



XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Name

UC Employer Account No:

9999999999

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Mailing Address

Federal Employer ID No:

99 9999999

XXXXXXXXXXXXXXXXXXXX

XX

99999

Quarterly
Period Covered:

99 99

2023 -

99 99

2023

City

State

ZIP Code

MM DD YYYY

MM DD YYYY

	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). 1.	999999	999999	999999
2. Number of female employees included on line 1. If none, enter zero (0).....2.	999999	999999	999999
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: .0007	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.	\$ 9999999999999999	99
Note: The CSSF and UPAF assessment does not apply to direct reimbursable employers. See instructions.			
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):

XXXXXXXXXXXXXXXXXXXX

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) 2023



99

Name: XXX

2006402

UC Employer Account No.: 9999999999

Federal Employer ID No.: 99 9999999

Quarterly Period Covered: 99 99 2023 - 99 99 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.	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