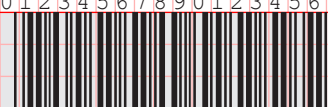


01  
0000000001111111111222222222223333333333334444444444455555555555666666666667777777777788888888888  
12345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345

Form ME UC-1  
(CSSF UPAF)  
2023

MAINE  
DEPARTMENT OF  
LABOR

UNEMPLOYMENT  
CONTRIBUTIONS  
REPORT  
QUARTER # 9



99

\*2006400\*

XXXXXXXXXXXXXXXXXXXXXXXXXX

Name UC Employer Account No: 9999999999

XXXXXXXXXXXXXXXXXXXXXXXXXX Federal Employer ID No: 99 9999999

Mailing Address Quarterly Period Covered: 99 99 2023 - 99 99 2023

XXXXXXXXXXXXXXXXXXXX XX 99999 MM DD YYYY MM DD YYYY  
City State ZIP Code

	1st Month	2nd Month	3rd Month
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).	999999	999999	999999
2. Number of female employees included on line 1. If none, enter zero (0)	999999	999999	999999
3. Total unemployment contributions gross wages paid this quarter (from schedule 2, line 15)	\$ 9999999999999999		99
4. EXCESS WAGES (SEE INSTRUCTIONS)	\$ 9999999999999999		99
<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)	\$ 9999999999999999		99
6a. UC contribution rate . 99999	6b. UC contributions due (multiply line 5 by line 6a)	\$ 9999999999999999	99
7a. CSSF rate: .0007	7b. CSSF Assessment (multiply line 5 by line 7a)	\$ 9999999999999999	99
7c. UPAF rate: .0015	7d. UPAF Assessment (multiply line 5 by line 7c)	\$ 9999999999999999	99
<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)	\$ 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: XXXXXXXXXXXXXXXXXXXXXXX Telephone: 999 999 9999 Contact Person Email: XXXXXXXXXXXXXXX

**For Paid Preparers Only**

Paid Preparer's Signature: \_\_\_\_\_ Date: 99 99 9999 Telephone: 999 999 9999

Firm's Name (or yours, if self-employed): XXXXXXXXXXXXXXXXXXXXXXX Paid Preparer EIN: 99 9999999

Address: XXXXXXXXXXXXXXXXXXXXXXX Maine Payroll Processor License Number: 999999999

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

2D Bar Code space

Schedule 2 (Form ME UC-1) 2023



99

Name: XX

\*2006402\*

UC Employer Account No.: 9999999999

Federal Employer ID No.: 99 99999999

Quarterly Period Covered: 99 99 2023 - 99 99 2023 MM DD YYYY MM DD YYYY

Unemployment Contributions Wages Listing

Table with 3 columns: 11. Payee Name (Last, First, MI), 12. Social Security Number, 13. UC Gross Wages Paid. Rows a through r.

2D Bar Code space

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

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