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**SCHEDULE 2 (FORM ME UC-1) 2020**



99

Name: XXX

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