



Name UC Employer Account No:

Mailing Address Federal Employer ID No:

City Quarterly Period Covered:

2023 - 2023

MM DD YYYY MM DD YYYY

State ZIP Code

- |   | <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)..... 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: <b>.0007</b>   |                  | 7b. CSSF Assessment (multiply line 5 by line 7a) ... 7b.     | \$ .             |
| 7c. UPAF rate: <b>.0015</b>   |                  | 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:** **If not enclosing a check,**

**Treasurer, State of Maine**  
**and MAIL WITH RETURN TO:**

MAINE REVENUE SERVICES  
P.O. BOX 1065  
AUGUSTA, ME 04332-1065

**MAIL RETURN TO:**  
MAINE REVENUE SERVICES  
P.O. BOX 1064  
AUGUSTA, ME 04332-1064

