



Name

UC Employer Account No:

Mailing Address

Federal Employer ID No:

City State ZIP Code

Quarterly Period Covered: 2025 - 2025  
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.			
2. Reserved ..... 2.			
3. Total unemployment contributions gross wages paid this quarter (from schedule 2, line 15) ..... 3.	\$		
4. EXCESS WAGES (SEE INSTRUCTIONS) ..... 4.	\$		
<b>NOTE: THE TAXABLE WAGE BASE IS \$12,000 FOR EACH EMPLOYEE</b>			
5. Taxable wages paid in this quarter (line 3 minus line 4) ..... 5.	\$		
6a. UC contribution rate .		6b. UC contributions due (multiply line 5 by line 6a) .. 6b.	\$
7a. CSSF rate: .0014		7b. CSSF Assessment (multiply line 5 by line 7a) ... 7b.	\$
7c. UPAF rate: .0016		7d. UPAF Assessment (multiply line 5 by line 7c).... 7d.	\$
<b>Note: The CSSF and UPAF assessment does not apply to direct reimbursable employers. See instructions.</b>			
8. Total contributions, CSSF and UPAF assessment due (add lines 6b, 7b, and 7d)..... 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:

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

Schedule 2 (Form ME UC-1) 2025



99

Name:

UC Employer Account No.:

Federal Employer ID No.:

Quarterly Period Covered:

2025

2025

MM DD YYYY

MM DD YYYY

\*2006402\*

Unemployment Contributions Wages Listing

11. Payee Name (Last, First, MI)

12. Social Security Number

13. UC Gross Wages Paid

	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.			
p.			
q.			
r.			

2D Bar Code space

14. Total of column 13 on this page

15. Total of columns 13 for ALL pages
