Form ME UC-1

2015

MAINE DEPARTMENT OF LABOR

UNEMPLOYMENT CONTRIBUTIONS REPORT

QUARTER # 1

1506400

99

Beth Kingtest
Name

UC Employer Account No: 0047398710

51 Commerce Drive
Address

Federal Employer ID No: 004739871

Period Covered: 04 01 **2015** - 06 30 **2015**

Augusta ME 04330
City **State** **ZIP Code**

File On or Before: 07 15 **2015**

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.	0	0	1
2.	Number of female employees included on line 1. If none, enter zero (0) ..... 2.	0	0	0
3.	Total unemployment compensation gross wages paid this quarter (from schedule 2, line 15) ..... 3.	$		1500.00
4.	EXCESS WAGES (SEE INSTRUCTIONS) ..... 4. **NOTE:** THE TAXABLE WAGE BASE IS $12,000 FOR EACH EMPLOYEE	$		
5.	Taxable wages paid in this quarter (line 3 minus line 4) ..... 5.	$		1500.00
6a.	UC contribution rate . 258 — UC contributions due (line 5 times line 6a) ..... 6b.	$		38.70
7a.	CSSF rate **.0006** — CSSF Assessment (line 5 times line 7a) ..... 7b.	$		.90
	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.	$		39.60

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: XXXXXXXXXXXXXXXXXXXXXX Telephone: 999 999 9999 Contact Person Email: XXXXXXXXXXXX

For Paid Preparers Only

Paid Preparer's Signature: _____ Date: 99 99 9999 Telephone: 999 999 9999

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

Paid Preparer EIN: P12345678

Address: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Maine Payroll Processor License Number:

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

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1506402

Name: Beth Kingtest

UC Employer Account No.: 0047398710

Federal Employer ID No: 004739871

Period Covered: 04 01 **2015** - 06 30 **2015**

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.	904 73 1234	1500.00 ×
b.		
c.		
d.		
e.		
f.		
g.		
h.		
i.		
j.		
k.		
l.		
m.		
n.		
o.		
p.		
q.		
r.		

2D Bar Code space

14. Total of column 13 on this page 1500.00

15. Total of columns 13 for ALL pages