

MONTHLY NOTICE OF COMPENSATION CHARGED

EMPLOYER NAME: POCONO QUALITY SERVICES LLC

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PA EMPLOYER ACCOUNT NUMBER: XXXXXXXXXX

YOU HAVE NINETY 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

2. SOCIAL SECURITY NUMBER	3. CLAIMANT'S NAME	4. A B DATE			5. COMP. WEEK ENDING DATE			6. DATE COMP. PAID			7. AMOUNT PAID	8. % OF CHARGE	9. AMOUNT CHARGED	10. ADJ. CODE	11. OFFICE NUMBER
		MO	DAY	YR	MO	DAY	YR	MO	DAY	YR					
	P			05-03-20			05-09-20			08-26-20	175	**	0		0991
	P			05-03-20			05-16-20			08-26-20	175	**	0		0991
	P			05-03-20			05-23-20			08-26-20	175	**	0		0991
	P			05-03-20			05-30-20			08-26-20	175	**	0		0991
	P			05-03-20			06-06-20			08-26-20	175	**	0		0991
	P			05-03-20			06-13-20			08-26-20	175	**	0		0991
	P			05-03-20			06-20-20			08-26-20	175	**	0		0991
	P			05-03-20			06-27-20			08-26-20	175	**	0		0991
	P			05-03-20			07-04-20			08-26-20	175	**	0		0991
	P			05-03-20			07-11-20			08-26-20	175	**	0		0991
	P			05-03-20			07-18-20			08-26-20	175	**	0		0991
	P			05-03-20			07-25-20			08-26-20	175	**	0		0991
	P			05-03-20			08-01-20			08-26-20	175	**	0		0991
	P			05-03-20			08-08-20			08-26-20	175	**	0		0991
	P			05-03-20			08-15-20			08-22-20	175	**	0		0991
	P			05-03-20			08-22-20			08-28-20	175	**	0		0991
AL YEAR	21	** DEBITS			0.00	** CREDITS				0.00	** TOTAL				*** *****