



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:

8	7	3	0	8	3	6	1	8
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SAMPLE
Handwrit

8	7	3	0	8	3	6	1	8
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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

STONEMART CORP

00000

Unknown / 2024

MM / DD / YYYY

1. Name and telephone number of preparer

STONEMART CORP

+1 (215) 808 6555

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

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



1	6	2	2	5						.	0	0
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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

weeks

[illegible]

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

11. Total gross wages for this page: _____

12. Total number of employees for this page: _____

1	6	2	2	5			0	0
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RESET FORM

PRINT FORM