

Bulk Filing Registration Form
3rd Party Quarterly Wage & Contribution Report On-Line Application

Please provide the following information and mail or fax to:

Vermont Department of Labor
ATTENTION: Employer Services
PO Box 488
Montpelier, VT 05601-0488

Fax number: 802-828-4248

Telephone number: 802-828-4344

Please list up to 5 employer #'s & how many employees that you will be filing for:

Employer # _____

of Employees _____

Organization Information:

Name of Organization _____

Mailing Address _____

City, State, Zip _____

Federal ID number _____

Contact information for Person Responsible for Filing Reports:

Name _____

Title _____

Telephone Number _____ Fax number _____

E-Mail address _____

Authorized signature _____

Completed and returned by VDOL Representative:

3rd Party On-Line Application "User ID" # assigned



VDOL Deposit Account information for electronic payment for reports filed electronically:

Account Number: 89000203

Routing Number: 011600062

Approved by _____ Date _____