



Lease Extension Tax Collection Form

DEPARTMENT OF MOTOR VEHICLES
Agency of Transportation

dmv.vermont.gov

120 State Street
Montpelier, Vermont 05603-0001
802.828.2000
Toll Free: 888-99-VERMONT
TTD: 711

VEHICLE INFORMATION

Make	Model	Year	VIN	Plate No.
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LESSEE INFORMATION

Name	Date of Birth	VT Driver License No.		
Mailing Address (PO Box or Street)	City	State	Zip Code	
Physical Address (Street)	City	State	Zip Code	

LESSOR INFORMATION

Name	Dealer Number			
Mailing Address (PO Box or Street)	City	State	Zip Code	
Physical Address (Street)	City	State	Zip Code	

TAX INFORMATION

Lease end value as stated on the most recent lease agreement **OR** Low Book Value (whichever is greater). \$ _____

Lease end value as stated on the second lease agreement (If no lease end value is stated on the second lease agreement, the tax must be collected on the lease end value of the first lease **OR** Low Book Value, whichever is greater). \$ _____

Deduct the value of the second lease from the buy-out price of the first lease and enter the difference here. \$ _____

x 6% (or the tax rate in effect on the date of the lease extension). \$ _____

The total amount of tax to be collected as a result of the lease extension. \$ _____

The total amount of tax collected as a result of a lease extension must be submitted to this Department.

I hereby affirm, under penalty of perjury of the laws of the State of Vermont, that the information on this form is true and correct. This declaration made under penalties of 23 V.S.A. § 202 & § 4110.

_____	_____	_____	_____
Signature of Lessee	Date	Signature of Lessor	Date