

See instructions on separate sheet. 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**

Typed:

1	2	3	4	5	6	.	0	0	.		
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**SAMPLE**     | 2 | 3 | 4 | 5 | 6 |     |     | 0 | 0 |

**Handwritten:**

**SAMPLE** → ●  
**Filled-in:**

Employer name  
(make corrections on Form UC-2B)

Employer  
PA UC account no.

Check  
digit

Quarter and year

Quarter ending date

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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

[illegible]

6. Fill in this circle if you would like the Department to preprint your employee's names & SSNs on Form UC-2A next quarter

[illegible]

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** \_\_\_\_\_

13. Page of