



Name

UC Employer Account No: 9999999999

Mailing Address

Federal Employer ID No: 99 9999999

City State ZIP Code

Quarterly Period Covered: 99 99 2020 - 99 99 2020

Table with 4 columns: Description, 1st Month, 2nd Month, 3rd Month. Rows include worker counts, female employees, gross wages, excess wages, taxable wages, contribution rates, and total contributions.

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: _____ Telephone: 999 999 9999 Contact Person Email: _____

For Paid Preparers Only

Paid Preparer's Signature: _____ Date: 99 99 9999 Telephone: 999 999 9999
Firm's Name (or yours, if self-employed): _____ Paid Preparer EIN: 99 9999999
Address: _____ Maine Payroll Processor License Number: 999999999

2D Bar Code space

Maine Revenue Services processes returns on behalf of the Maine Department of Labor... If enclosing a check, make check payable to: Treasurer, State of Maine and MAIL WITH RETURN TO: MAINE REVENUE SERVICES... If not enclosing a check, MAIL RETURN TO: MAINE REVENUE SERVICES...

