Vermont Department of Taxes PO Box 547 Montpelier, VT 05601-0547
Phone: (802) 828-5723

VT Form **SWT-608**	**FRANCHISE TAX ON WASTE FACILITIES & COMMERCIAL HAULERS OF SOLID WASTE**

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* 1 5 6 0 8 1 1 0 0 *

This return must be filed with payment within 30 days after the end of the calendar quarter. Copies of this return shall be filed with the Secretary of the Agency of Natural Resources at the same time or as otherwise required by the Secretary.

Certified Facility / Licensed Hauler / Municipality. If Sole Proprietorship, enter Last Name, First Name, Middle Initial			Federal ID Number
Mailing Address			Contact Person Name
City	State	ZIP Code	Contact Person Phone Number
E-mail address			**For Department Use Only**

Year being reported	**Select return reporting period to be filed.**			
2015	☐ **1st Quarter, JAN - MAR** (due Apr. 30)	☐ **2nd Quarter, APR - JUN** (due Jul. 30)	☐ **3rd Quarter, JUL - SEP** (due Oct. 30)	☐ **4th Quarter, OCT - DEC** (due Jan. 30)

(A) Month of	**(B) Weight in Tons**
1a.	**1b.**
2a.	**2b.**
3a.	**3b.**

4. Total Tons (Add Lines 1b, 2b, and 3b) **4.** 0.00

5. Tax Rate per Ton **5.** 6.00

6. Tax Due (Multiply Line 4 by Line 5) **6.** 0.00

7. If municipality, check here and enter 5% of Line 6. All others enter "0" . . . . **7.**
☐ Municipality

8. Total Tax Due (Subtract Line 7 from Line 6) **8.** 0.00
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, his/her 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? ☐ Yes ☐ No
Printed name	E-mail address (optional)		

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☐
Preparer's printed name	Preparer's Social Security No. or PTIN	
Firm's name (or yours if self-employed) and address		
EIN	Preparer's Telephone Number ( )	Preparer's e-mail address (optional)

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Form SWT-608 (formerly WF-1)
Rev. 08/15

Clear ALL fields

Save and go to Important Printing Instructions

Save and Print