

Form ME UC-1
(CSSF UPAF)
2022

MAINE
DEPARTMENT OF
LABOR

UNEMPLOYMENT
CONTRIBUTIONS
REPORT
QUARTER # 9



99

2006400

XXXXXXXXXXXXXXXXXXXXXXXXXXXX			UC Employer Account No:	9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXX			Federal Employer ID No:	99 99999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXX			Quarterly Period Covered:	99 99 2022 - 99 99 2022
City	State	ZIP Code	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).	999999	999999	999999
2. Number of female employees included on line 1. If none, enter zero (0)	999999	999999	999999
3. Total unemployment contributions gross wages paid this quarter (from schedule 2, line 15)	\$ 9999999999999999		99
4. EXCESS WAGES (SEE INSTRUCTIONS)	\$ 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)	\$ 9999999999999999		99
6a. UC contribution rate . 99999	6b. UC contributions due (multiply line 5 by line 6a)	\$ 9999999999999999	99
7a. CSSF rate: .0007	7b. CSSF Assessment (multiply line 5 by line 7a)	\$ 9999999999999999	99
7c. UPAF rate: .0014	7d. UPAF Assessment (multiply line 5 by line 7c)	\$ 9999999999999999	99
Note: The CSSF and UPAF assessment does not apply to direct reimbursable employers. See instructions.			
8. Total contributions, CSSF and UPAF assessment due (add lines 6b, 7b, and 7d)	\$ 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: XXXXXXXXXXXXXXXXXXXXXXX Telephone: 999 999 9999 Contact Person Email: XXXXXXXXXXXXXXX

For Paid Preparers Only

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

Firm's Name (or yours, if self-employed): XXXXXXXXXXXXXXXXXXXXXXX Paid Preparer EIN: 99 99999999

Address: XXXXXXXXXXXXXXXXXXXXXXX Maine Payroll Processor License Number: 9999999999

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

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Schedule 2 (Form ME UC-1) 2022



99

Name: XX

2006402

UC Employer Account No.: 9999999999

Federal Employer ID No.: 99 99999999 Quarterly Period Covered: 99 99 2022 - 99 99 2022
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

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14. Total of column 13 on this page 99999999 . 99

15. Total of columns 13 for ALL pages 99999999 . 99