

Name of Estate or Trust			Federal ID Number
Address			Fiscal Year END Date (YYYYMMDD)
City	State	ZIP Code	Telephone Number ()
Foreign Country	E-mail Address		

1. Refund credited to next year 1. _____

2. Refund amount. 2. _____

3. Amount due 3. _____

→ DO NOT MAIL THIS FORM -- KEEP THIS FORM AND REQUIRED ATTACHMENTS ON FILE FOR 3 YEARS ←

- Under penalties of perjury, I declare the information I provided to my Electronic Return Originator (ERO) and the amounts shown in Part II agree with the amounts shown on the corresponding lines of my Vermont Fiduciary Income tax return noted above, and is, to the best of my knowledge and belief, true, accurate and complete.
- If making an ACH Debit Payment, I authorize the Department to withdraw funds from my account in the amount and on the date specified.
- I consent to have the ERO forward my return, including this declaration and accompanying schedules and statements, to the Vermont Department of Taxes upon the Department's request.
- If the Vermont Department of Taxes does not receive full and timely payment of the amount due, I am liable for the tax and any applicable charges.

Electronic Return Originator's Use Only	ERO's signature		Date	Check if: <input type="checkbox"/> paid preparer <input type="checkbox"/> self-employed
	Firm's name (or yours if self-employed) and address		EIN	
			Phone Number	
	E-mail address:			

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed)	EIN	
	and address	Phone Number	
	E-mail address:		