

VT Form <b>TGR-652</b>	<b>TELEPHONE GROSS RECEIPTS                  TAX RETURN</b>
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For companies electing to file on gross receipts under 32 V.S.A., Subchapter 6, § 8522(b), this return must be filed and tax paid to the Commissioner of Taxes, Montpelier, Vermont, no later than 25 days following the last day of the third, sixth, ninth, and twelfth month of each taxable year.

Name of Company			Federal ID Number		
Address			Contact Person Name		
City	State	ZIP Code	Contact Person Telephone Number		
Foreign Country (if not United States)	E-mail Address		Reporting Period END Date (MM DD YYYY)		

1. Gross Operating Revenue in Vermont during the quarter reported ..... **1.** \_\_\_\_\_
  2. Tax Rate from Table A below ..... **2.** \_\_\_\_\_ **%**
  3. Tax Due (Multiply Line 1 by Line 2) ..... **3.** \_\_\_\_\_
- Make check payable to **VERMONT DEPARTMENT OF TAXES**

Table A					
If Gross Revenue in Vermont is:	Then the Tax Rate is:	If Gross Revenue in Vermont is:	Then the Tax Rate is:	If Gross Revenue in Vermont is:	Then the Tax Rate is:
\$ 0 to \$ 250.00	no tax due	10,000.01 to 15,000.00	3.25%	35,000.01 to 40,000.00	4.50%
250.01 to 1,250.00	2.25%	15,000.01 to 20,000.00	3.50%	40,000.01 to 45,000.00	4.75%
1,250.01 to 2,500.00	2.50%	20,000.01 to 25,000.00	3.75%	45,000.01 to 50,000.00	5.00%
2,500.01 to 5,000.00	2.75%	25,000.01 to 30,000.00	4.00%	over 50,000.00	5.25%
5,000.01 to 10,000.00	3.00%	30,000.01 to 35,000.00	4.25%		

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	
<b>Paid Preparer's Use Only</b>	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)	

**Send completed return to:**

Vermont Department of Taxes  
 PO Box 547  
 Montpelier, VT 05601-0547

**Form TGR-652**  
 (formerly TE-1)  
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