

VEC FC-34 - Combined Amended Quarterly Tax and Wage Reports

This form is web-enabled: type information, print, sign, and mail completed form. Detailed instructions are available on our website (WWW.VAEMPLOY.COM) under *Employer Services*.

Virginia Employment Commission
PO Box 1358
Richmond, Virginia 23218-1358

VEC Account Number		Federal ID Number	
Employer Name		Quarter Ending	Year
Employer Address		Check here if new address	
Employer's Phone Number		Employer's E-mail Address	
Preparer's Phone Number		Preparer's E-mail Address	
Check what is being amended: FC-20		FC-21	Both

Amended Tax Report/FC-20	Tax Rate		
	a. Most Recently Reported	b. Amount Should Be	c. Net Change
1. TOTAL WAGES paid this quarter			
2. WAGES paid during quarter to each employee in excess of \$8000 since January 1. This amount cannot exceed Line 1.			
3. WAGES subject to tax. (Line 1 minus Line 2.)			
4. TAX - MutiPLY Net Change of Line 3 by tax rate. If credit amount, STOP HERE .			
5. INTEREST - MutiPLY Line 4 by 1.5% per month from due date of original report.			
6. BALANCE DUE (Line 4 + Line 5)			
7. AMOUNT ENCLOSED			

Amended Payroll Report/FC-21: Only list individuals being amended. If amending Social Security Numbers only, do not use this form. Use Form FC-34SN. Check here if amending more than 4 individuals, do not complete below. See instructions.

8. Code	9. Social Security Number	10. Name of Employee			11. Total Wages Paid		
		(Use all UPPERCASE)			11a. Most Recently Reported	11b. Amount Should Be	11c. Net Change
		FI	MI	Last			
12. (+/-) Column 11c Total							

CERTIFICATION: I (or we) certify that the information contained in this report, required by the Virginia Unemployment Compensation Act, is true and correct; and that no part of the tax reported was, or is to be, deducted from the workers' wages. In the event any unemployment tax or reimbursable payments are unpaid on the date they are due and payable, I am (or we are) liable for any late penalty, interest, as well as all fees and civil action costs incurred in their collection, in addition to the unpaid taxes or reimbursable payments.

Signature _____ Date _____

Printed Name _____ Title _____