

VERMONT DEPARTMENT OF LABOR
P.O. Box 488 Montpelier, VT 05601-0488

MONETARY DETERMINATION

Unemployment benefits are subject to federal and state taxation, which may require estimated tax payments.

BASE PERIOD WAGES FROM	TO	EMPLOYER ACCOUNT NO.	OCT-DEC 2018	JAN-MAR 2019	APR-JUN 2019	JUL-SEP 2019
EMPLOYER'S NAME						
OPTION USED	QUARTERLY WAGE TOTALS (if blank, see data mailed separately)					

If you consider this monetary to be incorrect, you have the right to appeal within thirty (30) calendar days of . This appeal may be submitted: 1) by US Mail at Vermont Department of Labor, Attention: UI Division, P.O. Box 488, Montpelier, VT 05601-0488; 2) by email at labor.appeals@vermont.gov; 3) by fax at 802-828-4289; or 4) in person at the administrative office of the Vermont Department of Labor, 5 Green Mountain Drive, Montpelier.

The postmark date, the email date, or the fax date will be treated as the filing date of the appeal. An appeal filed in person will be date stamped by the person receiving the appeal and the date stamp will be deemed the filing date. If you are submitting your appeal via email, you must include your name, your social security number, and the date of the determination you are appealing.

Any missing wages that you identified when you filed your new claim have been requested from the employer(s), and a monetary REDETERMINATION will be mailed to you when the wage information is obtained. Continue to file claims for any week during which you are either totally or partially unemployed, while awaiting your redetermination notice, or if you file a monetary appeal. You are entitled to the unemployment benefits shown, provided you are otherwise eligible. A separate determination will be issued, if there is a question about your eligibility.

Please note that the weekly benefit amount shown is subject to change based on any other wage data we receive after this determination. If you have any questions concerning this or any unemployment claim matter, please call the toll-free Claimant Assistant Line at 1-877-214-3332.

*If eligible, you will be paid based on this weekly benefit amount until this Benefit Year Ending Date or until you have exhausted your Maximum Benefit Amount.

WEEKLY BENEFIT AMOUNT	MAXIMUM BENEFIT AMOUNT	EFFECTIVE DATE	BENEFIT YEAR ENDING DATE
			*

SS NO	DATE COMPUTED
NAME	