STATEMENT TO CORRECT WAGE INFORMATION PREVIOUSLY REPORTED TO VEC

Return To:
Virginia Employment Commission
Box 1358
Richmond, VA 23218-1358

Employer Name _____ VEC Account # _____
City/State/Zip _____ VA _____

Corrections for Qtr./Yr. _____

Worker SSN	Name	Total Previously Reported	Should Be	Difference

From FC-20 Quarterly Report

	Reported	Should Be*	Difference
Line 1 Total Wages			
Line 2 Excess Over $8,000			
Line 3 Taxable Wages			
Line 4 Tax Due			

* includes all changes made

Signature _____ *Date* _____