSFEREE)		6. SOCIAL SECURITY NUMBER / FEDERAL I.D. NUMBER	
7. ADDRESS (NUMBER AND STREET)			
8. CITY, STATE, AND ZIP CODE			
9. LOCATION AND DESCRIPTION OF PROPERTY			10. DATE PROPERTY ACQUIRED BY SELLER
11. DATE OF TRANSFER	12. TOTAL CONSIDERATION PAID	13. RATE OF WITHHOLDING <input type="checkbox"/> (A) 2.5% OF SALES PRICE <input type="checkbox"/> (B) LESS THAN 2.5%. <i>Attach withholding certificate and enter certificate number</i> <input style="width:100px" type="text"/>	14. AMOUNT WITHHELD
15. NUMBER OF SCHEDULE "A"s FILLED OUT FOR THIS PROPERTY TRANSFER <input style="width:150px" type="text"/>			
(A Schedule A is required for each individual or entity receiving proceeds from the transfer.)			
PLEASE REMEMBER TO ATTACH ALL SCHEDULE "A"s FROM LINE 15 TO THIS FORM FOR PROPER REW CREDIT. FORM WILL BE RETURNED WITHOUT PROPER NUMBER OF SCHEDULE "A"s AND/OR IF SCHEDULE "A"s ARE INCOMPLETE.			
MAKE CHECK PAYABLE TO: VERMONT DEPARTMENT OF TAXES			

I hereby certify that this return and attached Schedule "A"s are true, correct and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration further provides that under 32 V.S.A. § 5901 this information has not been and will not be used for any other purpose or made available to any 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 buyer	Date	Daytime Telephone Number
Signature of buyer	Date	Daytime Telephone Number
Signature of buyer	Date	Daytime Telephone Number
Signature of buyer	Date	Daytime Telephone Number

Signature of preparer if other than buyer	Date	Telephone Number
Address of preparer		

REW - SCHEDULE A

FILE ORIGINAL ONLY. DO NOT COPY. ATTACH TO RW-171, Page 1



PLEASE TYPE OR PRINT CLEARLY. USE BLUE OR BLACK INK ONLY.

TO BE COMPLETED BY THE BUYER OR OTHER TRANSFEREE REQUIRED TO WITHHOLD

1. Check box to indicate whether SELLER is: <input type="checkbox"/> Individual(s)* <input type="checkbox"/> C-corporation** <input type="checkbox"/> Composite business entity** <small>* Partnerships, S-corporations, trusts & LLC's check "Individual(s)" and complete a Schedule A for each individual receiving proceeds from the sale. ** C-corporation and composite business entity please see Line 1 instructions.</small>											
2. Taxpayer's Social Security Number <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	Spouse's Social Security Number <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	3. Federal ID number of seller (if applicable) <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 5px;"> 4. Taxpayer's Last Name <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> </td> <td style="width: 45%; padding: 5px;"> First Name <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> </td> <td style="width: 10%; padding: 5px;"> Initial <div style="border: 1px solid black; width: 20px; height: 20px; margin-top: 5px;"></div> </td> </tr> <tr> <td style="padding: 5px;"> Spouse's Last Name <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> </td> <td style="padding: 5px;"> First Name <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> </td> <td style="padding: 5px;"> Initial <div style="border: 1px solid black; width: 20px; height: 20px; margin-top: 5px;"></div> </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> C-corporation Name or Composite Business Entity Name (if checked above) <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> </td> </tr> </table>			4. Taxpayer's Last Name <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	First Name <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	Initial <div style="border: 1px solid black; width: 20px; height: 20px; margin-top: 5px;"></div>	Spouse's Last Name <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	First Name <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	Initial <div style="border: 1px solid black; width: 20px; height: 20px; margin-top: 5px;"></div>	C-corporation Name or Composite Business Entity Name (if checked above) <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>		
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C-corporation Name or Composite Business Entity Name (if checked above) <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>											
5. Mailing Address (Number and Street or Road Name) <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; padding: 5px;"> 6. City or Town <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> </td> <td style="width: 10%; padding: 5px;"> State <div style="border: 1px solid black; width: 20px; height: 20px; margin-top: 5px;"></div> </td> <td style="width: 35%; padding: 5px;"> Zip Code <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <input type="checkbox"/> Check if this is an INTERNATIONAL address </td> </tr> </table>			6. City or Town <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	State <div style="border: 1px solid black; width: 20px; height: 20px; margin-top: 5px;"></div>	Zip Code <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> Check if this is an INTERNATIONAL address					
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<input type="checkbox"/> Check if this is an INTERNATIONAL address											
7. Location and description of property <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>											
8. Date property acquired by seller <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	9. Date of transfer <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	10. Total consideration <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>									
11. Percentage of total gross proceeds received by this seller <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	12. Amount withheld for this seller <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>										
Pass-through information. If the individual above is a shareholder, partner or member of an S-corporation, partnership or limited liability company and sold the real property, please identify the business. Do not complete Lines 13 & 14 if composite entity is checked on Line 1.											
13. Name of business <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>											
14. Federal ID number <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>											

DO NOT COPY. For additional Schedule "A"s, call (802) 828-2515.