$\textbf{Form} \underset{(\,\texttt{CSSF}\,)}{\textbf{ME}} \textbf{UC-1}$

2020

xxxxxxxxxxxxxxxxxxxxxxxxxx



UNEMPLOYMENT **CONTRIBUTIONS REPORT**

QUARTER# 9



XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	UC Employer Account No: 99999999999							
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Federal Employer ID No: Quarterly	9	99 9999999					
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Period Covered: 99		99 2020 M 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 peri	od, enter zero (0) 1. 999	999 999999	999999					
2. Number of female employees included on line 1. If none, enter zero (0)	^{2.} 9999	999 999999	999999					
Total unemployment contributions gross wages paid this quarter (from schedule 2, line 15)	3. \$	99999999999	99. 99					
4. EXCESS WAGES (SEE INSTRUCTIONS) NOTE: THE TAXABLE WAGE BASE IS \$12,000 FOR EACH EMPLOYEE	4. \$	99999999999	99. 99					
Taxable wages paid in this quarter (line 3 minus line 4)	5. \$	99999999999	99. 99					
6a. UC contribution rate • 99999 UC contributions due (line 5 tire	nes line 6a) 6b. \$	99999999999	99. 99					
7a. CSSF rate .0006 CSSF Assessment (line 5 times line 7a)								
8. Total contributions and CSSF assessment due (line 6b plus line 7b)	8. \$	99999999999	99. 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 99	999					
Print Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999 999 999 gontact Per	son Email: XXXXX	xxxxxx					
For Paid Preparers Only								
Paid Preparer's Signature:	Date:99 99 9999T	elephone: 999	999 9999					
Firm's Name (or yours, if self-employed): XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Paid Preparer EIN	Paid Preparer EIN: 99 99999						
Address: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X Maine Payroll P License Numbe	Maine Payroll Processor License Number: 999999999999999999999999999999999999						
Maine Revenue Services processes returns on behalf of the								

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

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■ SCHEDULE 2 (FORM ME UC-1) 2020

UC Employer Account No.:

Federal Employer ID No.:

999999999

99 999999

All employers designated SEASONAL by

2020 -

YYYY

99 99

DD

 MM

99 99 2020

MM DD YYYY

Unemployment Contributions Wages Listing

Quarterly Period Covered:

11. Payee Name (Last, First, MI)	12. Social Security Number		All employers designated SEASONAL by the Maine Department of Labor. See instructions for column 13 on page 5. 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
0.	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
	14. Total of column	13 on this page	999999	200	0.0
2D Bar Code space	15. Total of columns		999999		
10. Total of columns		IOI / ILL pages	22223	122.	シラ