

**EMPLOYER'S QUARTERLY
PAYROLL REPORT**

FEDERAL ID

VIRGINIA
ACCOUNT NO.
CALENDAR
QTR. ENDING
EMPLOYER NAME

EMPLOYEE SOCIAL SECURITY NO.	F.INITIAL	EMPLOYEE LAST NAME	TOTAL WAGES PAID IN QUARTER
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

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VIRGINIA EMPLOYMENT COMMISSION

EMPLOYER'S QUARTERLY TAX REPORT

EMPLOYER NAME

EMPLOYER ADDRESS

TAX REPORT FOR QUARTER ENDING

ACCOUNT NO.	FEDERAL ID			TAX RATE
	1st Mo.	2nd Mo.	3rd Mo.	%

DO NOT STAPLE YOUR CHECK OR ATTACHMENTS TO THIS REPORT

- 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 "numeric zeros, (00)" on lines 1, 3, & 4 and return this form.
- 2. WAGES paid during quarter to each employee in excess of \$8,000 since January 1. See instructions. (This amount cannot exceed Line B.1)
- 3. WAGES subject to tax. Line 1 minus line 2.
- 4. TAX—Multiply total of line 3 by tax rate shown above.
- 5. ACCOUNT DEBIT BALANCE AS OF: Add to total due on line 8.
If you have a credit notice enter here and subtract on line 8.
For current account status, call toll free: 1 (800) 897-5630
- 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 you have a credit notice, 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 worker's wages. In the event any unemployment tax or reimbursable payments are unpaid on the date they are due and payable, I (or we) am (or 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.

↓ SIGN HERE

Signature _____ Title _____ Date _____

Employer's telephone number _____ Bookkeeper's telephone number _____