SCHEDULE 2 (FORM ME UC-1) 2020

1506402

99

Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UC Employer Account No.: 9999999999

Federal Employer ID No.: 99 9999999

Quarterly Period Covered: 99 99 2020 - 99 99 2020
MM DD YYYY MM DD YYYY

Unemployment Contributions Wages Listing

All employers designated SEASONAL by the Maine Department of Labor. See instructions for column 13 on page 5.

	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