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VT Form  
**WHT-434**

**ANNUAL WITHHOLDING  
 RECONCILIATION**

Business Name			Federal ID Number
Address			Vermont Account ID
City	State	ZIP Code	Enter Reporting YEAR <b>Jan. 1 - Dec. 31,</b>
Foreign Country			Due Date <b>Last day of January,</b>
Pay Frequency <input type="checkbox"/> Semi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly			For Department Use Only

A.  Check here if your business has ceased and you would like your account closed. Cease date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

B.  Check here if you are reporting Third-Party Sick Pay.

C. Aggregate cost of applicable employer-sponsored health insurance coverage ..... C. \_\_\_\_\_.

**PART I VT W-2s**

1. Number of W-2s submitted to Vermont ..... 1. \_\_\_\_\_

2. Total Vermont wages paid per W-2s..... 2. \_\_\_\_\_.\_\_\_\_

3. Total Vermont tax withheld per W-2s..... 3. \_\_\_\_\_.\_\_\_\_

**PART II VT 1099s**

4. Number of 1099s submitted to Vermont ..... 4. \_\_\_\_\_

5. Total nonwage payments reported on 1099s .. 5. \_\_\_\_\_.\_\_\_\_

6. Total Vermont tax withheld per 1099s ..... 6. \_\_\_\_\_.\_\_\_\_

**PART III RECONCILIATION**

7. Total Vermont tax withheld (Add Lines 3 and 6). .... 7. \_\_\_\_\_.\_\_\_\_

**PART IV CERTIFICATION**

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, his/her declaration further provides under 32 V.S.A. §§ 5901-5903 this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

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