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

2020



# UNEMPLOYMENT CONTRIBUTIONS REPORT

### **QUARTER#**



\*1506/100\*

| 1   | lame   |                                |                           | UC Employe                | r Acco                | unt No:                     |               |         |           |
|-----|--|--------------------------------|---------------------------|---------------------------|-----------------------|-----------------------------|---------------|---------|-----------|
|     |  |                                |                           | Federal Emp               | loyer II              | D No:                       |               |         |           |
| N   | Mailing Address  |                                |                           | Quarterly<br>Period Cover | ro du                 |                             | 2020 -        |         | 2020      |
|     | •••  |                                |                           | Period Cover              | eu.                   | MM DD                       | YYYY          | MM      | DD YYYY   |
| C   | City   | State                          | ZIP Code                  |                           |                       |                             |               |         |           |
| 1.  | For each month, enter the total received pay reportable for und includes the 12th of each month. | employment insurance purpo     | oses, for the payroll pe  | riod which                |                       | 1st Month                   | 2nd Month     |         | 3rd Month |
| 2.  | Number of female employees i   | included on line 1. If none, e | enter zero (0)            | 2                         | 2.                    |                             |               |         |           |
| 3.  | Total unemployment contribution (from schedule 2, line 15)                                       |                                |                           |                           | 3. \$                 |                             |               |         |           |
| 4.  | EXCESS WAGES (SEE INSTE  |                                |                           | 2                         | 4. \$                 |                             |               |         |           |
| 5.  | Taxable wages paid in this qua   | arter (line 3 minus line 4)    |                           |                           | 5. \$                 |                             |               |         |           |
| 6a. | UC contribution rate   | UC contribu                    | utions due (line 5 times  | s line 6a)6l              | o. \$                 |                             |               |         |           |
|     | CSSF rate .0006 te: The CSSF assessment doe  |                                | ent (line 5 times line 7a |                           | o. \$                 |                             |               |         |           |
| 8.  | Total contributions and CSSF a   | assessment due (line 6b plus   | s line 7b)                |                           | 3. \$                 |                             |               |         |           |
| U   | nder penalties of perjury,   | I certify that the informa     | ation contained on        | this return, repo         | ort and a             | attachment(s)               | is true and c | orrect. |           |
| Si  | gnature:   |                                |                           |                           |                       | Date                        | :             |         |           |
| Pr  | int Name:  |                                | Telephone:                |                           | Cont                  | act Person Emai             | ı             |         |           |
|     | in ranie.  |                                | <u> </u>                  | eparers Only              |                       | act i Green Emai            |               |         |           |
|     |  |                                |                           |                           |                       |                             |               |         |           |
|     | id Preparer's Signature:   |                                |                           | Date:                     |                       | Telephone                   |               |         |           |
|     | m's Name (or yours, if<br>lf-employed):  |                                |                           | Pa                        | aid Prepa             | rer EIN:                    |               |         |           |
| Ad  | dress:   |                                |                           |                           | Maine Pa<br>License I | ayroll Processor<br>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:

<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

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| SCHEDULE 2 (FORM N               | <b>IE UC-1)</b> 2020                 |                                     | 0.0 |
|----------------------------------|--------------------------------------|-------------------------------------|-----|
| Name:                            |                                      |                                     | 99  |
| UC Employer<br>Account No.:      |                                      | *1506402*                           |     |
| Federal Employer ID No.:         | Quarterly Period Covered:            | 2020 - 202<br>MM DD YYYY MM DD YYYY |     |
|                                  | Unemployment Contributions Wages     |                                     |     |
|                                  |                                      |                                     |     |
| 11. Payee Name (Last, First, MI) | 12. Social Security Number           | 13. UC Gross Wages Paid             |     |
| a.                               |                                      |                                     |     |
| b.                               |                                      |                                     |     |
| c.                               |                                      |                                     |     |
| d.                               |                                      |                                     |     |
| e.                               |                                      |                                     |     |
| f.                               |                                      |                                     |     |
| g.                               |                                      |                                     |     |
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| i.                               |                                      |                                     |     |
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| L.                               |                                      |                                     |     |
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2020

