

# READING FORM UC-150 - NOTICE TO REIMBURSABLE EMPLOYERS OF COMPENSATION CHARGED

MAILING DATE:  
 EMPLOYER NAME:  
 PA EMPLOYER ACCOUNT NUMBER:

YOU HAVE NINETY (90) DAYS FROM THE MAILING DATE TO FILE A PROTEST IN WRITING CONTESTING THIS NOTICE. THIS IS NOT A BILL  
 TO BE PAID - DO NOT RETURN THIS FORM

Effective date of UC claim

Saturday date ending the seven-day period for which compensation was paid to the employee

Date on which compensation was paid

Employee name and last 4 of Social Security Number

Percentage chargeable to your account

Amount of compensation paid and Amount of dependents' allowance

Amount of compensation charged, or credit received.

Debit & Credit Codes. See all code definitions at top of page 2 of your document.

Benefit Year Begin Date	Week Ending Date	Date Paid	Claimant's Name	Claimant's Last 4 of SSN	% Employer Liability	Amount Paid	Dependents Allowance	Amount Charged	Adj. Code
							Sub-Total		
							Grand Total		

**FISCAL YEAR:**
**DEBITS:**
**CREDITS:**
**TOTAL:**

RETAIN THIS NOTICE. IT IS YOUR RECORD OF CHARGES AND CREDITS TO YOUR ACCOUNT. COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF LABOR AND INDUSTRY