Form ME UC-1 (CSSF) 2015

MAINE DEPARTMENT OF LABOR

UNEMPLOYMENT CONTRIBUTIONS REPORT

QUARTER # 9

1506400

99

XXXXXXXXXXXXXXXXXXXXXX
Name

UC Employer Account No: 9999999999

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Address

Federal Employer ID No: 99 9999999

Quarterly Period Covered: 99 99 **2015** - 99 99 **2015**
MM DD YYYY MM DD YYYY

XXXXXXXXXXXXXXXXXXX XX 99999
City **State** **ZIP Code**

See page 6 for electronic filing and payment requirements and options

		1st Month	2nd Month	3rd Month
1. For each month, enter the total of all full-time employees 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 compensation gross wages paid this quarter (from schedule 2, line 15)	3.	$ 99999999999999 . 99		
4. EXCESS WAGES (SEE INSTRUCTIONS) **NOTE:** THE TAXABLE WAGE BASE IS $12,000 FOR EACH EMPLOYEE	4.	$ 99999999999999 . 99		
5. Taxable wages paid in this quarter (line 3 minus line 4)	5.	$ 99999999999999 . 99		
6a. UC contribution rate . 99999 — UC contributions due (line 5 times line 6a)	6b.	$ 99999999999999 . 99		
7a. CSSF rate **.0006** — CSSF Assessment (line 5 times line 7a)	7b.	$ 99999999999999 . 99		
Note: The CSSF assessment does not apply to direct reimbursable employers. See instructions.				
8. Total contributions and CSSF assessment due (line 6b plus line 7b)	8.	$ 99999999999999 . 99		

Under penalties of perjury, I certify that the information contained on this return, report and attachment(s) is true and correct.

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XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999999999

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SCHEDULE 2 (FORM ME UC-1) 2015

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1506402

Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

UC Employer Account No.: 9999999999

Federal Employer ID No: 99 9999999

Quarterly Period Covered: 99 99 2015 (MM DD YYYY) 99 99 2015 (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