**QUARTER#** 

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| N    | ame  |                 |  | UC Emplo               | oyer Acco           | unt No:                    |                    |            |       |       |
|------|--|-----------------|--|------------------------|---------------------|----------------------------|--------------------|------------|-------|-------|
|      | ***  |                 |  | Federal E              | mployer l           | D No:                      |                    |            |       |       |
| M    | ailing Address   |                 |  | Quarterly<br>Period Co | overed:             |                            | 2020 -             |            |       | 2020  |
|      |  |                 |  | i ciioa oc             | overeu.             | MM DI                      |                    | MM         | DD    | YYYY  |
| Ci   | ity  | State           | ZIP Code   |                        |                     |                            |                    |            |       |       |
|      | For each month, enter the total of all full-time received pay reportable for unemployment insincludes the 12th of each month. If you had r | surance purp    | oses, for the payroll pe                         | riod which             | 1.                  | 1st Month                  | 2nd Month          |            | 3rd M | lonth |
| 2.   | Number of female employees included on line  | e 1. If none, e | enter zero (0)                                   |                        | 2.                  |                            |                    |            |       |       |
|      | Total unemployment contributions gross wage (from schedule 2, line 15)   |                 |  |                        | 3. \$               |                            |                    |            |       |       |
|      | EXCESS WAGES (SEE INSTRUCTIONS) NOTE: THE TAXABLE WAGE BASE IS \$12,   |                 |  |                        | 4. \$               |                            |                    |            |       |       |
| 5.   | Taxable wages paid in this quarter (line 3 min   | us line 4)      |  |                        | 5. \$               |                            |                    |            |       |       |
| 6a.  | UC contribution rate   | UC contrib      | utions due (line 5 times                         | s line 6a)             | 6b. \$              |                            |                    |            |       |       |
|      | CSSF rate .0006 CS: The CSSF assessment does not apply to  |                 | ent (line 5 times line 7a<br>bursable employers. |                        |                     |                            |                    |            |       |       |
| 8.   | Total contributions and CSSF assessment du   | e (line 6b plu  | s line 7b)                                       |                        | 8. \$               |                            |                    |            |       |       |
| Ur   | nder penalties of perjury, I certify that  | the inform      | ation contained or                               | this return, r         | report and          | attachment(                | s) is true and c   | orrect.    |       |       |
| Sig  | nature:  |                 |  |                        |                     | Da                         | ate:               |            |       |       |
| Pri  | nt Name:   |                 | Telephone:                                       |                        | Cont                | act Person Em              | ail:               |            |       |       |
|      |  |                 | For Paid Pr                                      | eparers Or             | nly                 |                            |                    |            |       |       |
| Dai  | d Preparer's Signature:  |                 |  | Date:                  |                     | Telephor                   | 00.                |            |       |       |
| Firn | n's Name (or yours, if   |                 |  | Date.                  |                     |                            | ic.                |            |       |       |
| self | employed):   |                 |  |                        | Paid Prepa          |                            |                    |            |       |       |
| Add  | Iress:   |                 |  |                        | Maine Pa<br>License | ayroll Processo<br>Number: | or                 |            |       |       |
|      |  |                 |  | Mai                    | ine Revenue         | Services proce             | sses returns on be | ehalf of t | he    |       |

Maine Department of Labor — (207) 621-5120 or (844) 754-3508

If enclosing a check, make check payable to:

If not enclosing a check,

MAIL RETURN TO: and MAIL WITH RETURN TO:

MAINE REVENUE SERVICES P.O. BOX 1065 AUGUSTA, ME 04332-1065

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

2D Bar Code space

SCHEDULE 2 (FORM ME UC-1) 2020

Name:

UC Employer Account No.:

Federal Employer ID No.:

