

Form ME UC-1  
(CSSF)  
2020

MAINE  
DEPARTMENT OF  
LABOR

UNEMPLOYMENT  
CONTRIBUTIONS  
REPORT  
QUARTER # 9



99

\*1506400\*

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Name UC Employer Account No: 9999999999

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Federal Employer ID No: 99 9999999

Mailing Address

Quarterly Period Covered: 99 99 2020 - 99 99 2020

XXXXXXXXXXXXXXXXXXXXXXXXXX XX 99999  
City State ZIP Code

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. \$ 9999999999999999 . 99

4. EXCESS WAGES (SEE INSTRUCTIONS) ..... 4. \$ 9999999999999999 . 99

NOTE: THE TAXABLE WAGE BASE IS \$12,000 FOR EACH EMPLOYEE

5. Taxable wages paid in this quarter (line 3 minus line 4) ..... 5. \$ 9999999999999999 . 99

6a. UC contribution rate . 99999 UC contributions due (line 5 times line 6a) ..... 6b. \$ 9999999999999999 . 99

7a. CSSF rate .0006 CSSF Assessment (line 5 times line 7a) ..... 7b. \$ 9999999999999999 . 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. \$ 9999999999999999 . 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: XXXXXXXXXXXXXXXXXXXXXXXX Telephone: 999 999 9999 Contact Person Email: XXXXXXXXXXXXXXXX

For Paid Preparers Only

Paid Preparer's Signature: \_\_\_\_\_ Date: 99 99 9999 Telephone: 999 999 9999

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

Address: XXXXXXXXXXXXXXXXXXXXXXXX Maine Payroll Processor License Number: 999999999

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:

If not enclosing a check, 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

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**SCHEDULE 2 (FORM ME UC-1) 2020**



99

Name: XX

UC Employer Account No.: 9999999999

Federal Employer ID No.: 99 9999999      Quarterly Period Covered: 99 99 2020 - 99 99 2020  
MM DD YYYY      MM DD YYYY

**Unemployment Contributions Wages Listing**

All employers designated SEASONAL by the Maine Department of Labor. See instructions for column 13 on page 5.

11. Payee Name (Last, First, MI)	12. Social Security Number	13. UC Gross Wages Paid
a. _____	999 99 9999	9999999 . 99 X
b. _____	999 99 9999	9999999 . 99 X
c. _____	999 99 9999	9999999 . 99 X
d. _____	999 99 9999	9999999 . 99 X
e. _____	999 99 9999	9999999 . 99 X
f. _____	999 99 9999	9999999 . 99 X
g. _____	999 99 9999	9999999 . 99 X
h. _____	999 99 9999	9999999 . 99 X
i. _____	999 99 9999	9999999 . 99 X
j. _____	999 99 9999	9999999 . 99 X
k. _____	999 99 9999	9999999 . 99 X
l. _____	999 99 9999	9999999 . 99 X
m. _____	999 99 9999	9999999 . 99 X
n. _____	999 99 9999	9999999 . 99 X
o. _____	999 99 9999	9999999 . 99 X
p. _____	999 99 9999	9999999 . 99 X
q. _____	999 99 9999	9999999 . 99 X
r. _____	999 99 9999	9999999 . 99 X

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14. Total of column 13 on this page      999999999 . 99

15. Total of columns 13 for ALL pages      999999999 . 99