**PA Form UC-2B REV 9-07, 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 this form is not used, detach it before returning Forms UC-2 and UC-2A. Contact the nearest FAS office (see reverse) for assistance or additional information.

**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. Form UC-884 must be completed to change your designated Power of Attorney.

| 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, list 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 # _____

Street Address _____ City _____ Zip Code _____

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

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

Print Name _____ Title _____ Telephone _____