**Quarterly Period Covered:** 

**2020** - MM DD YYYY

2020

| 11. Payee Name (Last, First, MI)  12. Social Security Number  13. UC Gross Wages Paid  14. Total of column 13 on this page  15. Total of column 13 on this page  |         |                            |                  |                              | MM         | DD  | YYYY         | MM        | DD | YYYY |  |
|---|---------|----------------------------|------------------|------------------------------|------------|-----|--------------|-----------|----|------|--|
| a. b. c. d. e. f. g. h. i. j. k. l. m. n. e. 2D Bar Code space  |         |                            | <u>Unemployn</u> | nent Contributions W         | ages Listi | ng  |              |           |    |      |  |
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| b   | 11. Pay | yee Name (Last, First, MI) | 1.               | Social Security Number       |            | 13. | . UC Gross W | ages Paid |    |      |  |
| c. d. e. f. g. h. i. j. k. l. m. n. o. p. q. q. q. r.   | a.      |                            |                  |                              |            |     |              |           |    |      |  |
| c. d. e. f. g. h. i. j. k. l. m. n. o. p. q. q. q. r.   |         |                            |                  |                              |            |     |              |           |    |      |  |
| d   | b.      |                            |                  |                              |            |     |              |           |    |      |  |
| e.  f.  g.  h.  i.  j.  k.  l.  n.  o.  p.  q.  r.  | C.      |                            |                  |                              |            |     |              |           |    |      |  |
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 $\textbf{Form} \underset{(\, \texttt{CSSF}\,)}{\textbf{ME}} \textbf{UC-1}$ 

2020



# UNEMPLOYMENT CONTRIBUTIONS REPORT

### **QUARTER#**



\*1506/100\*

| 1   | lame   |                                |                           | UC Employe                | r Acco                | unt No:                     |               |         |           |
|-----|--|--------------------------------|---------------------------|---------------------------|-----------------------|-----------------------------|---------------|---------|-----------|
|     |  |                                |                           | Federal Emp               | loyer II              | D No:                       |               |         |           |
| N   | Mailing Address  |                                |                           | Quarterly<br>Period Cover | ro du                 |                             | 2020 -        |         | 2020      |
|     | •••  |                                |                           | Period Cover              | eu.                   | MM DD                       | YYYY          | MM      | DD YYYY   |
| C   | City   | State                          | ZIP Code                  |                           |                       |                             |               |         |           |
| 1.  | For each month, enter the total received pay reportable for und includes the 12th of each month. | employment insurance purpo     | oses, for the payroll pe  | riod which                |                       | 1st Month                   | 2nd Month     |         | 3rd Month |
| 2.  | Number of female employees i   | included on line 1. If none, e | enter zero (0)            | 2                         | 2.                    |                             |               |         |           |
| 3.  | Total unemployment contribution (from schedule 2, line 15)                                       |                                |                           |                           | 3. \$                 |                             |               |         |           |
| 4.  | EXCESS WAGES (SEE INSTE  |                                |                           | 2                         | 4. \$                 |                             |               |         |           |
| 5.  | Taxable wages paid in this qua   | arter (line 3 minus line 4)    |                           |                           | 5. \$                 |                             |               |         |           |
| 6a. | UC contribution rate   | UC contribu                    | utions due (line 5 times  | s line 6a)6l              | o. \$                 |                             |               |         |           |
|     | CSSF rate .0006 te: The CSSF assessment doe  |                                | ent (line 5 times line 7a |                           | o. \$                 |                             |               |         |           |
| 8.  | Total contributions and CSSF a   | assessment due (line 6b plus   | s line 7b)                |                           | 3. \$                 |                             |               |         |           |
| U   | nder penalties of perjury,   | I certify that the informa     | ation contained on        | this return, repo         | ort and a             | attachment(s)               | is true and c | orrect. |           |
| Si  | gnature:   |                                |                           |                           |                       | Date                        | :             |         |           |
| Pr  | int Name:  |                                | Telephone:                |                           | Cont                  | act Person Emai             | ı             |         |           |
|     | in ranie.  |                                | <u> </u>                  | eparers Only              |                       | act i Green Emai            |               |         |           |
|     |  |                                |                           |                           |                       |                             |               |         |           |
|     | id Preparer's Signature:   |                                |                           | Date:                     |                       | Telephone                   |               |         |           |
|     | m's Name (or yours, if<br>lf-employed):  |                                |                           | Pa                        | aid Prepa             | rer EIN:                    |               |         |           |
| Ad  | dress:   |                                |                           |                           | Maine Pa<br>License I | ayroll Processor<br>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:

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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

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SCHEDULE 2 (FORM ME UC-1) 2020

Name:

UC Employer Account No.:

Federal Employer ID No.:

