



Massachusetts Department of Revenue

Form VRS

Vehicle Rental Transaction Contract Surcharge

for Vehicle Rental Contracts Executed in Revere

This return, along with full payment, must be filed on or before the 20th day following the close of each quarter.

Name	Account ID number	Tax filing period (mm/yyyy)
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Mailing address

City/town code	State	Zip
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248

Fill in if:

☐ Amended return (see "Amended Return" below) ☐ Final return**Vehicle rental transaction contract surcharge**

1	Total number of vehicle rental contracts in Revere in calendar quarter.	1	
2	Total number of exempt vehicle rental contracts	2	
3	Total number of vehicle rental contracts subject to surcharge. Subtract line 2 from line 1	3	
4	Surcharge rate	4	10.00
5	Surcharge amount due. Multiply line 3 by line 4	5	
6	Penalties	6	
7	Interest.	7	
8	Total amount due. Add lines 5 through 7	8	

Amended Return

If you need to change a line item on your return, complete a new return with the corrected information and fill in the "Amended Return" oval. Generally, an amended return must be filed within three years of the date that your original return was filed.

By filling in the amended return oval, you are giving your consent for the Commissioner of Revenue to act upon your amended return after six months from the date of filing. If you choose not to consent, you must do so in writing and attach it to this amended return. If you do not consent, any requested reduction in tax will be deemed denied at the expiration of six months from the date of filing.

If you are disputing an assessment resulting from an audit, or are requesting an abatement of penalties, do not file an amended return. Rather, you must file a Form ABT, Application for Abatement. Visit mass.gov/dor/amend for additional information about filing an amended return, or filing an application for abatement.

IMPORTANT INFORMATION:

All vehicle rental surcharge returns

must be filed online through MassTaxConnect.

Failure to do so will result in paper returns being sent back to the taxpayer.

Declaration**The undersigned certifies under the penalties of perjury that all items and statements herein contained are true and accurate in every particular.**

Authorized signature	Title	Date	Phone number
Preparer's signature	☐ Fill in if self-employed		Employer Identification number
Firm name (or yours, if self-employed)		Date	Phone number
City/Town	State	Zip	

STAPLE CHECK HERE

File this return with payment in full: **Massachusetts Department of Revenue, PO Box 7008, Boston, MA 02204.** Make check or money order payable to: **Commonwealth of Massachusetts.**