

If you wish to participate in the UC Amnesty Program, we strongly suggest that you login to your account at **www.uctax.pa.gov** and navigate to the Make A Payment menu. **If you are paying electronically, you will agree to the amnesty terms and conditions online, therefore you will not need to mail in this form.** You can also file or amend quarterly reports from this site. If you are unable to login to your account, you will need to complete and submit this form, along with your payment and any missing reports, to the address indicated below. Your payment must be received or postmarked during the amnesty period from:

**July 1, 2017 through September 30, 2017**

**Section 1. Identifying Information**

Employer name: _____
Street address: _____
City: _____ State: _____ ZIP code: _____
UC Account number: _____

**Section 2. Amnesty Liabilities**

For each type of liability you are paying, check the box for that liability and indicate the amount of your payment. (The types of liabilities and the amount that must be paid for each type of liability are described in detail in the Amnesty Guidelines.)

Type of Liability	Description of Unpaid Liability	Amount of Payment
1 <input type="checkbox"/>	Contributions for calendar quarters through the third quarter of 2016 (List the calendar quarters.):	\$ _____
2 <input type="checkbox"/>	Reimbursement due on or before October 31, 2016 (List the billing periods.):	\$ _____
3 <input type="checkbox"/>	Interest due on contributions paid late for calendar quarters through the third quarter of 2016, or Interest on reimbursement that was due on or before October 31, 2016, and was paid late (List the calendar quarters or billing periods.):	\$ _____
4 <input type="checkbox"/>	Penalties due for calendar quarters through the third quarter of 2016 for which contributions are fully paid (List the calendar quarters.):	\$ _____

**Section 3. Type 9 Liabilities**

If you paid wages for one or more quarters through the third quarter of 2016 that you have not reported to the department, and those wages have not been disclosed to the department through an audit, you may receive amnesty with respect to contributions due on those wages. You must file reports, or amended reports, for all calendar quarters in which the wages were paid. Your reports and amended reports must include the name and Social Security number of each employee, the amount of wages paid to each employee, and the number of credit weeks for each employee. Your reports and your payment must accompany this form. If you do not know the amount to pay, you may contact the UC Employer Contact Center at 1-866-403-6163 for assistance. If you pay less than the amount of contributions due, amnesty does not apply to the unpaid contributions.

Type of Liability	Description of Unpaid Liability	Amount of Payment
9 <sup>1</sup> <input type="checkbox"/>	<i>Contributions for calendar quarters through the third quarter of 2016 (List the calendar quarters.):</i>	\$ _____

**Section 4. Amnesty Terms and Conditions**

The following terms and conditions govern your participation in the Amnesty Program.

1. The following liabilities are not eligible for amnesty: a liability for which a petition for reassessment under section 304(b) of the law or an application for review and redetermination of contribution rate under section 301(e)(2) of the law is pending. However, if you withdraw an appeal involving such a liability and the liability becomes final, the liability will be eligible for amnesty.
2. The department may exclude the following liabilities from amnesty:
  - (1) a liability for which a praecipe for a writ of execution was filed prior to receipt of this form.
  - (2) a liability that was referred for judicial proceedings or for which a judicial proceeding was commenced prior to receipt of this form.
  - (3) a liability that is required to be paid under a federal or state court order.
3. If you are making installment payments under an agreement of restitution for a liability for which you wish to receive amnesty, your amnesty payment must be paid in full during the amnesty period, notwithstanding any terms of the agreement of restitution to the contrary.
4. You may not receive a refund or credit under the Amnesty Program for any amount paid prior to the amnesty period.
5. You may not commence an administrative or judicial proceeding with regard to this form, any report filed in connection with the Amnesty Program, any liability disclosed under the program or any amount paid under the program. You may not receive a refund or credit for any amount paid under the program.

**Section 5. Additional Terms and Conditions**

For the complete terms and conditions of the Amnesty Program, see the Amnesty Guidelines published in the Pa. Bulletin on April 1, 2017, and posted on the department’s website at [www.uc.pa.gov](http://www.uc.pa.gov), and Article XV-A of the law.

**Section 6. Acknowledgment and Signature**

I acknowledge that my participation in the Amnesty Program is governed by the foregoing terms and conditions, the Amnesty Guidelines and Article XV-A of the law. I certify that I am authorized to execute this form on behalf of the employer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

Title \_\_\_\_\_

Send this form and your payment (made payable to the “PA Unemployment Compensation Fund”) to the following address. Include your UC Account number on your payment.

Department of Labor & Industry  
 Office of UC Tax Services  
 Amnesty Program  
 651 Boas Street, Room 900  
 Harrisburg, PA 17121

*Auxiliary aids and services are available upon request to individuals with disabilities.  
 Equal Opportunity Employer/Program*