EMPLOYER'S REPORT FOR UNEMPLOYMENT COMPENSATION

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

_____ *(check applicable Quater)*

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. *not to exceed $9,500 Total, per individual annually.*	WEEKS WORKED
first name	*Initial*	*last name*			
TOTAL FOR THIS PAGE:					