VERMONT EMPLOYER'S QUARTERLY WAGE & CONTRIBUTION REPORT - AMENDED

VERMONT DEPARTMENT OF LABOR
ATTN: EMPLOYER SERVICES UNIT
P.O. BOX 488
MONTPELIER, VT 05601-0488

Employer Name and Address

_____ Employer No. _____

_____ F.E.I.N. _____

_____

We are amending the Quarter/Year _____ for the above referenced Company as indicated below:

1. Social Security No.	2. Name of Employee	Total Wages Paid	
		3. As reported	4. Correct
5. Totals			
6. Difference (+ or -): Column 4 Total – Column 3 Total			

	As reported	Net change	Correctly Reported
7. Total Gross Wages Paid in Quarter			
8.Wages in Excess of $			
9. Taxable Wages			
10.Contribution Due @			

11.Total Prior Deposits ..... _____

12. Overpayment ◯ Refund or ◯ Credit Account ..... _____

(Request for a refund must be in writing under a separate cover sheet)

13.Balance due check attached .....

REASON FOR ADJUSTMENT: _____

_____ _____ _____

SIGNATURE TITLE DATE

C-102 (10/16)