Form ME UC-1

2024



UNEMPLOYMENT CONTRIBUTIONS REPORT

QUARTER#



2006/100

Name		UC Employer Account No:				
		Federal Employe	er ID No:			
Mailing Address		Quarterly		2024 -	2024	
		Period Covered:	MM DD		MM DD YYYY	
City	tate ZIP Code					
For each month, enter the total of all full-time and part-time workers who wor received pay reportable for unemployment insurance purposes, for the payro includes the 12th of each month. If you had no employment in the payroll pe		period which	1st Month	2nd Month	3rd Month	
2. Reserved						
Total unemployment contributions gross wag (from schedule 2, line 15)		3. \$	S			
4. EXCESS WAGES (SEE INSTRUCTIONS) NOTE: THE TAXABLE WAGE BASE IS \$12			3			
5. Taxable wages paid in this quarter (line 3 mir	nus line 4)	5. \$	S			
6a. UC contribution rate . 6b. UC c	contributions due (multiply line	e 5 by line 6a)6b. \$	5			
7a. CSSF rate: .0013 7b. CSSF	Assessment (multiply line	5 by line 7a)7b. \$	3			
7c. UPAF rate: .0015 7d. UPAF Note: The CSSF and UPAF assessment does not See instructions.	Assessment (multiply line soft apply to direct reimbursable)	•	3			
8. Total contributions, CSSF and UPAF assessr	ment due (add lines 6b, 7b,	and 7d)8. \$	3			
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:	С	Contact Person Email	:		
For Paid Preparers Only						
Paid Preparer's Signature:		Date:	Telephone:			
Firm's Name (or yours, if self-employed):		Daid Dr.	renarer FIN			
зын-ынриуви).	Paid Preparer EIN: Maine Payroll Processor					
Address:	License Number:					

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:

If not enclosing a check,

Treasurer, State of Maine
and MAIL WITH RETURN TO:
MAINE REVENUE SERVICES
P.O. BOX 1065
AUGUSTA, ME 04332-1065

MAIL RETURN TO: MAINE REVENUE SERVICES P.O. BOX 1064 AUGUSTA, ME 04332-1064