

PENNSYLVANIA UNEMPLOYMENT COMPENSATION (PA UC) QUARTERLY TAX FORMS

- Form UC-2, Employer's Report for Unemployment Compensation (below)
- Form UC-2A, Employer's Quarterly Report of Wages Paid to Each Employee
- Form UC-2INS, Instructions for Completing PA UC Quarterly Tax Forms
- Form UC-2B, Employer's Report of Employment and Business Changes (reverse side)



pennsylvania
DEPARTMENT OF LABOR & INDUSTRY

REIMBURSABLE ACCOUNTS: Even when the employee contribution rate is zero, reimbursable employers are still required to file a tax report each quarter to report wages paid. Reimbursable employers are not required to complete items 4 and 5 on Form UC-2.

PA Form UC-2, Employer's Report for Unemployment Compensation. This form is machine-readable. Information **MUST** be **typewritten or printed in BLACK ink.** Do not use dashes or slashes in place of zeros or blanks.

If **typed**, disregard the vertical bars in the shaded areas, type a consecutive string of characters, left justified, with decimal only. Do not use commas (,) or dollar signs (\$). Font size **MUST** be a minimum of 10 pt.

1	2	3	4	5	6	7	8	.											
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

If **hand printed**, print legible numbers within the data entry boxes provided. **DO NOT** close the 4 or cross the 0 and 7. **DO NOT** fill in commas or decimal points.

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

Do not staple anything to this form. Photocopy this report for your records. Do not photocopy this form for use. Detach below and return with your payment. To report any changes to your account, complete the form UC-2B.

PA Form UC-2 REV 07-21, Employer's Report for Unemployment Compensation

QTR./YEAR

Read Instructions - Answer Each Item

EXAMINED BY:

1. TOTAL COVERED EMPLOYEES
IN PAY PERIOD INCL. 12TH OF
MONTH

DUE DATE		
1ST MONTH	2ND MONTH	3RD MONTH
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Signature certifies that the information contained herein is true and correct to the best of the signer's knowledge.

10. SIGN HERE-DO NOT PRINT

TITLE _____ DATE _____ PHONE# _____

11. FILED PAPER UC-2A INTERNET UC-2A

12. FEDERAL IDENTIFICATION NUMBER _____

EMPLOYER'S ACCT. NO.

CHECK DIGIT

EMPLOYER'S CONTRIBUTION RATE

2. GROSS WAGES

3. EMPLOYEE CONTRIBUTIONS

4. TAXABLE WAGES FOR EMPLOYER CONTRIBUTIONS

5. EMPLOYER CONTRIBUTIONS DUE (RATE X ITEM 4)

6. TOTAL CONTRIBUTIONS DUE (ITEMS 3 + 5)

7. INTEREST DUE SEE INSTRUCTIONS

8. PENALTY DUE SEE INSTRUCTIONS

9. TOTAL REMITTANCE (ITEMS 6 + 7 + 8)

	1ST MONTH	2ND MONTH	3RD MONTH	FOR DEPT. USE
2. GROSS WAGES	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3. EMPLOYEE CONTRIBUTIONS	<input type="text"/>	<input type="text"/>	<input type="text"/>	
4. TAXABLE WAGES FOR EMPLOYER CONTRIBUTIONS	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5. EMPLOYER CONTRIBUTIONS DUE (RATE X ITEM 4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
6. TOTAL CONTRIBUTIONS DUE (ITEMS 3 + 5)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
7. INTEREST DUE SEE INSTRUCTIONS	<input type="text"/>	<input type="text"/>	<input type="text"/>	
8. PENALTY DUE SEE INSTRUCTIONS	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9. TOTAL REMITTANCE (ITEMS 6 + 7 + 8)	<input type="text"/>	<input type="text"/>	<input type="text"/>	

MAKE CHECKS PAYABLE TO: PA UC FUND

SUBJECTIVITY DATE

REPORT DELINQUENT DATE

M	M	D	D	Y	M	M	D	D	Y
---	---	---	---	---	---	---	---	---	---

Employer name and address
Make any corrections on Form UC-2B

▲ DETACH HERE