

# COMMONWEALTH of VIRGINIA

## Virginia Employment Commission



### Combined Amended Quarterly Tax and Wage Report (FC-34)

Tired of paperwork? Online filers can amend online!  
It is easy, fast, and secure.  
[www.vec.virginia.gov](http://www.vec.virginia.gov)

Employer Name:										
Address 1:										
Address 2:										
City:										
State:					Zip Code (Zip+4):					

*This Form Is Scanned and is only to amend quarterly tax and wage information.  
For other changes go to [www.vec.virginia.gov](http://www.vec.virginia.gov).*

**Which form are you amending?**

FC-20       FC-21       Both

Skip section II      Skip Section I

Write Legibly  
Within The Boxes

A	1	C	3	2
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Account Number:	Federal ID Number:	Quarter Ending:
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### I. Amended Employer's Quarterly Tax Report (FC-20)

	A. Most Recently Reported:	B. Amount Should Be:
1. <b>Total Wages:</b> Paid this quarter.	<input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
2. <b>Excess Wages:</b> Paid this quarter.	<input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
3. <b>Wages Subject to Tax:</b> Line 1 minus line 2.	<input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
4. <b>Net Change to Wages Subject to Tax:</b> Line 3a minus line 3b. If this is a credit amount STOP HERE.	<input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
5. <b>Tax Due:</b> Multiply Line 4 by tax rate.	<input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
6. <b>Interest:</b> Multiply Line 5 by .015 per month from due date. (Interest is assessed on tax due at the rate of 1.5% per month or portion of a month from the due date.)	<input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
7. <b>Total Due:</b> Add lines 5-6.	<input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
8. <b>Amount Enclosed:</b> Leave blank if no payment enclosed. Do not send cash. Do not staple check to form.	<input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>	<input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>

### II. Amended Employer's Quarterly Payroll Report (FC-21)

See page two to make additional wage record changes.

	Social Security Number/Reason Code	Employee's Name	Wages Paid in Quarter
1.	<input type="text"/> - <input type="text"/> - <input type="text"/> Reason Code: <input type="text"/>	First <input type="text"/> M.I. <input type="text"/> Last <input type="text"/>	Last Reported <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> Correct Amount <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
2.	<input type="text"/> - <input type="text"/> - <input type="text"/> Reason Code: <input type="text"/>	First <input type="text"/> M.I. <input type="text"/> Last <input type="text"/>	Last Reported <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> Correct Amount <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>

If submitting **with a payment**, mail to: VEC, PO Box 1174, Richmond, VA 23218-1174  
If submitting **without a payment**, mail to: VEC, PO Box 27483, Richmond, VA 23261-7483

#### Certification

I (or we) certify that the information contained on this notice is true and correct. \_\_\_\_\_

Print Signatory's Name and Title	Phone Number	Signature
		Page <input type="text"/> of <input type="text"/>

