

PENNSYLVANIA UNEMPLOYMENT COMPENSATION WAGE RECORDS

REPLACEMENT UC-2A FOR PARTIAL TRANSFER PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

A partial transfer of experience occurs when a portion of an existing business (predecessor) is transferred to another business having or applying for a separate UC account number (successor). If the successor applies for the transfer of experience or the transfer is mandated under the provisions of the Pennsylvania Unemployment Compensation Law, this form (UC-252) will be used to amend the form(s) UC-2A (Employer's Quarterly Report) previously submitted by the predecessor, and to transfer appropriate wage information to the successor's account. After the effective date of the partial transfer, any benefit payments based on the transferred wages will be charged to the successor account (and, when necessary, credited to the predecessor account). If all employees of the predecessor account were transferred to the successor, this would constitute a full transfer; this form (UC-252) would not be used.

1. Provide the successor's and predecessor's Pennsylvania UC account number and business name.
2. Provide the date of transfer, predecessor's signature and title.
3. List the names and social security numbers of the employees who worked in the transferred portion of the predecessor's business. Include any employee who worked in the transferred portion at any times during the preceding eight (8) complete calendar quarters through the date of transfer.
4. List of the names and social security numbers, as required for employees, may be supplied on attachments in lieu of listing information on this form. Please indicate if provided:
 on attachment on this form
5. If assistance is required to complete this form, please contact Employer Tax Services at 1-866-403-6163 on weekdays from 7:30 a.m. to 4:00 p.m. Eastern Time.

PREDECESSOR'S ACCOUNT NO. _____ BUSINESS NAME _____

SUCCESSOR'S ACCOUNT NO. _____ BUSINESS NAME _____

Date of Transfer _____ (Same as Item #7 under Section 14 of PA-100, PA Enterprise Registration Form)

Predecessor's Signature _____ Title _____

BENEFITS PAID AFTER DATE OF TRANSFER BASED ON WAGES PAID PRIOR TO DATE OF TRANSFER IN CONNECTION WITH THE PART OF BUSINESS TRANSFERRED WILL BE CHARGED TO THE SUCCESSORS' EXPERIENCE RECORD AND RESERVE ACCOUNT AS PROVIDED IN SECTION 63.2(c) OF TITLE 34, PENNSYLVANIA CODE, UC REGULATIONS.

EMPLOYEE(S) TRANSFERRED TO SUCCESSOR	
SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER
NAME	NAME
SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER
NAME	NAME
SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER
NAME	NAME
SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER
NAME	NAME

