



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

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

This Form Is Scanned and is only to amend quarterly tax and wage information.
For other changes go to www.vec.virginia.gov.

Which form are you amending?
FC-20 Skip section II FC-21 Skip Section I Both

Write Legibly Within The Boxes
A 1 C 3 2

Account Number: [Grid] Federal ID Number: [Grid] Quarter Ending: [Grid] / [Grid] / [Grid]

I. Amended Employer's Quarterly Tax Report (FC-20)

	A. Most Recently Reported:	B. Amount Should Be:
1. Total Wages: Paid this quarter.	[Grid]	[Grid]
2. Excess Wages: Paid this quarter.	[Grid]	[Grid]
3. Wages Subject to Tax: Line 1 minus line 2.	[Grid]	[Grid]
4. Net Change to Wages Subject to Tax: Line 3a minus line 3b. If this is a credit amount STOP HERE.	[Grid]	[Grid]
5. Tax Due: Multiply Line 4 by tax rate.	[Grid]	[Grid]
6. Interest: 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.)	[Grid]	[Grid]
7. Total Due: Add lines 5-6.	[Grid]	[Grid]
8. Amount Enclosed: Leave blank if no payment enclosed. Do not send cash. Do not staple check to form.	[Grid]	[Grid]

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.	[Grid] - [Grid] - [Grid] Reason Code: [Grid]	First [Grid] M.I. [Grid] Last [Grid]	Last Reported [Grid] Correct Amount [Grid]
2.	[Grid] - [Grid] - [Grid] Reason Code: [Grid]	First [Grid] M.I. [Grid] Last [Grid]	Last Reported [Grid] Correct Amount [Grid]

If submitting **with a payment**, mail to: VEC, PO Box 26448, Richmond, VA 23261-6448
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. _____

Signature [Grid]
Print Signatory's Name and Title _____ Phone Number [Grid] - [Grid] Page [Grid] of [Grid]





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

First two wage records must be reported on page one.
Continue on this page to report additional wage records.

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

Account
Number:

Federal ID
Number:

Quarter
Ending:

	Social Security Number / Reason Code	Employee's Name	Wages Paid in Quarter
1.	_____-_____-_____ Reason Code: _____	First _____ M.I. _____ Last _____	Last Reported _____ Correct Amount _____
2.	_____-_____-_____ Reason Code: _____	First _____ M.I. _____ Last _____	Last Reported _____ Correct Amount _____
3.	_____-_____-_____ Reason Code: _____	First _____ M.I. _____ Last _____	Last Reported _____ Correct Amount _____
4.	_____-_____-_____ Reason Code: _____	First _____ M.I. _____ Last _____	Last Reported _____ Correct Amount _____
5.	_____-_____-_____ Reason Code: _____	First _____ M.I. _____ Last _____	Last Reported _____ Correct Amount _____
6.	_____-_____-_____ Reason Code: _____	First _____ M.I. _____ Last _____	Last Reported _____ Correct Amount _____
7.	_____-_____-_____ Reason Code: _____	First _____ M.I. _____ Last _____	Last Reported _____ Correct Amount _____
8.	_____-_____-_____ Reason Code: _____	First _____ M.I. _____ Last _____	Last Reported _____ Correct Amount _____
9.	_____-_____-_____ Reason Code: _____	First _____ M.I. _____ Last _____	Last Reported _____ Correct Amount _____
10.	_____-_____-_____ Reason Code: _____	First _____ M.I. _____ Last _____	Last Reported _____ Correct Amount _____

