



1506400

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Name UC Employer Account No: 9999999999

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Address Federal Employer ID No: 99 9999999

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XX 99999
State ZIP Code

Period Covered: 01 01 2015 - 03 31 2015

File On or Before: 04 30 2015

City

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.	\$ 9999999999999999		99
4. EXCESS WAGES (SEE INSTRUCTIONS) 4.	\$ 9999999999999999		99
NOTE: THE TAXABLE WAGE BASE IS \$12,000 FOR EACH EMPLOYEE			
5. Taxable wages paid in this quarter (line 3 minus line 4) 5.	\$ 9999999999999999		99
6a. UC contribution rate . 99999 UC contributions due (line 5 times line 6a) 6b.	\$ 9999999999999999		99
7a. CSSF rate .0006 CSSF Assessment (line 5 times line 7a) 7b.	\$ 9999999999999999		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.	\$ 9999999999999999		99

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

Signature: _____

Date: 99 99 9999

Print Name: XXXXXXXXXXXXXXXXXXXXXXXX

Telephone: 999 999 9999

Contact Person Email: XXXXXXXXXXXXXXXX

For Paid Preparers Only

Paid Preparer's Signature: _____

Date: 99 99 9999

Telephone:

999 999 9999

Firm's Name (or yours, if self-employed): XXXXXXXXXXXXXXXXXXXXXXXX

Paid Preparer EIN:

99 9999999

Address: XXXXXXXXXXXXXXXXXXXXXXXX

Maine Payroll Processor License Number:

999999999

2D Bar Code space

Maine Revenue Services processes returns on behalf of the
Maine Department of Labor

If enclosing a check, make check payable to: **Treasurer, State of Maine**
and MAIL WITH RETURN TO:
MAINE REVENUE SERVICES
P.O. BOX 1065
AUGUSTA, ME 04332-1065

If not enclosing a check,
MAIL RETURN TO:
MAINE REVENUE SERVICES
P.O. BOX 1064
AUGUSTA, ME 04332-1064

SCHEDULE 2 (FORM ME UC-1) 2015



Name: XXX

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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