

Electronic Payment Requirement Waiver Request for Payment of Pennsylvania Unemployment Compensation Tax Liabilities

This form must be submitted if you are currently unable to comply with the electronic payment requirement and are requesting a temporary waiver allowing you to submit your Unemployment Compensation tax payment via check or money order.

NOTE: This request only applies to the employers required by Pennsylvania Regulations to electronically submit payment.

Please complete all of the following	ng information to receive consideration for this w	aiver:
PA UC Account Number	Employer Name	
Employer Address		
	prohibit your compliance with this requirement?	
What steps are you taking to remove	those barriers?	
Date when you will submit your paym	nent electronically	
Name, title, telephone number and en information:	mail address of a contact person if the department requ	uires additional
Name	Title	
Telephone Number ()	Email address:	
Signature and title of person complet	ing this request:	
Signature	Title	
Date		

Return this completed form to:
Office of UC Tax Services
PO Box 68568
Harrisburg PA 17106-8568

Department of Labor & Industry | Office of UC Tax Services 651 Boas Street | Harrisburg, PA 17121-0750 | www.uc.pa.gov