



2006400

Name UC Employer Account No: Mailing Address Federal Employer ID No: City State ZIP Code Quarterly
Period Covered: 2026 - 2026 MM DD YYYY MM DD YYYY

	<u>1st Month</u>	<u>2nd Month</u>	<u>3rd Month</u>
1. For each month, enter the total of all full-time and part-time workers who worked during, or received pay reportable for unemployment insurance purposes, for the payroll period which includes the 12th of each month. If you had no employment in the payroll period, enter zero (0). 1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Reserved	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Total unemployment contributions gross wages paid this quarter (from schedule 2, line 15)	3. \$ <input type="text"/>	<input type="text"/>	<input type="text"/>
4. EXCESS WAGES (SEE INSTRUCTIONS)	4. \$ <input type="text"/>	<input type="text"/>	<input type="text"/>
NOTE: THE TAXABLE WAGE BASE IS \$12,000 FOR EACH EMPLOYEE			
5. Taxable wages paid in this quarter (line 3 minus line 4)	5. \$ <input type="text"/>	<input type="text"/>	<input type="text"/>
6a. UC contribution rate . <input type="text"/>	6b. UC contributions due (multiply line 5 by line 6a)..6b. \$ <input type="text"/>	<input type="text"/>	<input type="text"/>
7a. CSSF rate: .0014 <input type="text"/>	7b. CSSF Assessment (multiply line 5 by line 7a)...7b. \$ <input type="text"/>	<input type="text"/>	<input type="text"/>
7c. UPAF rate: .0017 <input type="text"/>	7d. UPAF Assessment (multiply line 5 by line 7c)...7d. \$ <input type="text"/>	<input type="text"/>	<input type="text"/>
Note: The CSSF and UPAF assessment does not apply to direct reimbursable employers. See instructions.			
8. Total contributions, CSSF and UPAF assessment due (add lines 6b, 7b, and 7d).....8. \$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Under penalties of perjury, I certify that the information contained on this return, report and attachment(s) is true and correct.

Signature: Date: Print Name: Telephone: Contact Person Email: **For Paid Preparers Only**Paid Preparer's Signature: Date: Telephone: Firm's Name (or yours, if self-employed): Paid Preparer EIN: Address: Maine Payroll Processor
License Number: Maine Revenue Services processes returns on behalf of the
Maine Department of Labor — (207) 621-5120 or (844) 754-3508If 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

If not enclosing a check,

MAIL RETURN TO:

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

2D Bar Code space