



Name

UC Employer Account No:

Mailing Address

Federal Employer ID No:

Quarterly
Period Covered:

2019 -

2019

MM DD YYYY

MM DD YYYY

City

State

ZIP Code

	<u>1st Month</u>	<u>2nd Month</u>	<u>3rd Month</u>
1. For each month, enter the total of all full-time and part-time workers who worked during, or received pay reportable for unemployment insurance purposes, for the payroll period which includes the 12th of each month. If you had no employment in the payroll period, enter zero (0) 1.			
2. Number of female employees included on line 1. If none, enter zero (0) 2.			
3. Total unemployment contributions gross wages paid this quarter (from schedule 2, line 15) 3.	\$		
4. EXCESS WAGES (SEE INSTRUCTIONS) 4.	\$		
NOTE: THE TAXABLE WAGE BASE IS \$12,000 FOR EACH EMPLOYEE			
5. Taxable wages paid in this quarter (line 3 minus line 4) 5.	\$		
6a. UC contribution rate			
UC contributions due (line 5 times line 6a) 6b.	\$		
7a. CSSF rate .0006			
CSSF Assessment (line 5 times line 7a) 7b.	\$		
Note: The CSSF assessment does not apply to direct reimbursable employers. See instructions.			
8. Total contributions and CSSF assessment due (line 6b plus line 7b) 8.	\$		

Under penalties of perjury, I certify that the information contained on this return, report and attachment(s) is true and correct.

Signature:

Date:

Print Name:

Telephone:

Contact Person Email:

For Paid Preparers Only

Paid Preparer's Signature:

Date:

Telephone:

Firm's Name (or yours, if self-employed):

Paid Preparer EIN:

Address:

Maine Payroll Processor
License Number:

2D Bar Code space

Maine Revenue Services processes returns on behalf of the
Maine Department of Labor — (207) 621-5120 or (844) 754-3508

If enclosing a check, make check payable to:

If not enclosing a check,

Treasurer, State of Maine
and MAIL WITH RETURN TO:

MAIL RETURN TO:

MAINE REVENUE SERVICES
P.O. BOX 1065
AUGUSTA, ME 04332-1065

MAINE REVENUE SERVICES
P.O. BOX 1064
AUGUSTA, ME 04332-1064

SCHEDULE 2 (FORM ME UC-1) 2019

99

Name:

UC Employer
Account No.:

1506402

Federal Employer ID No.:

Quarterly Period Covered:

2019

-

2019

MM

DD

YYYY

MM

DD

YYYY

Unemployment Contributions Wages Listing

11. Payee Name (Last, First, MI)

12. Social Security Number

13. UC Gross Wages Paid

a.

b.

c.

d.

e.

f.

g.

h.

i.

j.

k.

l.

m.

n.

o.

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q.

r.

2D Bar Code space

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Form ME UC-1
(CSSF)
2019

MAINE
DEPARTMENT OF
LABOR

UNEMPLOYMENT
CONTRIBUTIONS
REPORT
QUARTER #



1506400

99

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UC Employer Account No:

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Period Covered:

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7a. CSSF rate .0006		CSSF Assessment (line 5 times line 7a) 7b.	\$
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11. Payee Name (Last, First, MI)

12. Social Security Number

13. UC Gross Wages Paid

a.

b.

c.

d.

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