Form ME UC-1 (CSSF)

2019

MAINE DEPARTMENT OF LABOR

UNEMPLOYMENT CONTRIBUTIONS REPORT

QUARTER # 9

1506400

99

XXXXXXXXXXXXXXXXXXXXX
Name

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Mailing Address

XXXXXXXXXXXXXXXXXXX XX 99999
City **State** **ZIP Code**

UC Employer Account No: 9999999999

Federal Employer ID No: 99 9999999

Quarterly Period Covered: 99 99 - 99 99
MM DD YYYY MM DD YYYY

		1st Month	2nd Month	3rd Month
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.	999999	999999	999999
2.	Number of female employees included on line 1. If none, enter zero (0) ..... 2.	999999	999999	999999
3.	Total unemployment contributions gross wages paid this quarter (from schedule 2, line 15) ..... 3.	$ 99999999999999.99		
4.	EXCESS WAGES (SEE INSTRUCTIONS) ..... 4. **NOTE:** THE TAXABLE WAGE BASE IS $12,000 FOR EACH EMPLOYEE	$ 99999999999999.99		
5.	Taxable wages paid in this quarter (line 3 minus line 4) ..... 5.	$ 99999999999999.99		
6a.	UC contribution rate . 99999 UC contributions due (line 5 times line 6a) ..... 6b.	$ 99999999999999.99		
7a.	CSSF rate **.0006** CSSF Assessment (line 5 times line 7a) ..... 7b.	$ 99999999999999.99		
	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.	$ 99999999999999.99		

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

Signature: _____ Date: 99 99 9999

Print Name: XXXXXXXXXXXXXXXXXXXXXXX Telephone: 999 999 9999 Contact Person Email: XXXXXXXXXXXX

For Paid Preparers Only

Paid Preparer's Signature: _____ Date: 99 99 9999 Telephone: 999 999 9999

Firm's Name (or yours, if self-employed): XXXXXXXXXXXXXXXXXX Paid Preparer EIN: 99 9999999

Address: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Maine Payroll Processor License Number: 999999999

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:
Treasurer, State of Maine
and MAIL WITH RETURN TO:
MAINE REVENUE SERVICES
P.O. BOX 1065
AUGUSTA, ME 04332-1065

If not enclosing a check, MAIL RETURN TO:
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P.O. BOX 1064
AUGUSTA, ME 04332-1064

SCHEDULE 2 (FORM ME UC-1) 2019

1506402

99

Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UC Employer Account No.: 9999999999

Federal Employer ID No.: 99 9999999

Quarterly Period Covered: 99 99 - 99 99
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.	_____	999 99 9999	999999. 99 X
b.	_____	999 99 9999	999999. 99 X
c.	_____	999 99 9999	999999. 99 X
d.	_____	999 99 9999	999999. 99 X
e.	_____	999 99 9999	999999. 99 X
f.	_____	999 99 9999	999999. 99 X
g.	_____	999 99 9999	999999. 99 X
h.	_____	999 99 9999	999999. 99 X
i.	_____	999 99 9999	999999. 99 X
j.	_____	999 99 9999	999999. 99 X
k.	_____	999 99 9999	999999. 99 X
l.	_____	999 99 9999	999999. 99 X
m.	_____	999 99 9999	999999. 99 X
n.	_____	999 99 9999	999999. 99 X
o.	_____	999 99 9999	999999. 99 X
p.	_____	999 99 9999	999999. 99 X
q.	_____	999 99 9999	999999. 99 X
r.	_____	999 99 9999	999999. 99 X

2D Bar Code space

14. Total of column 13 on this page 99999999.99

15. Total of columns 13 for ALL pages 99999999.99

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Mailing Address

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8.	Total contributions and CSSF assessment due (line 6b plus line 7b) ..... 8.	$ 99999999999999.99		

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Signature: _____ Date: 99 99 9999

Print Name: XXXXXXXXXXXXXXXXXXXXXXX Telephone: 999 999 9999 Contact Person Email: XXXXXXXXXXXX

For Paid Preparers Only

Paid Preparer's Signature: _____ Date: 99 99 9999 Telephone: 999 999 9999

Firm's Name (or yours, if self-employed): XXXXXXXXXXXXXXXXXX Paid Preparer EIN: 99 9999999

Address: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Maine Payroll Processor License Number: 999999999

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SCHEDULE 2 (FORM ME UC-1) 2019

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Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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Quarterly Period Covered: 99 99 - 99 99
MM DD YYYY MM DD YYYY

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f.	_____	999 99 9999	999999. 99 X
g.	_____	999 99 9999	999999. 99 X
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j.	_____	999 99 9999	999999. 99 X
k.	_____	999 99 9999	999999. 99 X
l.	_____	999 99 9999	999999. 99 X
m.	_____	999 99 9999	999999. 99 X
n.	_____	999 99 9999	999999. 99 X
o.	_____	999 99 9999	999999. 99 X
p.	_____	999 99 9999	999999. 99 X
q.	_____	999 99 9999	999999. 99 X
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Print Name: XXXXXXXXXXXXXXXXXXXXXXX Telephone: 999 999 9999 Contact Person Email: XXXXXXXXXXXX

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SCHEDULE 2 (FORM ME UC-1) 2019

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j.	_____	999 99 9999	999999. 99 X
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f.	_____	999 99 9999	999999. 99	X
g.	_____	999 99 9999	999999. 99	X
h.	_____	999 99 9999	999999. 99	X
i.	_____	999 99 9999	999999. 99	X
j.	_____	999 99 9999	999999. 99	X
k.	_____	999 99 9999	999999. 99	X
l.	_____	999 99 9999	999999. 99	X
m.	_____	999 99 9999	999999. 99	X
n.	_____	999 99 9999	999999. 99	X
o.	_____	999 99 9999	999999. 99	X
p.	_____	999 99 9999	999999. 99	X
q.	_____	999 99 9999	999999. 99	X
r.	_____	999 99 9999	999999. 99	X

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