

SCHEDULE 2 (FORM ME UC-1) 2017



99

Name:

UC Employer
Account No.:

Federal Employer ID No.:

Quarterly Period Covered:

2017

2017

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.				.		
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

15. Total of columns 13 for ALL pages
