

READING FORM UC-640 – MONTHLY NOTICE OF COMPENSATION CHARGED

MAILING DATE:

EMPLOYER NAME:

PA EMPLOYER ACCOUNT NUMBER:

YOU HAVE NINETY (90) DAYS FROM THE MAILING DATE TO FILE A PROTEST IN WRITING CONTESTING THIS NOTICE. THIS IS NOT A BILL TO BE PAID - DO NOT RETURN THIS FORM

[illegible]**FISCAL YEAR:****DEBITS:**

CREDITS:

TOTAL:

RETAIN THIS NOTICE. IT IS YOUR RECORD OF CHARGES AND CREDITS TO YOUR ACCOUNT. COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF LABOR AND INDUSTRY