Form ME UC-1 (CSSF)
2016

MAINE DEPARTMENT OF LABOR

UNEMPLOYMENT CONTRIBUTIONS REPORT

QUARTER # 1

1506400

99

Test Corp 1
Name

51 Commerce Dr
Address

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

UC Employer Account No: 0047312340

Federal Employer ID No: 004731234

Quarterly Period Covered: 01 01 **2016** - 03 31 **2016**
YYYY MM DD YYYY

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 and part-time workers 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.	4	4	5
2. Number of female employees included on line 1. If none, enter zero (0) ..... 2.	1	1	0
3. Total unemployment contributions gross wages paid this quarter (from schedule 2, line 15) ..... 3.	$		78010.57
4. EXCESS WAGES (SEE INSTRUCTIONS) ..... 4. **NOTE:** THE TAXABLE WAGE BASE IS $12,000 FOR EACH EMPLOYEE	$		4422.00
5. Taxable wages paid in this quarter (line 3 minus line 4) ..... 5.	$		73588.57
6a. UC contribution rate . 258 UC contributions due (line 5 times line 6a) ..... 6b.	$		18985.85
7a. CSSF rate **.0006** CSSF Assessment (line 5 times line 7a) ..... 7b.	$		44.15
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.	$		19030.00

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): XXXXXXXXXXXXXXXXXX

Paid Preparer EIN: P12345678

Address: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Maine Payroll Processor License Number: 85842

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) 2016

1506402

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Name: Test Corp 1

UC Employer Account No.: 0047312340

Federal Employer ID No: 004731234

Quarterly Period Covered: 01 01 **2016** - 03 31 **2016**
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.	004 73 4444	4488.18	
b.	004 73 5555	3388.22	×
c.	004 73 6666	54220.00	
d.	004 73 7777	8899.01	
e.	004 73 8888	70153.16	×
f.			
g.			
h.			
i.			
j.			
k.			
l.			
m.			
n.			
o.			
p.			
q.			
r.			

14. Total of column 13 on this page 78010.57

15. Total of columns 13 for ALL pages 78010.57