

MAINE DEPARTMENT OF LABOR Bureau of Unemployment Compensation 47 State House Station Augusta, ME. 04333-0047	Date Received
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EMPLOYER'S MULTI-QUARTER CONTRIBUTION AND PAYROLL REPORT (Non-Seasonal)

Employer's Name	Maine Employer Account No.
D/B/A Name	Federal I.D. No.
Address	

Report the number of covered workers who worked during or received pay for the payroll period which includes the 12th of the month. If no employment in the payroll period, enter zero. ▶

	YEAR 20_____												
	1 st Quarter			2 nd Quarter			3 rd Quarter			4 th Quarter			
	Female			Female			Female			Female			
Total			Total			Total			Total				
1. Total Wages Paid	\$			\$			\$			\$			For Office Use Only
2. Less Excess Wages ¹	\$			\$			\$			\$			
3. Taxable Wages	\$			\$			\$			\$			
4. Contribution Due _____%	\$			\$			\$			\$			
5. CSSF ² _____%	\$			\$			\$			\$			
6. Remittance	\$			\$			\$			\$			

▶ **Make Remittance Payable to: "Treasurer, State of Maine"** ◀

Employee's Social Security Number	Name of Employee	Total Reportable Wages for Quarter Ending			
		March 31	June 30	September 30	December 31
		\$	\$	\$	\$
Additional Space on Reverse Side	Totals for this Page	\$	\$	\$	\$
	Totals for this Return	\$	\$	\$	\$

I certify that the information reported herein is true and correct.

Signature	Title	Telephone No.	Date
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¹ Wages over \$12,000 paid to any employee in one calendar year. (To be deducted only in the quarter in which the excess is paid.)

² Competitive Skills Scholarship Fund – **See your Tax Rate Notice (Form Me. Tax-13) for rate years 2008 and thereafter for the CSSF rate. For rate years prior to 2008, the CSSF rate does not apply.**

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Totals for this Page				\$	\$	\$	\$