



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
---	---	---	---	---	---	---	---	---

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

4 / 2024

01/30/2024

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	1	5	5	0						.	0	0
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6. Fill in this circle if you would like the Department to preprint your employee's names & SSNs on Form UC-2A next quarter



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

4	3	*	*	*	*
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M

N E W J E R S E Y

1

7

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: _____

6	1	5	5	0			0	0
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13. Page ____ of ____

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