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



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

For the current rate of interest, refer to the department's website at www.uc.pa.gov.

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

<u>PA Form UC-2, Employer's Report for Unemployment Compensation</u>. 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.

1234567 .

12345678

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.

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 form UC-2B.

QTR./YEAR PA Form UC-2 REV 08-18, Employer's Report for Unemployment Compensation /20 **■ DETACH HERE** Read Instructions - Answer Each Item **DUE DATE** 1ST MONTH 2ND MONTH 3RD MONTH EXAMINED BY: 1. TOTAL COVERED EMPLOYEES IN PAY PERIOD INCL. 12TH O MONTH Signature certifies that the information contained FOR DEPT. USE herein is true and correct to the best of the signer's 2. GROSS WAGES knowledge. 3. EMPLOYEE CONTRIBUTIONS 10. SIGN HERE-DO NOT PRINT 4. TAXABLE WAGES FOR EMPLOYER CONTRIBUTIONS TITLE DATE PHONE# Make any corrections on Form UC-2B 11. FILED PAPER UC-2A INTERNET UC-2A 5. EMPLOYER 12. FEDERAL IDENTIFICATION NUMBER Employer name and address CONTRIBUTIONS DUE (RATE X ITEM 4) CHECK EMPLOYER'S ACCT. NO DIGIT 6. TOTAL CONTRIBUTIONS DUE (ITEMS 3 + 5) EMPLOYER'S CONTRIBUTION RATE 7. INTEREST DUE SEE INSTRUCTIONS 8. PENALTY DUE SEE INSTRUCTIONS 9 TOTAL REMITTANCE (ITEMS 6 + 7 + 8) MAKE CHECKS PAYABLE TO: PA UC FUND SUBJECTIVITY DATE REPORT DELINQUENT DATE