QUARTERLY RETURN PAYMENT VOUCHER
FOR MAINE UNEMPLOYMENT CONTRIBUTIONS

Form ME UC-1-PV

Maine Revenue Services
P.O. Box 9101
Augusta, ME 04332-9101

1506403

99

Business Name: XXXXXXXXXXXXXXXXXXXXXXXX

Amount Due: 999 999 999 . 99

UC Employer Account Number: 9999999999

Federal EIN: 99 9999999

Period Covered: 99 99 9999 (MM DD YYYY) to 99 99 9999 (MM DD YYYY)

Amount Remitted: 999 999 999 . 99

Contact Person _____

Telephone Number _____

MAKE CHECK PAYABLE TO TREASURER, STATE OF MAINE

DO NOT STAPLE OR TAPE CHECK TO YOUR FORM. DO NOT CUT FORM.
DO NOT SEND PHOTOCOPIES OF FORMS.

THIS FORM IS NOT REQUIRED IF PAYMENT WAS MADE ELECTRONICALLY.