



**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:

2014	\$ _____
2015	\$ _____
2016	\$ _____
2017	\$ _____
2018	\$ _____
2019	\$ _____
2020 to date	\$ _____

Questions??

Please call

Debbie Gross at

1-800-922-8063 \*254 or

email her at:

[dgross@pml.org](mailto:dgross@pml.org)

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

TOTAL TAXABLE UNEMPLOYMENT WAGES FOR YEARS:

2014	\$ _____
2015	\$ _____
2016	\$ _____
2017	\$ _____
2018	\$ _____
2019	\$ _____

**(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](mailto:dgross@pml.org)

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

2019 \_\_\_\_\_

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

2019 \_\_\_\_\_

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

YEAR: 2019 \$ \_\_\_\_\_

PREPARED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

Is your group of contributory or reimbursing 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.