

MAINE DEPARTMENT OF LABOR
 Bureau of Unemployment Compensation
 47C State House Station
 Augusta, ME 04333-0047

AUTHORIZATION TO CORRECT WAGES

Maine Employer Account Number	Employer's Name and Address
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Authorization is hereby made for an adjustment to the account for the following reasons: _____

Quarter Ending _____ (A separate form must be submitted for each quarter.)

Item	A. Amount Reported	B. Corrected Amount	C. Difference	Contribution Rate
1. Total Wages	\$	\$	\$	_____ %
2. Wages in Excess of \$12,000 Per Employee	\$	\$	\$	
3. Taxable Wages	\$	\$	\$	
4. Contributions Tax	\$	\$	\$	CSSF Rate: .05% for 2008-2009
5. CSSF ¹ Tax	\$	\$	\$.06% for 2010-2012

6. Total Overpayment \$ _____ (Do not reduce future tax liabilities by this credit.)

7. Total Underpayment \$ _____ (Please remit payment with this report.)

> > > Make Check or Money Order Payable To: TREASURER, STATE OF MAINE < < <

8. INDIVIDUAL EMPLOYEE WAGE CORRECTIONS					
Employee's Social Security Number	Name of Employee	Originally Reported		Corrected Amounts	
		Nonseasonal (T)	Seasonal (P)	Nonseasonal (T)	Seasonal (P)

Date	Signature	Title	Telephone
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QUESTIONS ABOUT THIS NOTICE?
 Contact a Representative at (207) 621-5120 Fax: (207) 287-3733
 TTY (Deaf / Hard of Hearing): 1-800-794-1110 E-mail address: division.uctax@Maine.gov

INSTRUCTIONS FOR AMENDED REPORT

Purpose of Form. Use this form to correct an error or make changes to the Unemployment Insurance Contributions or CSSF Contributions portion of Form 941/C1-ME filed previously. Do not make changes using Form 941/C1-ME. You may use this form to amend any UC or CSSF report filed in prior quarters. Prepare a separate Form C1A-ME for each period for which correction is being made.

UC EMPLOYER NUMBER. Enter your employer identification number issued by the Maine Department of Labor.

EMPLOYER NAME. Enter the name of the employer amending the report.

AUTHORIZATION. Explanation of Adjustments. Use this space to enter an explanation of the error you are correcting.

PERIOD COVERED. Enter the beginning and ending dates for the quarter being amended by this report.

Lines 1, 2 and 3. In column A, enter the (1) total, (2) excess and (3) taxable wages previously reported for the period covered by the amended report.

In column B, enter the correct amount of (1) total, (2) excess and (3) taxable wages.
In column C, enter the difference between the amounts in column A and column B.

Line 4. In column A, enter the amount of unemployment insurance contributions previously reported for the period covered by the amended report.

In column B, enter the correct amount of unemployment insurance.
In column C, enter the difference between the amounts in column A and column B.

Line 5. In column A, enter the amount of CSSF contributions previously reported for the period covered by the amended report.

In column B, enter the correct amount of CSSF contributions.
In column C, enter the difference between the amounts in column A and column B.

Line 6. Overpayment of Contributions. If the difference in column C, line 4 is an overpayment, enter the amount on line 5.

Line 7. Underpayment of Contributions. If the difference in column C, line 4 is an underpayment, enter the amount on line 6.

Line 8. Individual Employee Wage Corrections. Enter data ONLY for those employees whose wages are being adjusted.