

VIRGINIA EMPLOYMENT COMMISSION
EMPLOYER'S QUARTERLY TAX REPORT



EMPLOYER NAME AND ADDRESS

Granite All State Test 2007
PO Box 1491

Parker, CO 80134

TAX REPORT FOR QUARTER ENDING:

Calendar Qtr. Ending, if different

TO AVOID PENALTY, FILE REPORT BY:

9/30/2010

10/31/2010

INDUSTRY	AREA	ACCOUNT NO.	VEC USE ONLY	FEDERAL ID	TAX RATE	
		999999999		84-1234567	5.00	
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).				1st Month	2nd Month	3rd Month
				5	0	0
B. 1. TOTAL WAGES paid this quarter. (Must equal total on payroll). If no wages were paid during this quarter, enter zero on line 1 and return this form.				DOLLARS		CENTS
2. WAGES paid during quarter to each employee in excess of \$8,000, since January 1. Precede this number with a minus sign, not to exceed Line B.1.						57290.03
3. WAGES subject to tax. (Line 1 minus Line 2)						19921.74
4. TAX (Multiply total of Line 3 by tax rate)						996.09
5. TAX OVERPAYMENT - per Form VEC-AC-7 - SUBTRACT. (See instructions)						.00
6. INTEREST - COMPUTED ON TAX (Line 4) - at rate of 1.5% per month from due date						.00
7. PENALTY - \$75 for each report filed after due date. (See instructions)						.00
8. TOTAL DUE-if line 6 is a debit, add lines 4,5,6,&7. If line 5 is a credit, addlines 4,6, & 7 and subtract line 5.						996.09
9. TOTAL AMOUNT DUE (Add Lines 4,5,6, &8. Subtract Line 5). Mail check and report to VEC, PO Box 1174, Richmond, Virginia, 23218-1174						996.09

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. In the event any unemployment tax or reimbursable payments are unpaid on the date they are due and payable, I am (or we 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.

Signature

Title

Date

303-841-0447

Employer's telephone number

Bookkeeper's telephone number

*Equal Opportunity Employer/Program.
Auxiliary aids and services are available
upon request to individuals with disabilities.*

FORM VEC-FC-20 (10/04)