$\textbf{Form} \underset{(\texttt{CSSF})}{\textbf{ME}} \textbf{UC-1}$

2019

MAINE DEPARTMENT OF LABOR

UNEMPLOYMENT CONTRIBUTIONS REPORT

QUARTER#



1506400

Name			UC Employer Account No:								
					Federal E	mployer I	D No:				
N	Mailing Address				Quarterly Period Co	vered:		2019 -			2019
	N		04-4-	ZID O - d -	1 01100 00	voica.	MM DE		MM		YYYY
(City		State	ZIP Code							
1.	For each month, enter the received pay reportable fo includes the 12th of each	r unemployment insur	ance purpo	ses, for the payroll pe	eriod which	1.	1st Month	2nd Month	1	3rd M	<u>onth</u>
2.	Number of female employ	ees included on line 1	. If none, e	nter zero (0)		2.					
3.	Total unemployment control (from schedule 2, line 15)					3. \$					
4.	EXCESS WAGES (SEE IN NOTE: THE TAXABLE W					4. \$					
5.	Taxable wages paid in this	quarter (line 3 minus	line 4)			5. \$					
6a.	UC contribution rate •		JC contribu	itions due (line 5 time	es line 6a)	6b. \$					
	CSSF rate .0006 te: The CSSF assessment			nt (line 5 times line 7a							
8.	Total contributions and CS	SSF assessment due (l	line 6b plus	line 7b)		8. \$					
U	nder penalties of perju	ıry, I certify that th	e informa	tion contained o	n this return, ı	report and	attachment(s	s) is true and c	orrect.		
Si	gnature:						Da	te:			
Pr	int Name:			Telephone:		Conf	tact Person Ema	ail:			
				For Paid P	reparers O	nly					
Pa	id Preparer's Signature:				Date:		Telephon	e:			
Fir	m's Name (or yours, if f-employed):					Paid Prepa					
Ad	dress:	Maine Payroll Processor									

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:

<u>Treasurer. State of Maine</u>

and MAIL WITH RETURN TO:

MAINE REVENUE SERVICES

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

SCHEDULE 2 (FORM Name:	ME UC-1) 2019			*150	6402*	99
UC Employer Account No.:				130	0402	
Federal Employer ID No.:	Quarterly Period Covered	I: MM	DD	2019 - YYYY	MM DD	2019 YYYY
	Unemployment Contributions Wag				55	
11. Payee Name (Last, First, MI)	12. Social Security Number		13.	UC Gross Wage	es Paid	
a.						
b.						
c.						
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UNEMPLOYMENT CONTRIBUTIONS REPORT

QUARTER#



99

Name				UC Employer Account No:								
				Federal Employer ID No:								
Mailing Address			Quarterly Period Covered:			2019 -		2	2019			
	*itu	State	ZIP Code		-	MM DD	YYYY	MM	DD	YYYY		
	City	State	ZIF Code									
1.	For each month, enter the total of all full-time an received pay reportable for unemployment insurincludes the 12th of each month. If you had no of	ance purpo	oses, for the payroll pe	riod which		1st Month	2nd Month		3rd Mo	<u>nth</u>		
2.	Number of female employees included on line 1	If none, e	enter zero (0)	2.								
3.	Total unemployment contributions gross wages (from schedule 2, line 15)	-		3.	\$							
4.	EXCESS WAGES (SEE INSTRUCTIONS) NOTE: THE TAXABLE WAGE BASE IS \$12,00			4.	\$							
5.	Taxable wages paid in this quarter (line 3 minus	line 4)		5.	\$							
6a.	UC contribution rate .	JC contrib	utions due (line 5 times	line 6a)6b.	\$							
	CSSF rate .0006 CSSF te: The CSSF assessment does not apply to d			7b.	\$							
8.	Total contributions and CSSF assessment due (ine 6b plu	s line 7b)	8.	\$							
U	nder penalties of perjury, I certify that th	e inform	ation contained on	this return, report a	and a	attachment(s)	is true and co	orrect.				
Si	gnature:					Date:						
	- CANAL		Tiloubium		0							
Pr	int Name:		Telephone:		Conta	act Person Email:						
	For Paid Preparers Only											
	id Preparer's Signature:			Date:		Telephone:						
	m's Name (or yours, if if-employed):			Paid F	Prepa	rer EIN:						
Ad	Maine Payroll Processor License Number:											

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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

SCHEDULE 2 (FORM N	IE UC-1) 2019					
Name:						99
UC Employer Account No.:				*150	6402*	11111
Federal Employer ID No.:	Qı	uarterly Period Covered:	: MM DD	2019 - YYYY	MM DD	2019 YYYY
	Unemployment Con	tributions Wage				
11. Payee Name (Last, First, MI)	12. Social Secu	urity Number	1	3. UC Gross Wage	es Paid	
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b.						
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2019

