

To Amend Quarterly UC-2/2A Tax Reports (A separate form must be submitted for each quarter)

1. EMPLOYER ACCOUNT NUMBER


R or M CHECK DIGIT

3. QUARTER/YEAR (A separate form must be submitted for each quarter)

1, 2
3 or 4

4

2. Employer Name and Address:



4. Reason For Correction (Check all that apply):

- | | |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Incorrect Gross Wages.
*Please explain: _____ | <input type="checkbox"/> Exempt Wages Reported in Error.
*Please explain: _____ |
| <input type="checkbox"/> Incorrect Employee Withholding Rate Used
List Rate Used _____ | <input type="checkbox"/> Calculation Error. Please explain: _____ |
| <input type="checkbox"/> Incorrect Taxable Wages. Please explain: _____ | <input type="checkbox"/> Other Error. Please explain: _____ |
| <input type="checkbox"/> Incorrect Employer Contribution Rate Used
List Rate Used _____ | *PROVIDE INDIVIDUAL EMPLOYEE
CORRECTION FORM (UC-2AX). IF
NECESSARY. |
| <input type="checkbox"/> Wages Reported to wrong State* | <input type="checkbox"/> PLEASE CHECK IF EMPLOYEE
WAGE DETAIL WAS CORRECTED
ON ELECTRONIC MEDIA |

5. Was the employee withholding correctly withheld? ☐ Yes ☐ No ☐ Not applicable (Please see instructions on reverse side.)

TAX RATE		AMOUNT PREVIOUSLY REPORTED	CORRECT AMOUNT	DIFFERENCE (OVER) UNDER
6.	GROSS WAGES			
7.	EMPLOYEE WITHHOLDING			
8.	TAXABLE WAGES			
9.	EMPLOYER CONTRIBUTION			
10. TOTAL (REFUND/CREDIT) OR TAX DUE (ADD LINES 7 AND 9) IN THE DIFFERENCE COLUMN REFUNDS/CREDITS SHOULD BE IN PARENTHESES ()				

11. Please check one: ☐ Refund ☐ Credit ☐ Not applicable (Please see instructions on reverse side.)

12. Employer Certification: I certify that the information on this form is true and correct to the best of my knowledge and belief. No part of the amount of employer contributions reported on taxable wages was deducted or is to be deducted from the employees' wages.

SIGNATURE OF OWNER, PARTNER, RESPONSIBLE OFFICER OR
AUTHORIZED AGENT

TITLE

DATE _____

PHONE NUMBER

PLANT NUMBER

DEPARTMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)

☐ CORRECTION REPORT ☐ JOURNAL VOUCHER

SY	MO	YR	QTR	YR	BASIC RATE	(K)	WAGES	CONTRIBUTION		INTEREST		PENALTY		A 4
								DEBIT	CREDIT	DEBIT	CREDIT	DEBIT	CREDIT	
							<input type="checkbox"/>							
							<input type="checkbox"/>							
							<input type="checkbox"/>							
							<input type="checkbox"/>							
TOTALS														

COMMENTS:

TOTAL REMITTANCE	
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Rate Verification

Certification: Date Contribution Received

Date Report Received

B.I. Audit Needed ☐ Yes ☐ No ☐ N/A

Benefit Charges ☐ Yes ☐ No ☐ N/A

FSD CERTIFICATION/DATE _____

TAX AGENT

DATE _____

TAX TECHNICIAN

DATE _____

OTHER REQUIRED SIGNATURE _____

DATE _____

Year _____ ☐ No Change

Rate Revised From _____ to _____

Year _____ ☐ No Change

Rate Revised From _____ to _____

INSTRUCTIONS FOR COMPLETION OF FORMS UC-2X AND UC-2AX

Purpose of Forms

Use Form UC-2X to make changes to Gross and/or Taxable wages (increase or decrease) from those wages reported on the original PA form UC-2.

Use Form UC-2AX to correct wage records or credit weeks from that reported on the original PA Form UC-2A. This includes correcting Social Security Numbers (SSN) or credit weeks previously reported; adding SSN's or credit weeks not previously reported to our agency; adding or increasing wages or credit weeks previously reported in correctly; or deleting or decreasing wages or credit weeks previously reported incorrectly.

