



U-COMP
Unemployment Compensation Trust

414 North Second Street | Harrisburg, PA 17101

PROPOSAL WORKSHEET

Serving Municipalities and Authorities Since 1985

ENTITY NAME: _____

Please provide the following required information:

TOTAL UNEMPLOYMENT COMPENSATION CLAIMS PAID FOR YEARS:

2013 \$ _____
 2014 \$ _____
 2015 \$ _____
 2016 \$ _____
 2017 \$ _____
 2018 \$ _____
 2019 to date \$ _____

Questions??

Please call

Debbie Gross at

1-800-922-8063 *254 or

email her at:

dgross@pml.org

Total Taxable Wages =
 number of full time
 employees times 10,000 plus
 the total wages for
 employees earning less than
 10,000 for each year listed.

TOTAL TAXABLE UNEMPLOYMENT WAGES FOR YEARS:

2013 \$ _____
 2014 \$ _____
 2015 \$ _____
 2016 \$ _____
 2017 \$ _____
 2018 \$ _____

(Please List up to the First \$10,000 Per Employee)

Please include part-time & full-time employees' salaries here.

Please fax completed

form to:

Debbie Gross

fax# 717-236-9493

or email back to:

dgross@pml.org

OF EMPLOYEES EARNING \$10,000 OR MORE FOR YEAR:

2018 _____

OF EMPLOYEES EARNING LESS THAN \$10,000 FOR YEAR:

2018 _____

TOTAL WAGES FOR EMPLOYEES EARNING LESS THAN \$10,000 FOR

YEAR: 2018 \$ _____

PREPARED BY: _____

TITLE: _____

PHONE NUMBER: _____

DATE: _____

Is your group of contributory or reimbursor status? Please circle one.

Is your group currently with an unemployment carrier? If yes, who? _____

Please email this sheet along with your most recent UC2 form. Thank you.