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**QUARTERLY RETURN PAYMENT VOUCHER
FOR MAINE UNEMPLOYMENT CONTRIBUTIONS**



99

Form ME UC-1-PV

Maine Revenue Services
P.O. Box 9101
Augusta, ME 04332-9101

1506403

Business

Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX Amount Due: 999 999 999 . 99

UC Employer Account Number: 9999999999

Federal EIN: 99 9999999

Period Covered: 99 99 9999 to 99 99 9999
MM DD YYYY MM DD YYYY

Amount Remitted: 999 999 999 . 99

Contact Person _____

Telephone Number _____

MAKE CHECK PAYABLE TO TREASURER, STATE OF MAINE

**DO NOT STAPLE OR TAPE CHECK TO YOUR FORM. DO NOT CUT FORM.
DO NOT SEND PHOTOCOPIES OF FORMS.**

THIS FORM IS NOT REQUIRED IF PAYMENT WAS MADE ELECTRONICALLY.