This form is web-enabled. Type information, print, sign, and mail completed FC 20-21 forms. *Detailed instructions* are available on our website under Employer Services.

EMPLOYER'S QUARTERLY PAYROLL REPORT

EMPLOYER NAME AND ADDRESS

FIRST INITIAL

Virginia Employment Commission Account No.

Federal EIN

CALENDAR QTR. ENDING

Please Select

Calendar Qtr. Ending, if different from above

EMPLOYEE SOCIAL SECURITY NO.		LAST NAME	DOLLARS	CENTS

VIRGINIA EMPLOYMENT COMMISSION

EMPLOYER'S QUARTERLY TAX REPORT

If remitting payment: VEC, PO Box 1174, Richmond, VA 23218-1174
If no payment: VEC, PO Box 27483, Richmond, VA 23261-7483

EMPLOYER NAME AND ADDRESS

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TAX REPORT FOR QUARTER ENDING: **Calendar Qtr. Ending, if different:** **TO AVOID PENALTY, FILE REPORT BY:**

Please Select

INDUSTRY	AREA	ACCOUNT NO.	VEC USE ONLY	FEDERAL I.D.	TAX RATE

		1st Month	2nd Month	3rd Month
A.	For each month, report the total number of covered employees (full- and part-time) who worked during, or received pay for, any part of the payroll period which includes the 12th of the month. If none, enter zero (0).			
B.	1. TOTAL WAGES paid this quarter. (Must equal total on payroll). If no wages were paid during this quarter, enter "numerical zeros (00) on lines 1, 3, & 4 and return this form.	DOLLARS		CENTS
				0.00
	2. WAGES paid during quarter to each employee in excess of $8,000, since January 1. Precede this number with a minus sign, not to exceed Line B.1.			
	3. WAGES subject to tax. (Line 1 minus Line 2)			0.00
	4. TAX (Multiply total of Line 3 by tax rate shown above)			0.00
	5. ACCOUNT BALANCE: For current account status, call toll-free 1-800-897-5630. If a debit, add to Total Due at line 8. If a credit, subtract from Total Due at line 8.			
	6. INTEREST—COMPUTED ON TAX (Line 4)—at rate of 1.5% per month from due date.			
	7. PENALTY—$75 for each report filed after due date. (See instructions)			
	8. TOTAL DUE—if line 5 is a debit, add lines 4, 5, 6, & 7. If line 5 is a credit, add lines 4, 6, & 7 and subtract line 5.			
	9. AMOUNT ENCLOSED — Total amount of check; if no check, leave blank.			

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 _____ Title _____ Date _____

Employer's telephone number _____ Bookkeeper's telephone number _____ Employer's e-mail address _____

Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities.

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EMPLOYER'S QUARTERLY PAYROLL REPORT

EMPLOYER NAME AND ADDRESS

FIRST INITIAL

Virginia Employment Commission Account No.

Federal EIN

CALENDAR QTR. ENDING

Please Select

Calendar Qtr. Ending, if different from above

EMPLOYEE SOCIAL SECURITY NO.		LAST NAME	DOLLARS	CENTS

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EMPLOYER'S QUARTERLY PAYROLL REPORT

EMPLOYER NAME AND ADDRESS

FIRST INITIAL

Virginia Employment Commission Account No.

FEDERAL EIN

CALENDAR QTR. ENDING

Please Select

Calendar Qtr. Ending, if different from above

EMPLOYEE SOCIAL SECURITY NO.		LAST NAME	DOLLARS	CENTS

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EMPLOYER'S QUARTERLY PAYROLL REPORT

EMPLOYER NAME AND ADDRESS

FIRST INITIAL

Virginia Employment Commission Acount No.

Federal EIN

CALENDAR QTR. ENDING

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Calendar Qtr. Ending, if different from above

EMPLOYEE SOCIAL SECURITY NO.		LAST NAME	DOLLARS	CENTS

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EMPLOYER'S QUARTERLY PAYROLL REPORT

EMPLOYER NAME AND ADDRESS

FIRST INITIAL

Virginia Employment Commission Account No.

Federal EIN

CALENDAR QTR. ENDING

Please Select

Calendar Qtr. Ending, if different from above

EMPLOYEE SOCIAL SECURITY NO.		LAST NAME	DOLLARS	CENTS

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EMPLOYER'S QUARTERLY PAYROLL REPORT

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CALENDAR QTR. ENDING Please Select

Calendar Qtr. Ending, if different from above

EMPLOYEE SOCIAL SECURITY NO.		LAST NAME	DOLLARS	CENTS