Form ME UC-1

2023



UNEMPLOYMENT **CONTRIBUTIONS REPORT**

QUARTER#



Name		UC Employer Account No:								
		Federal Employer ID No:								
N	Mailing Address	Quarterly Period Covered:				2023 - 2023				
c	State ZIP Code			MM	DD	YYYY	MM	DD	YYYY	
1.	For each month, enter the total of all full-time and part-time workers who worke received pay reportable for unemployment insurance purposes, for the payroll pincludes the 12th of each month. If you had no employment in the payroll period	period which	-	1st Month		2nd Month		3rd Mo	<u>nth</u>	
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	5. \$							
4.	EXCESS WAGES (SEE INSTRUCTIONS)		. \$							
5.	Taxable wages paid in this quarter (line 3 minus line 4)	5	5. \$							
6a.	UC contribution rate . 6b. UC contributions due (multiply line	e 5 by line 6a)6b	. \$							
7a.	CSSF rate: .0007 7b. CSSF Assessment (multiply line	5 by line 7a)7b	. \$							
7c.	UPAF rate: .0015 7d. UPAF Assessment (multiply line shote: The CSSF and UPAF assessment does not apply to direct reimbursable See instructions.	,	. \$							
8.	Total contributions, CSSF and UPAF assessment due (add lines 6b, 7b,	and 7d)8	. \$							
U	nder penalties of perjury, I certify that the information contained on	this return, repo	rt and	attachme	nt(s)	is true and o	orrect.			
Signature:					Date:					
Pr	int Name: Telephone:		Con	tact Person	Email:					
For Paid Preparers Only										
Pa	id Preparer's Signature:	Date:		Teleph	none:					
Firm's Name (or yours, if self-employed):		Pa	id Prep	arer EIN:						
Ad	dress:			Payroll Proce Number:	essor					
		M	aine Re	venue Servi	ces nr	ncesses return	s on heh	alf of the	2	

Maine Department of Labor — (207) 621-5120 or (844) 754-3508 If not enclosing a check,

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

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

Schedule 2 (Form ME UC-1) 2023

Name:

UC Employer Account No.:

2006402					

Federal Employer ID No.: Quarterly Period Covered: 2023 - 2023 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.		
I.		
m.		
n.		
0.		
p.		
q.		
r.		

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