If you are changing Gross and/or Taxable wages and individual employee wages or credit weeks, you will be required to submit both Forms UC-2X and UC-2AX.

Where to File

Send completed forms to the PA Department of Labor & Industry, Office of Unemployment Compensation Tax Services, PO Box 68568, Harrisburg, PA 17106-8568.

Overpayment Corrections

Refund requests may not always result in the refund of the exact amount of your calculation. Offsets of the refund request will be processed and the net check will be sent to you with an explanation for the reduction or increase in the refund amount requested. Examples where this offset may happen are:

1. Taxable wage reductions along with reduction in the contributions paid cause an increase in rates subsequent to year of adjustment.
2. Correction of exempt employment previously reported where these individuals were paid UC benefits because of this reported employment.
3. A calculation error was made in the requested refund amount.
4. You owe contribution, interest, penalty and/or court costs on your account or have past due unfiled quarterly reports in another quarter.

Underpayment Corrections

For any corrections made by you that result in additional tax due, our agency must have a check attached for the additional contribution due (unless an overpayment was also made). Do not include any penalty or interest that may be due. We will bill you for these amounts due, if any. Make all checks payable to the PA UC Fund.

Statute of Limitations on Refunds

The PA UC Tax Law specifies certain limitations on refunds. In general, your request for refund must be submitted within four (4) years from the date the original tax report was due.

Documentation Requirements

You may be contacted for documentation depending on the reason for the adjustments. For this reason, we ask that your form be complete and accurate and that you include a phone number in the event we must contact you.

Questions

Questions regarding the processing of your correction form(s) should be referred to the Employer Tax Services, Monday through Friday 7:30 a.m. to 4:00 p.m. Eastern Time at 866-403-6163.

Photocopying

The Forms UC-2X and UC-2AX may be photocopied.

Quarters

Quarter One-January, February, March (due April 30) Quarter Two-April, May, June (due July 31) Quarter Three-July, August, September (due October 31) Quarter Four-October, November, December (due January 31)

Adjusting Wage Information Electronically

For information on adjusting wage information online or by file upload, call the Employer Tax Services at 866-403-6163.

SPECIFIC INSTRUCTIONS FOR UC-2X

1. Enter your PA Unemployment Compensation account number. (Only complete the shaded box if you are "R"- reimbursable or "M"- municipality.)
2. Complete your business name and address.
3. Complete the quarter and year using four digits. A separate form must be submitted for each quarter being corrected
4. Check the appropriate box to indicate the reason for the adjustment.
5. Check the appropriate box to indicate the correct employee contribution amount was calculated and withheld from your employees on the original report (employee withholding rate times gross wages). This applies only on a request for refund or credit of employee withholding. IF ANY PORTION OF THE OVERPAYMENT IS DUE TO EXCESSIVE EMPLOYEE WITH HOLDING, IT IS YOUR RESPONSIBILITY TO DISTRIBUTE TO THE EMPLOYEES THE APPLICABLE AMOUNT ERRONEOUSLY WITHHELD.
6. Enter the amount of gross wages previously reported, the corrected amount and the net difference between the two columns.
7. In the tax rate column, enter the employee withholding rate applicable for the year of adjustment. Enter the amount of employee withholding previously reported, the correct amount and the net difference between the two columns.
8. Enter the amount of taxable wages previously reported, the corrected amount and the net difference between the two columns.
9. In the tax rate column, enter your contribution rate for the year of adjustment. Enter the amount previously reported, the corrected amount and the net difference between the two columns.
10. Enter in the difference column, the total (refund) or tax due by adding lines 7 and 9.
11. Check appropriate box. Refunds will be sent to the address of record when approved. Credits will be applied to your next quarterly report.
12. Complete employer certification by signing, and entering title, date and phone number.

NOTE: Billing errors may occur due to credits not being posted at the time the report is filed.

Auxiliary aids and services are available upon request to individuals with disabilities.

Equal Opportunity Employer/Program