

Form ME UC-1
(CSSF UPAF)
2025

MAINE
DEPARTMENT OF
LABOR

UNEMPLOYMENT
CONTRIBUTIONS
REPORT
QUARTER # 9



99

2006400

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Name UC Employer Account No: 9999999999

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Mailing Address Federal Employer ID No: 99 9999999

Quarterly Period Covered: 99 99 2025 - 99 99 2025
MM DD YYYY MM DD YYYY
City State ZIP Code

Table with 4 columns: Description, 1st Month, 2nd Month, 3rd Month. Rows include: 1. For each month, enter the total of all full-time and part-time workers... 2. Reserved... 3. Total unemployment contributions gross wages paid this quarter... 4. EXCESS WAGES (SEE INSTRUCTIONS)... NOTE: THE TAXABLE WAGE BASE IS \$12,000 FOR EACH EMPLOYEE... 5. Taxable wages paid in this quarter... 6a. UC contribution rate... 6b. UC contributions due... 7a. CSSF rate... 7b. CSSF Assessment... 7c. UPAF rate... 7d. UPAF Assessment... 8. Total contributions, CSSF and UPAF assessment due...

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 9999999

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

Schedule 2 (Form ME UC-1) 2025



99

Name: XXX

2006402

UC Employer Account No.: 9999999999

Federal Employer ID No.: 99 99999999 Quarterly Period Covered: 99 99 2025 - 99 99 2025 MM DD YYYY MM DD YYYY

Unemployment Contributions Wages Listing

Table with 4 columns: 11. Payee Name (Last, First, MI), 12. Social Security Number, 13. UC Gross Wages Paid, and a checkbox column. Rows a through r are listed with sample data.

2D Bar Code space

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

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