Vermont Department of Taxes PO Box 547 Montpelier, VT 05601-0547 Phone: (802) 828-6805

VT FORM SE-603A

UNIFORM CAPACITY TAX EXPLANATION

TAXPAYER INFORMATION				
Business Name				FEIN
OR Last Name (Individual or Sole Proprietor) Fire	First Name		MI	OR SSN
Mailing Address			Town where installation is located	
Address, Line 2 (if needed)				Certificate of Public Good Issuance Number or Docket Number
City	State	ZIP Code		Date Installed
Email Address	ail Address			Telephone Number
☐ The nameplate capacity as stated o ☐ The plant was put in operation at a contact the Public Service Board to	If you were issanticipated dates nowever: s of December n an associated nameplate capaco seek an amendavide the name an	31. Please p CPG is less the city less than 5 lment. and address of the content of the city less than 5 lment.	an 50 kW. If thi he owner. F	future anticipated date of operation: Please provide a copy of the CPG. is is contrary to an issued CPG, please Please note that if you have transferred
City		State	ZIP Code	
Email Address		Telephone		
		•		
Other. Please provide an explanation is	f you believe the	at you are not	subject to th	e tax.
Other. Please provide an explanation in The Department may contact you to follow Department may require registration of subjections. I hereby certify that this return is	up on information of the contraction of the contrac	on provided or by the owner to	this form. I	Please note that for future tax years, the llection of the annual state capacity tax

Telephone Number

Signature of Preparer (Other than Taxpayer)

Preparer's Printed Name

Date