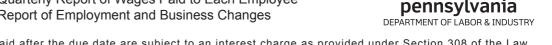
## PENNSYLVANIA UNEMPLOYMENT COMPENSATION (PA UC) QUARTERLY TAX FORMS

- Form UC-2R, Reimbursable 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



INTEREST RATE: Contributions paid after the due date are subject to an interest charge as provided under Section 308 of the Law (43P.S. §788). For the current rate of interest, refer to the department's website at www.uc.pa.gov.

REIMBURSABLE ACCOUNTS: Even when the employee contribution rate is zero, reimbursable employers are still required to file a tax report each guarter to report wages paid. Reimbursable employers are not required to complete items 4 and 5 on Form UC-2R.

FOR ASSISTANCE: Call the UC Employer Contact Center at 866-403-6163, which is staffed Monday through Friday from 8:00 a.m. to 4:30 p.m. Eastern Time.

INSTRUCTIONS: This is an Adobe Acrobat fill-in form. To use this form you must have Adobe Acrobat Reader XI. Start by keying in your Employer's Contribution Rate (the first red box at the far left of this form). Tab through the form to go to the next required field. For more information, refer to the UC-2INS (UC-2/2A/2B Instructions).

PRINTING INSTRUCTIONS: When the Print dialog box appears, set Page Sizing & Handling to ACTUAL SIZE, 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 P.O. Box 68568 Harrisburg, PA 17106-8568

PA Form UC-2R, Reimbursable 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.

If typed, disregard the vertical bars in the shaded areas, type a consecutive string of characters, left justified, with decimal only. Do not use commas (,) or dollar signs (\$). Font size MUST be a minimum of 10 pt.

If hand printed, print legible numbers within the data entry boxes provided. DO **NOT** close the 4 or cross the  $\emptyset$  and 7. **DO NOT** fill in commas or decimal points.

1234567				

12345678 90

Do not staple anything to this form. Photocopy this report for your records. Do not photocopy this form for use. Detach below and return with your payment. To report any changes to your account, complete the reverse side.

Read Instructions - Answer Each Item				DUE DATE 1ST MONTH							200		
N	EXAMINED BY		1. TOTAL COVERE IN PAY PERIOD MONTH		151	MONT	1			ONTH		JRI	MONTH
	Signature certifies that herein is true and correc knowledge.		contained	2. GROSS WAGES									FOR DEPT. USE
	10. SIGN HERE-DO N	OT PRINT		3. EMPLOYEE CONTRIBUTIONS									
TLE PAF	DATE PER UC-2AINTERNET UC-2A	PHONE#		4. TAXABLE WAGES FOR EMPLOYER CONTRIBUTIONS	X	XX	X	XX	X	<b>(</b> X	X	X	
2. FEDERAL IDEN		EMPLOYER'S AC	CHEC		UE	XX	X	XX	x	<b>(</b> X	X	X	
EMPLOYER'S		(		6. TOTAL CONTRIBUTIONS D (ITEMS 3 + 5)	UE								
				7. INTEREST DUE SEE INSTRUCTION	5								
				8. PENALTY DUE SEE INSTRUCTION	5								
				9. TOTAL REMITTANCE (ITEMS 6 + 7 +8)	\$								
					MAKE CHECKS PAYABLE TO: PA UC FUND								
					SUBJECTIVITY DATE REPORT DELINQUENT						ENT DA	TE	