



2024

QUARTER # 9

2006400

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Name

UC Employer Account No:

9999999999

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Mailing Address

Federal Employer ID No:

99 9999999

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XX

99999

City

State

ZIP Code

Quarterly
Period Covered:

99 99

2024 -

99 99

2024

MM DD YYYY

MM DD YYYY

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.

1st Month

2nd Month

3rd Month

999999

999999

999999

2. Reserved

3. Total unemployment contributions gross wages paid this quarter (from schedule 2, line 15).....3.

\$

9999999999999999 . 99

4. EXCESS WAGES (SEE INSTRUCTIONS)4.
NOTE: THE TAXABLE WAGE BASE IS \$12,000 FOR EACH EMPLOYEE

\$

9999999999999999 . 99

5. Taxable wages paid in this quarter (line 3 minus line 4)5.

\$

9999999999999999 . 99

6a. UC contribution rate . 99999 6b. UC contributions due (multiply line 5 by line 6a)..6b.

\$

9999999999999999 . 99

7a. CSSF rate: .0013 7b. CSSF Assessment (multiply line 5 by line 7a)...7b.

\$

9999999999999999 . 99

7c. UPAF rate: .0015 7d. UPAF Assessment (multiply line 5 by line 7c)....7d.
Note: The CSSF and UPAF assessment does not apply to direct reimbursable employers. See instructions.

\$

9999999999999999 . 99

8. Total contributions, CSSF and UPAF assessment due (add lines 6b, 7b, and 7d).....8.

\$

9999999999999999 . 99

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: XXXXXXXXXXXXXXXXXXXXXXXX

Telephone: 999 999 9999

Contact Person Email: XXXXXXXXXXXXXXXX

For Paid Preparers Only

Paid Preparer's Signature:

Date: 99 99 9999

Telephone:

999 999 9999

Firm's Name (or yours, if self-employed):

XXXXXXXXXXXXXXXXXXXXXX

Paid Preparer EIN:

99 9999999

Address:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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:

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

Schedule 2 (Form ME UC-1) 2024



99

Name: XXX

2006402

UC Employer Account No.: 9999999999

Federal Employer ID No.: 99 9999999

Quarterly Period Covered: 99 99 2024 - 99 99 2024
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.	999 99 9999	999999 . 99 X
b.	999 99 9999	999999 . 99 X
c.	999 99 9999	999999 . 99 X
d.	999 99 9999	999999 . 99 X
e.	999 99 9999	999999 . 99 X
f.	999 99 9999	999999 . 99 X
g.	999 99 9999	999999 . 99 X
h.	999 99 9999	999999 . 99 X
i.	999 99 9999	999999 . 99 X
j.	999 99 9999	999999 . 99 X
k.	999 99 9999	999999 . 99 X
l.	999 99 9999	999999 . 99 X
m.	999 99 9999	999999 . 99 X
n.	999 99 9999	999999 . 99 X
o.	999 99 9999	999999 . 99 X
p.	999 99 9999	999999 . 99 X
q.	999 99 9999	999999 . 99 X
r.	999 99 9999	999999 . 99 X

2D Bar Code space

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

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