

PA Form UC-2B REV 07-18, Employer's Report of Employment and Business Changes

Complete this form to report any new or changed information about your business. Photocopy this form or attach additional sheets if more space is needed. If you need 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.



1. Enter the PA UC account number from Form UC-2. _____
2. Use the following chart to change any of the indicated items of information. Complete all sections of the chart that apply. Form PA-100 must be completed to obtain a new account number if there has been a change in entity or legal structure.

Change	From	To	Reason for Change
Legal Name			
Trade Name			
Street Address			
PO Box			
City/State/Zip			
FEIN			
Telephone #			
Other			

3. To add another PA business location, provide the new address here:

4. Date wages last paid in PA. _____ If a date is entered in this field, the PA UC account listed above will be closed.
5. Date business discontinued in PA. _____
6. Did this business transfer all, or any part, of its PA business?..... Yes No
7. Did this business acquire all, or any part, of another PA business?..... Yes No
8. Did this business transfer 51% or more of its PA assets?..... Yes No
9. Did this business acquire 51% or more of the assets of another PA business?..... Yes No
10. Was this business, or any part of it, merged into another PA business?..... Yes No
11. Has any part of the workforce of this business been transferred to another PA business?..... Yes No
12. If the answer to any question in items 6 through 11 is 'Yes', complete the following for the other entity involved in the transaction.

Legal Name _____ Trade Name _____ Telephone # _____

Successor's PA UC account number (If known) _____

Successor's FEIN (If known) _____

Street Address _____ City _____ Zip Code _____

State _____ If other than PA, provide the primary location in PA. _____

13. Authorized signature for the entity listed in item 1 above. _____ Date _____

Print Name _____ Title _____ Telephone _____