

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

Benefit Year Begin Date	Week Ending Date	Date Paid	Claimant's Name	Claimant's Last 4 of SSN	% Employer Liability	Amount Paid	Dependents Allowance	Amount Charged	Adj. Code
							Sub-Total		
							Grand Total		

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