0434-4015 18180 TAXPAY®

GLOBAL WRAP INC

PA-W3 (7-00)

PA DEPARTMENT OF REVENUE

DUE DATE: 07/31/2018

EMPLOYER QUARTERLY RETURN OF WITHHOLDING TAX

2018

ENTITY ID# (EIN)	
46-3514171	
ACCOUNT #	
95531150	
TYPE FILER	
MONTHLY	
INT. RATE	TAX RATE
PERIOD ENDING	
06/30/2018	

RECORD OF PA WITHHOLDING TAX BY PERIOD

DEPOSIT PERIOD ENDING	WITHHOLDING TAX
04/30/18	288.78
05/31/18	229.75
06/30/18	1469.49
N/A	0.00
N/A	0.00
N/A	0.00
TOTAL AMOUNT WITHHELD FOR QUARTER (ENTER HERE & ON LINE 2)	1988.02

1	TOTAL COMPENSATION SUBJECT TO PA TAX	64755.47
2	TOTAL PA WITHHOLDING TAX	1988.02
3	TOTAL DEPOSITS FOR QUARTER (INCLUDING VERIFIED OVERPAYMENTS)	1988.02
4	OVERPAYMENT (IF LINE 3 IS GREATER THAN LINE 2)	0.00
5	PAYMENT $	0.00

Only use black or blue ink. ***Do not use red ink or pencil.***

Do Not Make Corrections *To The* ***PREPRINTED*** *Information On This Form.*
Use The Change/Correction Form (REV-1705)

DEPARTMENT USE ONLY

0501149553115000000020180630224635141710000 0

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct and complete.

DATE	DAYTIME TELEPHONE #	TITLE	SIGNATURE
00006			REFERENCE COPY PREPARED BY PAYCHEX. DO NOT FILE.

PA Form UC-2 Rev 6-16, Employer's Report for Unemployment Compensation

QTR./YEAR

DUE DATE 07/31/2018 | 2/2018

Read Instructions – Answer Each Item

18180

EXAMINED BY:

	1ST MONTH	2ND MONTH	3RD MONTH
1. TOTAL COVERED EMPLOYEES IN PAY PERIOD INCL. 12TH OF MONTH	1	1	5

REFERENCE COPY PREPARED BY PAYCHEX.
DO NOT FILE.

		FOR DEPT. USE
2. GROSS WAGES	53983.47	
3. EMPLOYEE CONTRIBUTIONS	32.39	
4. TAXABLE WAGES FOR EMPLOYER CONTRIBUTIONS	29817.60	
5. EMPLOYER CONTRIBUTIONS DUE (RATE X ITEM 4)	3227.01	
6. TOTAL CONTRIBUTIONS DUE (ITEMS 3 +5)	3259.40	
7. INTEREST DUE SEE INSTRUCTIONS		
8. PENALTY DUE SEE INSTRUCTIONS		
9. TOTAL REMITTANCE (ITEMS 6 + 7 + 8)	$ 3259.40	

12. FEDERAL IDENTIFICATION NUMBER 46-3514171

	EMPLOYER'S CONTRIBUTION RATE	EMPLOYER'S ACCT. NO.	CHECK DIGIT
EMPLOYER'S CONTRIBUTION RATE ▷	.108225	74-53235	7

0439-9015 TAXPAY®
GLOBAL WRAP INC
2205 DOBBS RD
STE B
ST AUGUSTINE FL 32086

Employer name and address
Make any corrections on Form UC-2B

MAKE CHECKS PAYABLE TO: PA UC FUND

SUBJECTIVITY DATE REPORT DELINQUENT DATE

PA Form UC-2A, Employer's Quarterly Report of Wages Paid to Each Employee

Do NOT use commas (,) or dollar signs ($).

Employer name (Make corrections on Form UC-2B)	Employer PA UC account no.	Check digit	Quarter and year Q / Y Y Y Y	Quarter ending date MM / DD / Y Y Y Y
GLOBAL WRAP INC	74-53235	7	2/2018	06/30/2018

1. Name and telephone number of preparer	2. Total number of Pages in this report	3. Total number of employees listed in item 8 on all pages of Form UC-2A	4. Plant number (if approved)
	1	6	

5. Gross wages, MUST agree with item 2 on UC-2 and the sum of item 11 on all pages of Form UC-2A

53983.47

7. Employee's Social Security Number	8. Employee's name FIRST	MI	LAST	9. Gross wages paid this quarter	10. Credit weeks
XXXXX3761	GAITH		HADDAD	13718.21	12
XXXXX8109	MOURIS		HADAD	1130.00	01
XXXXX0587	FIRAS		OBARI	7843.80	02
XXXXX1019	ALISON		SEDDON	11440.46	04
XXXXX2156	MICHAEL		DANHA	7843.80	02
XXXXX0171	RAN		LIU	12007.20	13

List any additional employees on continuation sheets in the required format.

11. Total gross wages for this page: → 53983.47

12. Total number of employees for this page: 6

13. Page 1 of 1

UC-2A REV 07-16

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