



VT Form <b style="font-size: 1.2em;">WHT-436	<b style="font-size: 1.1em;">QUARTERLY WITHHOLDING RECONCILIATION and HEALTH CARE CONTRIBUTION
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Business Name			Federal ID Number		
Address			Vermont Account ID		
City	State	ZIP Code	For Department Use Only		
Foreign Country (if not United States)					
Reporting Period - Check only ONE. If due date falls on a weekend or holiday, return is due the next business day.					Year being reported (YYYY)
<input type="checkbox"/> JAN - MAR (due Apr. 25)	<input type="checkbox"/> APR - JUN (due Jul. 25)	<input type="checkbox"/> JUL - SEP (due Oct. 25)	<input type="checkbox"/> OCT - DEC (due Jan. 25)		

- A.** Number of full-time employees as of the last day of this quarter... **A.** _____
- B.** Number of part-time employees as of the last day of this quarter... **B.** _____
- C.** Check here if this is an AMENDED return. **C.**

PART I WAGE WITHHOLDING

- 1.** Total Vermont wages paid this quarter **1.** _____
- 2.** Total Vermont tax withheld from wages this quarter..... **2.** _____

PART II NONWAGE WITHHOLDING

- 3.** Total nonwage payments subject to withholding
 this quarter **3.** _____
- 4.** Total Vermont tax withheld from nonwage payments this quarter **4.** _____
- 5. Total Vermont tax withheld this quarter** (Add Lines 2 and 4) **5.** _____

PART III HEALTH CARE CONTRIBUTIONS

- 6.** Check here to certify that no Health Care Contribution is due based on the rules governing this reporting.
- 7.** Adjusted Uncovered FTE (from Form HC-1,
 Health Care Contributions Worksheet, Line D)..... **7.** _____
- 8.** Total Health Care Contributions Due (from Form HC-1, Line E)..... **8.** _____

PART IV BALANCE

- 9.** Total due (Add Lines 5 and 8)..... **9.** _____
- 10.** Vermont withholding tax already paid this quarter **10.** _____
- 11. Refund** (If Line 10 is greater than Line 9, subtract Line 9 from Line 10.)..... **11.** _____
- 12. TOTAL Withholding Tax and Health Care Contributions Due**
 (If Line 9 is greater than Line 10, subtract Line 10 from Line 9.) **12.** _____

PART V SIGNATURE

I hereby certify that I have examined this return and to the best of my knowledge and belief it is true, correct, and complete.			
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 Vermont Department of Taxes to discuss this return and attachments with your preparer.	Preparer's Telephone Number	Preparer's PTIN or EIN
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