

## Employer Appeal of Tax Liability

*This optional appeal form can be mailed or faxed directly to the department.*

**Mailing address:**

Appeal Unit  
Vermont Department of Labor  
PO Box 488  
Montpelier, VT 05601-0488

Fax: 802-828-4289

Name of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VDOL Employer Tax Number: \_\_\_\_\_

Date of the liability determination being appealed: \_\_\_\_\_

Brief explanation of the issue(s) and why you are appealing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_