**Quarterly Period Covered:** 

**2020** - MM DD YYYY

2020

| 11. Payee Name (Last, First, MI)  12. Social Security Number  13. UC Gross Wages Paid  14. Total of column 13 on this page  15. Total of column 13 on this page  |         |                            |                  |                              | MM         | DD  | YYYY         | MM        | DD | YYYY |  |
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| a. b. c. d. e. f. g. h. i. j. k. l. m. n. e. 2D Bar Code space  |         |                            | <u>Unemployn</u> | nent Contributions W         | ages Listi | ng  |              |           |    |      |  |
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| b   | 11. Pay | yee Name (Last, First, MI) | 1.               | Social Security Number       |            | 13. | . UC Gross W | ages Paid |    |      |  |
| c. d. e. f. g. h. i. j. k. l. m. n. o. p. q. q. q. r.   | a.      |                            |                  |                              |            |     |              |           |    |      |  |
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| d   | b.      |                            |                  |                              |            |     |              |           |    |      |  |
| e.  f.  g.  h.  i.  j.  k.  l.  n.  o.  p.  q.  r.  | C.      |                            |                  |                              |            |     |              |           |    |      |  |
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#### **UNEMPLOYMENT CONTRIBUTIONS REPORT**

### **QUARTER#**



99

| ١   | Name   |              |  | UC Employer A               | ccol             | unt No:                     |                |         |       |              |
|-----|--|--------------|--|-----------------------------|------------------|-----------------------------|----------------|---------|-------|--------------|
|     |  |              |  | Federal Employ              | yer II           | D No:                       |                |         |       |              |
| N   | Mailing Address  |              |  | Quarterly<br>Period Covered | d:               | MM DD                       | 2020 -<br>YYYY | MM      | DD    | 2020<br>YYYY |
| C   | City   | State        | ZIP Code                                       |                             |                  |                             |                |         |       |              |
| 1.  | For each month, enter the total of all full-time ar received pay reportable for unemployment insurincludes the 12th of each month. If you had no | ance purpo   | oses, for the payroll per                      | iod which                   |                  | 1st Month                   | 2nd Month      |         | 3rd M | onth         |
| 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 \$12,000   |              |  | 4.                          | \$               |                             |                |         |       |              |
| 5.  | Taxable wages paid in this quarter (line 3 minus   | line 4)      |  | 5.                          | \$               |                             |                |         |       |              |
| 6a. | UC contribution rate   | UC contrib   | utions due (line 5 times                       | line 6a)6b.                 | \$               |                             |                |         |       |              |
|     | CSSF rate .0006 CSSF te: The CSSF assessment does not apply to d   |              | ent (line 5 times line 7a) bursable employers. |                             | \$               |                             |                |         |       |              |
| 8.  | Total contributions and CSSF assessment due (  | line 6b plus | s line 7b)                                     | 8.                          | \$               |                             |                |         |       |              |
| U   | Inder penalties of perjury, I certify that th  | e inform     | ation contained on                             | this return, report         | and a            | attachment(s)               | is true and c  | orrect. |       |              |
| Si  | ignature:  |              |  |                             |                  | Date                        |                |         |       |              |
| Pr  | rint Name:   |              | Telephone:                                     |                             | Conta            | act Person Email            |                |         |       |              |
|     |  |              | For Paid Pro                                   | eparers Only                |                  |                             |                |         |       |              |
| Pa  | aid Preparer's Signature:  |              |  | Date:                       |                  | Telephone:                  |                |         |       |              |
| Fir | rm's Name (or yours, if<br>lf-employed):   |              |  |                             | Prepar           | rer EIN:                    |                |         |       |              |
| Ad  | ldress:  |              |  | Mai<br>Lice                 | ine Pa<br>ense N | ayroll Processor<br>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: <u>Treasurer. State of Maine</u> 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

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| SCHEDULE 2 (FORM N               | <b>IE UC-1)</b> 2020                |                                      |
|----------------------------------|-------------------------------------|--------------------------------------|
| Name:                            |                                     | 99                                   |
| UC Employer<br>Account No.:      |                                     | *1506402*                            |
| Federal Employer ID No.:         | Quarterly Period Covered:           | 2020 - 2020<br>MM DD YYYY MM DD YYYY |
|                                  | 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                                |                                     |                                      |
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| m.                               |                                     |                                      |
| n.                               |                                     |                                      |
| 0.                               |                                     |                                      |
| p.                               |                                     |                                      |
| q.                               |                                     |                                      |
| r.                               |                                     |                                      |
|                                  | 14. Total of column 13 on this page |                                      |
| 2D Bar Code space                | 15. Total of columns 13 for ALL pag | ges                                  |
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