

PENNSYLVANIA UNEMPLOYMENT COMPENSATION (PA UC) QUARTERLY TAX FORMS
 • Form UC-2, Employer's Report for Unemployment Compensation (below)
 • Form UC-2A, Employer's Quarterly Report of Wages Paid to Each Employee
 • Form UC-2B, Employer's Report of Employment and Business Changes



PA Form UC-2A, Employer's Quarterly Report of Wages Paid to Each Employee



INSTRUCTIONS:

This is an Adobe Acrobat fill-in form. To use this form you must have Adobe Acrobat Reader 5.0. To download Acrobat Reader 5.0, go to www.adobe.com.

Start by keying in the your Unemployment Account number (the first red box at the far left of this form). Tab through the form to go to the next required field. The round yellow question mark symbols are help instructions. To view these instructions, hold the mouse over the question mark symbol. For more detailed information, refer to the UC-2 INS (UC-2/A/2B instructions).

PRINTING INSTRUCTIONS: When the Print dialog box appears, set Page Scaling as NONE, uncheck AUTO-ROTATE AND CENTER and uncheck CHOOSE PAPER SOURCE BY PDF PAGE SIZE.

Sign and date your report and mail it with payment to:
 Office of Unemployment Compensation Tax Services
 Labor & Industry Building Seventh & Forster Streets
 P.O. Box 68568
 Harrisburg PA 17106-8568

For assistance, contact the nearest Field Accounting Service (FAS) office.

Allegheny 810-431-8869	Mercer 724-882-2007
Altoona 814-928-9991	Norfolk 570-745-2444
Beaver Falls 724-626-8800	Northampton 610-276-1218 ext 345
Bristol 215-781-3217	Polk 717-669-1020 ext 313
Carlisle 717-269-4211	Pittsburgh 412-388-242
OR 717-697-1200	Reading 610-378-435
Chambersburg 717-264-7182	Scranton 570-985-466
Chesler 610-447-3290	Shamokin 570-844-241
Clearfield 814-765-8872	Taylorville 570-800-287
Erie 814-871-4381	Uniontown 724-439-722
Greensburg 724-832-5275	Washington 724-223-483
Harrisburg 717-787-1700	Williamsport 570-327-282
Johanswani 814-535-2371	York 717-787-762
Lancaster 717-289-7606	All Out of State Employers
Maryam 810-247-3789	Cal 805-402-414

PA Form UC-2, Employer's Report for Unemployment Compensation. This form is machine-readable. Information MUST be typewritten or printed in BLACK ink. Do not use dashes or slashes in place of zeros or blanks. Do not use commas (,) or dollar signs (\$).

If typed, font size MUST be a minimum of 10pt.

If hand printed, DO NOT close the 4 or cross the 0 and 7.

Do not staple anything to this form. Photocopy this report for your records.
 Cut along dotted line and return with your payment.

See Instructions on separate sheet. Information MUST be typewritten or printed in BLACK ink. Do NOT use commas (,) or dollar signs (\$). If typed, disregard vertical bars and type a consecutive string of characters. If hand printed, print in CAPS and within the boxes as below:

SAMPLE **SAMPLE**
 Typed: Handwritten: **SAMPLE Filled-in:**

Employer name (make corrections on Form UC-2B) Employer PA UC account no. Check digit Quarter and year Quarter ending date

1. Name and telephone number of preparer 2. Total number of pages in this report 3. Total number of employees listed in item 8 on all pages of Form UC-2A 4. Plant number (if approved)

5. Gross wages, MUST agree with item 2 on UC-2 and the sum of item 11 on all pages of Form UC-2A 6. Fill in this circle if you would like the Department to preprint your employee's names & SSNs on Form UC-2A next quarter

7. Employee's Social Security Number	8. Employee's name FI MI LAST	9. Gross wages paid this qtr Example: 123456.00	10. Credit Weeks
111112222	A A ANDREWS FULL	8742.00	13
222223333	B B BERT FULL	7412.00	13
333334444	C C COLLINS SP-HIGHMARK	9487.00	13
444445555	D D DEW FULL	6299.00	13
555556666	E E EDWARDS TERM	763.00	4
666667777	F F FRANKLIN PART	2154.00	13
777778888	G G GOMEZ FULL	11218.00	13
888889999	H H HIRAM SP-ABC INS.	8000.00	13
999990000	I I IRIS FULL	3916.00	10
112233445	J J JONES FULL	11195.00	13
223344556	K K KELVIN FULL	5875.00	13
334455667	L L LYNN WAIVE	4349.00	12
445566778	M M MAYS PART	309.00	3
556677889	N N NELSON FULL	14347.00	13
667788990	O O OLIVER PART	1245.00	13
778899001	P P PETERSON FULL	4287.00	13
	R R RAYMOND NEW-HIRED-FULL 10/2/2005		

List any additional employees on continuation sheets in the required format (see instructions).

11. Total gross wages for this page:
 12. Total number of employees for this page

PA Form UC-2, REV 6-04, Employer's Report for Unemployment Compensation
 Read Instructions - Answer Each Item

W M S D OTHER:

1. TOTAL GROSS WAGES PAID TO ALL EMPLOYEES (SEE INSTRUCTIONS)

2. FEDERAL EMPLOYER CONTRIBUTION

3. STATE EMPLOYER CONTRIBUTION

4. TOTAL CONTRIBUTIONS

5. NET GROSS WAGES PAID TO ALL EMPLOYEES

6. FEDERAL EMPLOYER CONTRIBUTION

7. STATE EMPLOYER CONTRIBUTION

8. TOTAL CONTRIBUTIONS

9. NET GROSS WAGES PAID TO ALL EMPLOYEES

10. SIGN HERE-DO NOT PRINT

11. NAME DATE

12. FEDERAL IDENTIFICATION NUMBER

13. EMPLOYER'S CONTRIBUTION RATE

14. SIGNATURE

15. DATE

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The lives on all UC2s or payroll record substitutes should be marked with the following code structure:

<u>Status</u>	<u>Key Code</u>	<u>Comment</u>
Full-time	FULL	
Part-time	PART	
Terminated	TERM	also draw a line through these individuals
Spousal Opt Out	SP	include current carrier information
In Probationary Period	PROB	include date of eligibility
COBRA enrollee	COBRA	include start and end dates of eligibility
Waiving coverage	WAIVE	include reason, such as Medicare, military, etc.
New Hire	NEW	add to UC-2
Seasonal	SEAS	
Retired	RET	
Other	OTHER	include description, such as owner

- (1) All enrolling groups must submit to Highmark a copy of their organization's most recent UC2.
- (2) Is the group not required to submit a UC2? Is this a new group that has yet to file a UC2? Payroll records from the company are an acceptable substitute.
- (3) An officer of the employer group must date and sign the UC2 and/or tax documentation to verify accuracy.
- (4) Examples of employees that may not be on a UC2: officer; owner; owner's spouse.
- (5) Partnership with no employees other than the partners? Submit most recent Form 1065 for each partner and an Hours & Duties letter.
- (6) Farm with only two employees? Submit most recent Schedule F and Hours & Duties letter.
- (7) An Hours and Duties Letter is required to explain the employment of individuals not included on the UC2. The letter must state:
 - ▶ the name of the employee
 - ▶ the exact hours worked
 - ▶ a description of his/her duties
 - ▶ that he/she is a full-time employee of the business enterprise (working 30+ hours per week)

[For further information, see Section IV of the Underwriting & Rating Guidelines](#)