



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:

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.*

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
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Account Number: Federal ID Number: Quarter Ending: / /

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

	A. Most Recently Reported:	B. Amount Should Be:
1. Total Wages: 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. Excess Wages: 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. Wages Subject to Tax: 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. Net Change to Wages Subject to Tax: 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. Tax Due: 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. 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.)	<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. Total Due: 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. Amount Enclosed: 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 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. _____

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





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:	<input type="text"/>	Federal ID Number:	<input type="text"/>	Quarter Ending:	<input type="text"/>
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Social Security Number / Reason Code			Employee's Name			Wages Paid in Quarter				
1.	<input type="text"/>	<input type="text"/>	First	<input type="text"/>	M.I.	Last Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Reason Code:	<input type="text"/>	Last	<input type="text"/>		Correct Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	First	<input type="text"/>	M.I.	Last Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Reason Code:	<input type="text"/>	Last	<input type="text"/>		Correct Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	First	<input type="text"/>	M.I.	Last Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Reason Code:	<input type="text"/>	Last	<input type="text"/>		Correct Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	First	<input type="text"/>	M.I.	Last Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Reason Code:	<input type="text"/>	Last	<input type="text"/>		Correct Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	First	<input type="text"/>	M.I.	Last Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Reason Code:	<input type="text"/>	Last	<input type="text"/>		Correct Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	First	<input type="text"/>	M.I.	Last Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Reason Code:	<input type="text"/>	Last	<input type="text"/>		Correct Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	First	<input type="text"/>	M.I.	Last Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Reason Code:	<input type="text"/>	Last	<input type="text"/>		Correct Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	First	<input type="text"/>	M.I.	Last Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Reason Code:	<input type="text"/>	Last	<input type="text"/>		Correct Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	First	<input type="text"/>	M.I.	Last Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Reason Code:	<input type="text"/>	Last	<input type="text"/>		Correct Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	First	<input type="text"/>	M.I.	Last Reported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Reason Code:	<input type="text"/>	Last	<input type="text"/>		Correct Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

