

VERMONT EMPLOYER'S QUARTERLY WAGE REPORT

EMPLOYER NO.	QUARTER ENDING DATE	EMPLOYER NAME
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VERMONT DEPARTMENT OF LABOR • Attn: Employer Services • P.O. Box 488 • Montpelier, VT 05601-0488 • Phone (802) 828-4344

INDIVIDUAL EMPLOYEE WAGE DATA FOR THIS QUARTER (Please type or print entries)

1. SOCIAL SECURITY NUMBER	2. EMPLOYEE'S NAME (LAST, FIRST, MIDDLE INITIAL)	3. TOTAL GROSS WAGES PAID THIS QUARTER	4. H/S	5. HOURLY RATE	6. GENDER M / F

7. PAGE ____ of ____	TOTAL WAGES THIS PAGE	
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THIS REPORT PAGE MUST BE RETURNED WITH A PROPERLY SIGNED AND DATED QUARTERLY WAGE & CONTRIBUTION REPORT (FORM C-101)

INSTRUCTIONS FOR FORM C-147

This additional report form can be used when an employer has more employees than the original Quarterly Wage & Contribution Report (Form C-101) form can accommodate.

WHO MUST FILE

Every employer who is subject to the Vermont Unemployment Compensation Law (Title 21, Chapter 17, VSA). Inquiries on these instructions can be made by calling 802-828-4344.

DUE DATES

The completed report forms should be returned with the Quarterly Wage & Contribution Report (Form C-101) and must be returned or postmarked on or before the due date shown on the face of the Quarterly Wage & Contribution Report. Complete each page by entering the Employer's Vermont Unemployment Account Number, the Quarter Ending Date, the Employer Name and the following information for each employee:

- ITEM 1** Enter employee's Social Security Number.
- ITEM 2** Enter the employee's last name, full first name, and middle initial.
- ITEM 3** Enter the total **gross wages paid** the employee during the quarter.
- ITEM 4** Enter **H** for an **Hourly** worker or **S** for a **Salaried** worker. If S, skip to Item 6.
- ITEM 5** Enter hourly rate of pay. If worker receives multiple rates, enter the predominant rate.
(For example, a worker works 15 hours at \$7.00 per hour and 25 hours at \$8.00; enter \$8.00.)
- ITEM 6** Enter **F** for **Female** or **M** for **Male**
- ITEM 7** Enter page number and total gross wages paid to all employees for the quarter for each page. Total of ALL pages should agree with the amount on ITEM 9 on the Employer's Quarterly Wage & Contribution Report.

ADDITIONAL FORMS

To request an additional supply of reporting forms, contact the department at 802-828-4344. When submitting additional information without a department form, paper must be 8-1/2" x 11" with **print NO LESS THAN 1/8" HIGH, SPACED VERTICALLY NO MORE THAN 3 OR 4 LINES PER INCH, TYPED OR BLOCK PRINTED IN DARK BLUE OR BLACK INK ONLY**. Each sheet must be headed with your employer number, quarter ending date and employer name. Your format must include the six columns *in this order* - Social Security number, Name (Last, First, Middle Initial), Quarterly Gross Wages Paid, Hourly or Salaried worker indicator, Hourly Rate and Gender. If using a computer printout, any additional columns **MUST** be crossed out. Make only one entry per employee. **Negative wages are not accepted**. Each page must end with the page number and a subtotal of the wages on that page. Additional report pages need not be individually signed and dated, but they must be returned with a properly signed Quarterly Wage & Contribution Report (Form C-101).