

VT Form <b style="font-size: 1.2em;">WHT-434</b>	<b style="font-size: 1.1em;">ANNUAL WITHHOLDING                  RECONCILIATION</b>
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Business Name J & L ENTERPRISES LLC			Federal ID Number XX-XXX2173	
Address 2121 CHRISTIAN HILL RD			Vermont Account ID WHT-10058180	
City BETHEL	State VT	ZIP Code 050320000	Enter Reporting YEAR <b>Jan. 1 - Dec. 31, 2020</b>	
Foreign Country USA			Due Date <b>Last day of January, 2021</b>	
Pay Frequency <input type="checkbox"/> Semi-weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly			<b>For Department Use Only</b>	

- A.  Check here if your business has ceased and you would like your account closed. Cease date: 5 / 6 / 2020
- B.  Check here if you are reporting Third-Party Sick Pay.
- C. Aggregate cost of applicable employer-sponsored health insurance coverage ..... C. 0.00

**PART I VT W-2s**

1. Number of W-2s submitted to Vermont ..... 1. 4
2. Total Vermont wages paid per W-2s. .... 2. 15,656.96
3. Total Vermont tax withheld per W-2s. .... 3. 428.67

**PART II VT 1099s**

4. Number of 1099s submitted to Vermont ..... 4. 0
5. Total nonwage payments reported on 1099s .. 5. 0.00
6. Total Vermont tax withheld per 1099s ..... 6. 0.00

**PART III RECONCILIATION**

7. Total Vermont tax withheld (Add Lines 3 and 6) ..... 7. 428.67

**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 \_\_\_\_\_

Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

Check here if authorizing the VT Department of Taxes to discuss this return and attachments with your preparer.

Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Firm's name (or yours, if self-employed) and address \_\_\_\_\_

Preparer's Telephone Number \_\_\_\_\_ Preparer's PTIN or EIN \_\_\_\_\_