Clear Print

Schedule 2 (Form ME UC-1) 2025

2006402 99

Name:

UC Employer Account No.:

Federal Employer ID No.:

Quarterly Period Covered: MM DD YYYY 2025 - MM DD YYYY 2025

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.			.
m.			.
n.			.
o.			.
p.			.
q.			.
r.			.

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14. Total of column 13 on this page

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