pennsylvania
DEPARTMENT OF LABOR & INDUSTRY

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

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: 0 0 0 0 0 0 0 0 0 **SAMPLE Handwritten:** 0 0 0 0 0 0 0 0 0 **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
	00000		Unknown / 2024	

1. Name and telephone number of preparer

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 .00

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

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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

List any additional employees on continuation sheets in the required format (see instructions).

11. Total gross wages for this page: ____ .00

12. Total number of employees for this page: ____

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13. Page ____ **of** ____

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