



pennsylvania

DEPARTMENT OF LABOR & INDUSTRY

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



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:

SAMPLE Type: 1 2 3 4 5 6 . 0 0

SAMPLE Handwritten: 1 2 3 4 5 6 . 0 0

SAMPLE Filled-In:

Employer name (Make corrections on Form UC-2B) | Employer PA UC account no. | Check digit | Quarter and year (Q / YYYY) | Quarter ending date (MM / DD / YYYY)

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 quarter Example: 123456.00 | 10. Credit weeks |
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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: _____