MAINE DEPARTMENT OF LABOR

UNEMPLOYMENT CONTRIBUTIONS REPORT

QUARTER#



1506400

Name			UC Employer Account No:								
					Federal E	mployer I	D No:				
N	Mailing Address				Quarterly Period Co	vered:		2019 -			2019
	N		04-4-	ZID O - d -	1 01100 00	voica.	MM DE		MM		YYYY
(City		State	ZIP Code							
1.	For each month, enter the received pay reportable fo includes the 12th of each	r unemployment insur	ance purpo	ses, for the payroll pe	eriod which	1.	1st Month	2nd Month	1	3rd M	<u>onth</u>
2.	Number of female employ	ees included on line 1	. If none, e	nter zero (0)		2.					
3.	Total unemployment control (from schedule 2, line 15)					3. \$					
4.	EXCESS WAGES (SEE IN NOTE: THE TAXABLE W					4. \$					
5.	Taxable wages paid in this	quarter (line 3 minus	line 4)			5. \$					
6a.	UC contribution rate •		JC contribu	itions due (line 5 time	es line 6a)	6b. \$					
	CSSF rate .0006 te: The CSSF assessment			nt (line 5 times line 7a							
8.	Total contributions and CS	SSF assessment due (l	line 6b plus	line 7b)		8. \$					
U	nder penalties of perju	ıry, I certify that th	e informa	tion contained o	n this return, ı	report and	attachment(s	s) is true and c	orrect.		
Si	gnature:						Da	te:			
Pr	int Name:			Telephone:		Conf	tact Person Ema	ail:			
				For Paid P	reparers O	nly					
Pa	id Preparer's Signature:				Date:		Telephon	e:			
Fir	m's Name (or yours, if f-employed):					Paid Prepa					
Ad	dress:	Maine Payroll Processor									

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

SCHEDULE 2 (FORM N	IE UC-1) 2019					
Name:						99
UC Employer Account No.:				*150	6402*	11111
Federal Employer ID No.:	Qı	uarterly Period Covered:	: MM DD	2019 - YYYY	MM DD	2019 YYYY
	Unemployment Con	tributions Wage				
11. Payee Name (Last, First, MI)	12. Social Secu	urity Number	1	3. UC Gross Wage	es Paid	
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UNEMPLOYMENT CONTRIBUTIONS REPORT

QUARTER#



99

ı	Name	UC Employer A	UC Employer Account No:							
			Federal Employ	er ID N	o:					
ı	Mailing Address		Quarterly Period Covered			2019 -		20	19	
			Period Covered		1M DD	YYYY	MM		YYY	
(City	State ZIP Code								
1.	For each month, enter the total of all ful received pay reportable for unemploym includes the 12th of each month. If you	ent insurance purposes, for the pay	roll period which	<u>1st N</u>	<u>Month</u>	2nd Month		3rd Mont	<u>th</u>	
2.	Number of female employees included	on line 1. If none, enter zero (0)	2.							
3.	Total unemployment contributions gross (from schedule 2, line 15)	- :	3.	\$						
4.	EXCESS WAGES (SEE INSTRUCTION NOTE: THE TAXABLE WAGE BASE IS		4.	\$						
5.	Taxable wages paid in this quarter (line	3 minus line 4)	5.	\$						
6a.	. UC contribution rate .	UC contributions due (line 5	5 times line 6a)6b.	\$						
	CSSF rate .0006 te: The CSSF assessment does not ap	CSSF Assessment (line 5 times li		\$						
8.	Total contributions and CSSF assessme	ent due (line 6b plus line 7b)	8.	\$						
·	Inder penalties of perjury, I certify	that the information contained	ed on this return, report a	and attac	hment(s)	is true and c	orrect.			
Si	ignature:				Date	:				
Pi	rint Name:	Telephor		Contact P	erson Email	:				
		For Pai	d Preparers Only							
Pa	aid Preparer's Signature:		Date:		Telephone:					
	rm's Name (or yours, if llf-employed):		Paid F	Preparer E	IN:					
Ac	ddress:		Mai Lice	ine Payroll ense Numb	Processor per:					

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MAIL RETURN TO:

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

Name:									
Comployer Account No: Quarterly Period Covered:		WI WIE OC-1) 2019				99			
Pederal Employer ID No.: Quarterly Period Covered: 2019 2019 2019 2019 2019	UC Employer		1111	*15064	102*				
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11. Payee Name (Last, First, MI) 12. Social Security Number 13. UC Gross Wages Pald 14. Total of column 13 on this page	Federal Employer ID No.:	Quarterly Period Covered:			им DD				
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