



Name UC Employer Account No:
Mailing Address Federal Employer ID No:
City State ZIP Code Quarterly Period Covered: 2020 - 2020
MM DD YYYY MM DD YYYY

- | | <u>1st Month</u> | <u>2nd Month</u> | <u>3rd Month</u> |
|--|------------------|------------------|------------------|
| 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. Number of female employees included on line 1. If none, enter zero (0) | | | |
| 3. Total unemployment contributions gross wages paid this quarter (from schedule 2, line 15) | | | 3. \$. |
| 4. EXCESS WAGES (SEE INSTRUCTIONS) | | | 4. \$. |
| NOTE: THE TAXABLE WAGE BASE IS \$12,000 FOR EACH EMPLOYEE | | | |
| 5. Taxable wages paid in this quarter (line 3 minus line 4) | | | 5. \$. |
| 6a. UC contribution rate . | | | |
| UC contributions due (line 5 times line 6a) | | | 6b. \$. |
| 7a. CSSF rate .0006 | | | |
| CSSF Assessment (line 5 times line 7a) | | | 7b. \$. |
| 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. \$. |

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) 2020



Name:
UC Employer
Account No.:

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Quarterly Period Covered:

2020 - 2020
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.		.
b.		.
c.		.
d.		.
e.		.
f.		.
g.		.
h.		.
i.		.
j.		.
k.		.
l.		.
m.		.
n.		.
o.		.
p.		.
q.		.
r.		.

14. Total of column 13 on this page

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