MAINE DEPARTMENT OF LABOR
BUREAU OF UNEMPLOYMENT COMPENSATION

AMENDED REPORT – FORM C1A-ME

EMPLOYER'S AMENDMENTS TO UNEMPLOYMENT INSURANCE CONTRIBUTIONS AND/OR WAGE DETAIL REPORT

UC EMPLOYER ACCOUNT NO: _____

EMPLOYER NAME: _____

Quarter Ending: Mo. ☐☐ / Day ☐☐ / Year ☐☐☐☐

Contribution Rate %	**Unemployment Insurance Contributions**		
	A. Amount Last Reported	B. Correct Amount	C. Difference
1. Total Wages For Quarter	_____	$ ☐☐,☐☐☐,☐☐☐.☐☐	_____
2. Excess Wages	_____	☐☐,☐☐☐,☐☐☐.☐☐	_____
3. Taxable Wages	_____	☐☐,☐☐☐,☐☐☐.☐☐	_____
4. Contributions	_____	☐☐,☐☐☐,☐☐☐.☐☐	_____
5. Overpayment – Refund Will Be Issued.....		☐☐☐,☐☐☐.☐☐	
6. Underpayment – Please Remit Payment With Return.....		☐☐☐,☐☐☐.☐☐	

7. INDIVIDUAL EMPLOYEE WAGE CORRECTIONS

Employee's Social Security No.	Name of Employee	Originally Reported Wages		Correct Wages	
		Nonseasonal (T)	Seasonal (P)	Nonseasonal (T)	Seasonal (P)

I certify that the information contained on this return, report and attachment(s) is true and correct and that no part of unemployment contributions has or will be borne by any employee(s).

Make Check Payable to Treasurer, State of Maine

Mail to: MAINE DEPARTMENT OF LABOR
BUREAU OF UNEMPLOYMENT COMPENSATION
P.O. BOX 1057
AUGUSTA, MAINE 04332-1057

Signature _____

Title _____ Date _____ Telephone _____

IF YOU HAVE QUESTIONS REGARDING THIS FORM, CONTACT YOUR LOCAL FIELD ADVISOR AND EXAMINER OR CALL THE WAGE RECORD UNIT AT (207) 287-1231. TTY (HEARING IMPAIRED ONLY) 1-800-794-1110.