Form ME UC-1
(CSSF)
2020

MAINE DEPARTMENT OF **LABOR**

UNEMPLOYMENT CONTRIBUTIONS REPORT

QUARTER #

1506400

99

Name

Mailing Address

City   **State**   **ZIP Code**

UC Employer Account No:

Federal Employer ID No:

Quarterly Period Covered: 2020 -   2020
MM   DD   YYYY   MM   DD   YYYY

	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.

2. Number of female employees included on line 1. If none, enter zero (0) .... 2.

3. Total unemployment contributions gross wages paid this quarter (from schedule 2, line 15) .... 3. $.

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. $.

6a. UC contribution rate **.**_____   UC contributions due (line 5 times line 6a) .... 6b. $.

7a. CSSF rate **.0006**   CSSF Assessment (line 5 times line 7a) .... 7b. $.
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. $.

Under penalties of perjury, I certify that the information contained on this return, report and attachment(s) is true and correct.

Signature: Date:

Print Name: Telephone: Contact Person Email:

For Paid Preparers Only

Paid Preparer's Signature: Date: Telephone:

Firm's Name (or yours, if self-employed):   Paid Preparer EIN:

Address: Maine Payroll Processor License Number:

2D Bar Code space

Maine Revenue Services processes returns on behalf of the
Maine Department of Labor — (207) 621-5120 or (844) 754-3508

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

Name:

UC Employer
Account No.:

Federal Employer ID No.:

Quarterly Period Covered:

2020 - 2020

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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