

PA Form UC-2B, Rev 6-2000, Employer's Report of Employment and Business Changes Complete this form to report any recent change in name, address, location, employment, or other information for your business. If this section is not used, detach it before returning Forms UC-2 and UC-2A. Contact the nearest FAS office (see reverse) for assistance or additional information.

1. Enter the Name and PA UC account number from Form UC-2. _____

2. Name, address, federal employer identification number (FEIN) and telephone number changes. Photocopy or attach additional sheets, if needed. Complete all that apply. Note that a change in entity or legal structure requires an application for a new account number. Form UC-884 must be completed to change your designated Power of Attorney.

Change	From	To	Reason for change
Legal name			
Trade name			
Street address			
PO box			
City/state/zip			
FEIN			
Telephone #			
Other			

3. To add another PA business location, list the new address here:

4. Date wages last paid in PA. _____ If a date is entered in this field, the PA UC account listed above will be closed.

5. Date business discontinued in PA. _____

6. Did this business transfer all, or any part of, its PA business? Yes No

7. Did this business acquire all, or any part of, another PA business? Yes No

8. Did this business transfer 51% or more of its PA assets? Yes No

9. Did this business acquire 51% or more of the assets of another PA business? Yes No

10. Was this business, or any part of it, merged into another PA business? Yes No

11. Has any part of the workforce of this business been transferred to another PA business? Yes No

12. If the answer to any question in items 6 through 11 is 'yes', complete the following for the other entity involved in the transaction.

Legal name _____ Trade name _____ Telephone # _____

Street address _____ City _____ Zip code _____

State _____ If other than PA, please list the primary location in PA _____

13. Authorized signature for the entity listed in item 1 above _____

Print name _____ Title _____ Telephone # _____ Date _____

For Department

Use Only