

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



DEPARTMENT OF LABOR & INDUSTRY

See instructions on form UC-2INS. 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:

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Employer name (Make corrections on Form UC-2B)							1	Employer PA UC Account Number								C	hecl ligit	k (rter a													
1. Name and telephone number of preparer 2. Total number of 3. Total number of employees listed Pages in this report in item 6 on all pages of Form UC-2A																																	
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4. Gross wages, MUST agree with item 2 on UC-2 and the sum of item 9 on all pages of Form UC-2A																																	
5. Employee's 6. Employee's Social Security Number FI MI								oyee's name						LAST												wages paid this quarter					8. Credit weeks		
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