SCHEDULE 2 (FORM ME UC-1) 2019

1506402

99

Name:

UC Employer Account No.:

Federal Employer ID No.:

Quarterly Period Covered: 2019 - 2019

MM DD YYYY MM DD YYYY

Unemployment Contributions Wages Listing

	11. Payee Name (Last, First, MI)	12. Social Security Number	13. UC Gross Wages Paid
a.			.
b.			.
c.			.
d.			.
e.			.
f.			.
g.			.
h.			.
i.			.
j.			.
k.			.
l.			.
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