VT. DEPT. OF TAXES, PO Box 1779, Montpelier, VT 05601-1779

021161199

2003 Vermont	*Income Tax* **Payment Voucher**	Form IN-116

Taxpayer's Social Security Number ___ - __ - ____

Spouse or CU Partner Social Security Number ___ - __ - ____

Taxpayer's Last Name

First Name

Initial

Spouse or CU Partner Last Name

First Name

Initial

Mailing Address (Number and Street, including Rural Route)

City, Town, or Post Office

State

Zip Code ____ - ____

Make check payable to:
VERMONT DEPARTMENT OF TAXES

Amount of this payment **$** ___,___,___ **.00**

Form IN-116