See instructions on form UC-2INS. 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 4 5 7 9 5 7 7  **SAMPLE Handwritten:** 1 2 4 5 7 9 5 7 7  **SAMPLE Filled-In:** ➤ ●

| Employer name (Make corrections on Form UC-2B) | Employer PA UC account no. | Check digit | Quarter and year Q / YYYY | Quarter ending date MM / DD / YYYY |
|---|---|---|---|---|
| Lancaster Stones LLC | 00000 | | 2 / 2024 | 07/30/2024 |

**1. Name and telephone number of preparer**
Tam Doan
717-442-8383

**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**
1500 .

▲

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

RESET FORM    PRINT FORM

| 7. Employee's Social Security Number | 8. Employee's name FI | MI | LAST | 9. Gross wages paid this quarter Example: 123456.00 | 10. Credit weeks |
|---|---|---|---|---|---|
| 789789789 | A | K | R | 5 0 0 . | |
| 878678678 | A | k | Weekly | 5 0 0 . | |
| 85685685 | A | | BiWeekly | 5 0 0 . | |
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List any additional employees on continuation sheets in the required format (see instructions).

**11. Total gross wages for this page:** ____    ➤ 1 5 0 0 . 0 0

**12. Total number of employees for this page:** ____

▲

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**13. Page ____ of ____**

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