

EMPLOYER'S REPORT FOR UNEMPLOYMENT COMPENSATION

1st _____ 2nd _____ 3rd _____ 4th _____

(check applicable Quarter)

State U.C. Account No. _____

ID: _____

Authority Name _____

Authority Address _____

Authorized Signature _____

() _____

Telephone Number of Preparer _____

Title _____

Date _____

Total No. Pages This Report _____

Total No. Covered Employee This Report _____

Gross Wages \$ _____

Taxable Wages \$ _____

U.C. Contribution Rate _____ (Note: Calculated Rate for the Year Appears Here)

Contribution Due \$ _____ (Taxable Wages X Contribution Rate)

Total Remittance \$ _____

MAKE CHECK PAYABLE TO PMAA U.C. FUND

Please remit your check in the correct amount within 30 days after applicable quarter to:

PENNSYLVANIA MUNICIPAL AUTHORITIES ASSOC. U.C. FUND
1000 N. FRONT STREET, SUITE 401
WORMLEYSBURG, PA 17043

NAME OF EMPLOYEE (type or print in ink)			GR WAGES PD. THIS QTR	TAXABLE WAGES PD. THIS QTR. <small>not to exceed \$10,000 Total, per individual annually.</small>	WEEKS WORKED
first name	Initial	last name			

TOTAL FOR THIS PAGE:

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