Form ME UC-1

2025



UNEMPLOYMENT CONTRIBUTIONS REPORT

QUARTER#



2006/100

ı	Name			UC Employer Account No:						
		Federal Employer ID No:								
Mailing Address			Quarterly Period C			2025	5 -		2025	
				Periou C	overeu.	MM	DD YYYY		1 DD	
(City	State	ZIP Code							
1.	received pay reportable for unemployment insu	ter the total of all full-time and part-time workers who work able for unemployment insurance purposes, for the payroll each month. If you had no employment in the payroll per				1st Month	2nd N	lonth	3rd N	<u>lonth</u>
2.	Reserved				2.					
3.	Total unemployment contributions gross wa (from schedule 2, line 15)				3. \$					
4.		EE INSTRUCTIONS) LE WAGE BASE IS \$12,000 FOR EACH EMPLOY								
5.	Taxable wages paid in this quarter (line 3 m	in this quarter (line 3 minus line 4)								
6а	. UC contribution rate . 6b. UC	ine 5 by line 6a	a)6b. \$							
7a	. CSSF rate: .0014 7b. CSS	SF Assess	sment (multiply line	e 5 by line 7a)7b. \$					
7c. UPAF rate: .0016										
8.	Total contributions, CSSF and UPAF asses	sment du	e (add lines 6b, 7l	b, and 7d)	8. \$					
Under penalties of perjury, I certify that the information contained on this return, report and attachment(s) is true and correct.										
Si	ignature:						Date:			
P	rint Name:		Telephone:		Cor	ntact Person I	Email:			
For Paid Preparers Only										
Pa	aid Preparer's Signature:			Date:		Telepho	one:			
	rm's Name (or yours, if employed):		Paid Prep	parer EIN:						
Ac	ddress:	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 osing a check, make check payable to:

If not enclosing a check,

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

MAIL RETURN TO:

MAINE REVENUE SERVICES P.O. BOX 1064 AUGUSTA, ME 04332-1064