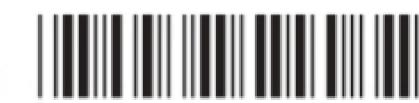


PA Form UC-2A, Employer's Quarterly Report of Wages Paid to Each Employee



DEPARTMENT OF LABOR & INDUSTRY

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:

Typed: 8 7 3 0	8 3 6 1 8 SAMPLE Handwrit	en: 8 7 3	0 8 3 6 1 8	SAMPI Filled-l		
Employer name (Make corrections on Form	nt no.	Check Quarter and digit				
`		¬ — — — — — — — — — — — — — — — — — — —				
STONEMART CORP	0	0000	Jnknown /	/ 2024		
1. Name and telephone nu	umber of preparer	2. Total nun	nber of 3. Total nun	nber of employees	s listed 4. Plant numbe	er
STONEMART CORP		Pages in th		all pages of Form		1)
+1 (215) 808 6555						
5. Gross wages, MUST ag and the sum of item 11 o	gree with item 2 on UC-2 on all pages of Form UC-2A	6.	Fill in this circle if you Department to preprir names & SSNs on Fo	would like the		
1 6 2 2 5	. 0 0				PRINT FOR	M
7. Employee's	8. Employee's name				es paid this quarter 10. C	
Social Security Numbe	er FI MI	LAST		Example: 1		
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List any additional employe	es on continuation sheets in the re	quired format (see	instructions).			
11. T	otal gross wages for this			162	2 5 0 0	
12. Total number of employees for this page:						

UC-2A REV 07-21

13. Page ___ of ___ RESET FORM PRINT FORM