

## Amended Quarterly Wage & Contribution Report

### Corrected Wage Detail

<b>Employer Account Number:</b>		<b>FEIN:</b>	
<b>Employer Name:</b>			
<b>Employer Address:</b>			
<b>Amending Quarter/Year:</b>			

EMPLOYEE INFORMATION <i>Please type or print. (Required)</i>		TOTAL VERMONT WAGES PAID THIS QUARTER (Required)	
Social Security Number	Employee's Name	As Reported	Correct

\* **Make copies if all employees will not fit on a single page.**

Totals:

Difference: (+/- between **As Reported** and **Correct**)

	Reported	Net Change	Correctly Reported
Total Gross Wages Paid in Qtr			
Wages in Excess of \$			
Taxable Wages			
Contribution Due @     %(contrib rate)			

**Total Prior Payments:** .....

**Overpayment:** Refund\* or Credit Account .....

\* Request for refund must be made in writing under separate cover

**Reason for Adjustment:** \_\_\_\_\_

**Balance Due** (check attached): .....

**Mail Payment to:** Dept. of Labor, PO Box 132, Brattleboro, VT 05302-0132  
 (If no payment due, return completed form to Dept. of Labor, PO Box 488, Montpelier, VT 05601-0488)

Signature: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_