




PA DEPARTMENT OF LABOR & INDUSTRY  
EMPLOYER SERVICES  
PO BOX 67504  
HARRISBURG, PA 17106-7504

OFFICE OF UNEMPLOYMENT COMPENSATION BENEFITS

## MONTHLY NOTICE OF COMPENSATION CHARGED

POCONO QUALITY SERVICES LLC  
PO BOX 403  
MOUNTAINHOME PA 18342

<b>PENNSYLVANIA EMPLOYER ACCOUNT NO.</b>  
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**MAILING DATE**

11-30-20

Dear Employer:

This is a notice of benefit charges and credits to your Unemployment Compensation account. This is **NOT** a bill to be paid. It is sent to you in accordance with the provisions of Section 301(e) of the Pennsylvania Unemployment Compensation Law. Retain this notice for your records.

Listed on this notice are the names of former or present employes who have been paid unemployment compensation. Entries on this form display weeks of unemployment for which compensation has been paid, the amount paid, and the amount specifically charged to your account as a result of the payment. If you are a contributory employer, the net total of all amounts on your charge notices will be used in determining your contribution rate in future years.

### EXPLANATION OF ENTRIES

**COLUMN 4 - A B DATE** (Application for Benefits Date) The claimant may draw benefits for weeks of regular unemployment which fall within 52 weeks from this date. Benefits may be paid beyond this 52 week period when an Extended Benefit period is in effect.

**COLUMN 5 - COMP. WEEK ENDING DATE** (Compensable Week Ending Date) The Saturday date ending the seven day period for which compensation was paid to the claimant. An "E" after this date denotes an Extended Benefit compensable week.

**COLUMN 6 - DATE COMP. PAID** The date on which compensation was paid.

**COLUMN 7 - AMOUNT PAID** Amount of compensation paid for the week including dependent's allowance, if applicable. **+5 or +8 indicates the amount of dependent's allowance. \* indicates a partial week of benefits. \*\* indicates an adjustment of compensation paid.**

**COLUMN 8 - % OF CHARGE** The percentage of compensation charged to your account. **N/C indicates no charge.**

**COLUMN 9 - AMOUNT CHARGED** The amount of compensation charged or credited to your account. This amount is computed by multiplying the entry in COLUMN 7 by the entry in COLUMN 8. **CR indicates a credit against previous charges to your account.**

**COLUMN 10 - ADJ. CODE** Credit or Debit code, when applicable, as follows:

#### CREDIT CODES

- 01 Overpayment
- 02 Check Redeposit
- 03 Incorrect Charge
- 04 Employer Penalty Credit due to Reversal
- 05 Financial Determination Revised
- 06 Partial Transfer
- 07 Voluntary Quit - Relief Approved
- 08 Part-Time Employment - Relief Approved
- 09 Willful Misconduct - Relief Approved

#### DEBIT CODES

- 90 Relief from Charge Rescinded
- 91 Duplicate Credit of an Extended Benefit Payment
- 92 Offset of a Duplicate Credit, Overpayment Credit, or a UC-150 Non-charge Credit
- 93 New Account Added to Claim
- 94 Increase of Percentage of Charge
- 95 Decrease or Cancellation of Overpayment
- 96 Employer Penalty Debit
- 97 Shared-Work Debit
- 98 Partial Transfer Debit
- 99 Incorrect Credit