

PENNSYLVANIA UNEMPLOYMENT COMPENSATION (PA UC) QUARTERLY TAX FORMS



pennsylvania
DEPARTMENT OF LABOR & INDUSTRY

- Form UC-2R, Reimbursable Employer's Report for Unemployment Compensation (below)
- Form UC-2A, Employer's Quarterly Report of Wages Paid to Each Employee
- Form UC-2B, Employer's Report of Employment and Business Changes

INTEREST RATE: Contributions paid after the due date are subject to an interest charge as provided under Section 308 of the Law (43P.S. §788). For the current rate of interest, refer to the department's website at www.uc.pa.gov.

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-2R.

FOR ASSISTANCE: Call the UC Employer Contact Center at 866-403-6163, which is staffed Monday through Friday from 8:00 a.m. to 4:30 p.m. Eastern Time.

INSTRUCTIONS: This is an Adobe Acrobat fill-in form. To use this form you must have Adobe Acrobat Reader XI. Start by keying in your Employer's Contribution Rate (the first red box at the far left of this form). Tab through the form to go to the next required field. For more information, refer to the UC-2INS (UC-2/2A/2B Instructions).

PRINTING INSTRUCTIONS: When the Print dialog box appears, set Page Sizing & Handling to ACTUAL SIZE, uncheck CHOOSE PAPER SOURCE BY PDF PAGE SIZE.

Sign and date your report and mail it with payment to:
Office of Unemployment Compensation Tax Services
Labor & Industry Building
P.O. Box 68568
Harrisburg, PA 17106-8568

PA Form UC-2R, Reimbursable 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	9	0	.									
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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
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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 reverse side.

PA Form UC-2R 06-16, Reimbursable Employer's Report for Unemployment Compensation

QTR./YEAR /20

Read Instructions - Answer Each Item

DUE DATE

1ST MONTH 2ND MONTH 3RD MONTH

W
EXAMINED BY:

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

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

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10. SIGN HERE-DO NOT PRINT

2. GROSS WAGES																				
3. EMPLOYEE CONTRIBUTIONS																				
4. TAXABLE WAGES FOR EMPLOYER CONTRIBUTIONS	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
5. EMPLOYER CONTRIBUTIONS DUE (RATE X ITEM 4)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
6. TOTAL CONTRIBUTIONS DUE (ITEMS 3 + 5)																				
7. INTEREST DUE SEE INSTRUCTIONS																				
8. PENALTY DUE SEE INSTRUCTIONS																				
9. TOTAL REMITTANCE (ITEMS 6 + 7 + 8)	\$																			

FOR DEPT. USE

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