COMMONWEALTH of VIRGINIA
Virginia Employment Commission

Employer's Quarterly Payroll Report (FC-21)

Tired of paperwork? We can help!
File and pay your Unemployment Insurance tax online.
It's fast, easy, accurate, and secure!
www.vec.virginia.gov

Employer Name:
Address 1:
Address 2:
City:
State: **Zip Code (Zip+4):** –

This Form Is Scanned.
Do Not Attempt To Amend or Make Account Changes On This Form.

Write Legibly Within The Boxes

A 1 C 3 2

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

	Social Security Number	Employee's Name	Wages Paid in Quarter
1.	– –	First / M.I. / Last	, , .
2.	– –	First / M.I. / Last	, , .
3.	– –	First / M.I. / Last	, , .
4.	– –	First / M.I. / Last	, , .
5.	– –	First / M.I. / Last	, , .
6.	– –	First / M.I. / Last	, , .

Payroll Contact

Print Preparer's Name and Title

Preparer's Phone Number / E-mail Address

Subtotal Wages Paid in Quarter
(Add Lines 1 – 6)
, , .

Total Wages Paid in Quarter
(Add subtotal from all pages. Enter results here and on Line 1 of Employer's Quarterly Tax Report FC-20)
, , .

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

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

	Social Security Number	Employee's Name	Wages Paid in Quarter
1.	– –	First / Last / M.I.	, , .
2.	– –	First / Last / M.I.	, , .
3.	– –	First / Last / M.I.	, , .
4.	– –	First / Last / M.I.	, , .
5.	– –	First / Last / M.I.	, , .
6.	– –	First / Last / M.I.	, , .
7.	– –	First / Last / M.I.	, , .
8.	– –	First / Last / M.I.	, , .
9.	– –	First / Last / M.I.	, , .
10.	– –	First / Last / M.I.	, , .

Subtotal Wages Paid in Quarter
(Add Lines 1 – 10)
, , .

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Equal Opportunity Employer/Program Auxiliary Aids and Services Are Available Upon Request to Individuals with Disabilities
Most services available at www.vec.virginia.gov (804) 786-4207

Print

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Employer's Quarterly Tax Report (FC-20)

Write Legibly Within The Boxes

A 1 C 3 2

Employer Name:

Address 1:

Address 2:

City:

State: **Zip Code (Zip+4):** –

Submit with payment to:
VEC, P.O. Box 1174, Richmond, VA 23218-1174

If no payment due, submit to:
VEC, P.O. Box 27483, Richmond, VA 23261-7483

This Form Is Scanned. Do Not Attempt To Make Account Changes On This Form.

Account Number: **Federal ID Number:** – **Quarter Ending:** / /
M M D D Y Y Y Y

A. Employee Count: 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, report zero (0).

1st Month	2nd Month	3rd Month

B. 1. Total Wages: Paid this quarter. Must equal total on payroll. If no wages were paid this quarter and your account is still active, you are required to submit this form, report zero, (0.00) on lines 1 - 4. To request your account be made inactive complete an Employer Account Change Form (FC-20C).

2. Excess Wages: Paid this quarter. Virginia employers are required to pay tax on the first $8000 of wages per employee in a calendar year. Report here all wages paid **this quarter only** that are in excess of $8000 for the calendar year. Line 2 cannot be greater than line 1.

3. Wages Subject to Tax: Line 1 minus line 2.

4. Tax Due: Multiply Line 3 by tax rate of .

5. Interest: Multiply Line 4 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.)

6. Penalty: If Line 1 is greater than zero, add $100 if filed after due date.

7. Other Dues or Credits: Include additional account credit or due amounts here. To obtain current balance, visit www.vec.virginia.gov.

8. Total Due: Add lines 4-7.

9. Amount Enclosed: Leave blank if no payment enclosed. Do not send cash. Do not staple check to form. All payments MUST be made payable to Virginia Employment Commission and include your VEC account number.

C.

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.

Owner/Officer Signature | Print Signatory's Name and Title | Date (MM/DD/YYYY) / /

Employer's E-mail Address | Employer's Phone Number –

Print Preparer's Name and Title | Preparer's E-mail Address | Preparer's Phone Number –

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