



VT Form WHT-434	ANNUAL WITHHOLDING RECONCILIATION
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Business Name			Federal ID Number		
Address			Vermont Account ID		
City	State	ZIP Code	Enter Reporting YEAR Jan. 1 - Dec. 31,		
Foreign Country			Due Date Last day of January,		
Pay Frequency <input type="checkbox"/> Semi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly			For Department Use Only		

- A. Check here if your business has ceased and you would like your account closed. Cease date: ____ / ____ / ____
- B. Check here if you are reporting Third-Party Sick Pay.
- C. Aggregate cost of applicable employer-sponsored health insurance coverage C. _____ . ____

PART I VT W-2s

1. Number of W-2s submitted to Vermont 1. _____
2. Total Vermont wages paid per W-2s 2. _____ . ____
3. Total Vermont tax withheld per W-2s 3. _____ . ____

PART II VT 1099s

4. Number of 1099s submitted to Vermont 4. _____
5. Total nonwage payments reported on 1099s . . 5. _____ . ____
6. Total Vermont tax withheld per 1099s 6. _____ . ____

PART III RECONCILIATION

7. Total Vermont tax withheld (Add Lines 3 and 6) 7. _____ . ____

PART IV CERTIFICATION

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 Officer or Authorized Agent _____ Date _____	Preparer's Signature _____ Date _____
Title _____ Telephone Number _____	Firm's name (or yours, if self-employed) and address _____
<input type="checkbox"/> Check here if authorizing the VT Department of Taxes to discuss this return and attachments with your preparer.	Preparer's Telephone Number _____ Preparer's PTIN or EIN _____