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<b>VT Form</b> <b>WHT-436</b>	<b>QUARTERLY WITHHOLDING RECONCILIATION and REQUIRED CONTRIBUTIONS</b>
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<input type="checkbox"/> Check here if this is an <b>AMENDED</b> return
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Business Name			Federal ID Number	
Address			Vermont Account ID	
City	State	ZIP Code	Foreign Country (if not United States)	
Reporting Period - Check only <b>ONE</b> . If due date falls on a weekend or holiday, return is due the next business day.			Year being reported (YYYY)	
<input type="checkbox"/> <b>JAN - MAR</b> (due Apr. 25)	<input type="checkbox"/> <b>APR - JUN</b> (due Jul. 25)	<input type="checkbox"/> <b>JUL - SEP</b> (due Oct. 25)	<input type="checkbox"/> <b>OCT - DEC</b> (due Jan. 25)	

**A.** Number of employees as of the last day of this quarter. Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

**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 CHILD CARE CONTRIBUTIONS**

6. ☐ Check here to certify that no Child Care Contribution is due based on the rules governing this reporting.
7. Total wages subject to Child Care Contribution  
(see instructions) ..... **7.** \_\_\_\_\_
8. Child Care Contributions due. (Multiply Line 7 by 0.44% (0.0044)) ..... **8.** \_\_\_\_\_
9. Amount of Child Care Contributions contributed  
by employees ..... **9.** \_\_\_\_\_

**PART IV HEALTH CARE CONTRIBUTIONS**

10. ☐ Check here to certify that no Health Care Contribution is due based on the rules governing this reporting.
11. Adjusted Uncovered FTE (from Form HC-1,  
Health Care Contributions Worksheet, Line D) ... **11.** \_\_\_\_\_
12. Total Health Care Contributions Due (from Form HC-1, Line E) ..... **12.** \_\_\_\_\_

**PART V BALANCE**

13. Total due (Add Lines 5, 8, and 12) ..... **13.** \_\_\_\_\_
14. Vermont withholding tax and contributions already paid this quarter ..... **14.** \_\_\_\_\_
15. **Refund** (If Line 14 is greater than Line 13, subtract Line 13 from Line 14.) ..... **15.** \_\_\_\_\_
16. **TOTAL Withholding Tax, Child Care Contributions, and Health Care Contributions Due**  
(If Line 13 is greater than Line 14, subtract Line 14 from Line 13.) ..... **16.** \_\_\_\_\_

**PART VI 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		Preparer's Signature	
Date		Date	
Title		Firm's name (or yours, if self-employed) and address	
Telephone Number			

<input type="checkbox"/> Check here if authorizing the Vermont Department of Taxes to discuss this return and attachments with your preparer.
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Preparer's Telephone Number

Preparer's PTIN or EIN

**Form WHT-436**  
Rev. 06/24