Form ME UC-1
(CSSF)
2017

MAINE
DEPARTMENT OF
LABOR

UNEMPLOYMENT CONTRIBUTIONS REPORT

QUARTER # [ ]

1506400

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Name

Mailing Address

City   **State**   **ZIP Code**

UC Employer Account No:

Federal Employer ID No:

Quarterly Period Covered: 2017 - 2017

MM   DD   YYYY   MM   DD   YYYY

See page 6 for electronic filing and payment requirements and options

	1st Month	2nd Month	3rd Month

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.

2. Number of female employees included on line 1. If none, enter zero (0) .... 2.

3. Total unemployment contributions gross wages paid this quarter (from schedule 2, line 15) .... 3. $

4. EXCESS WAGES (SEE INSTRUCTIONS) .... 4. $
   NOTE: THE TAXABLE WAGE BASE IS $12,000 FOR EACH EMPLOYEE

5. Taxable wages paid in this quarter (line 3 minus line 4) .... 5. $

6a. UC contribution rate . [ ]   UC contributions due (line 5 times line 6a) .... 6b. $

7a. CSSF rate **.0006**   CSSF Assessment (line 5 times line 7a) .... 7b. $
   Note: The CSSF assessment does not apply to direct reimbursable employers. See instructions.

8. Total contributions and CSSF assessment due (line 6b plus line 7b) .... 8. $

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: _____

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Maine Revenue Services processes returns on behalf of the
Maine Department of Labor — (207) 621-5120

If 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

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SCHEDULE 2 (FORM ME UC-1) 2017

1506402

99

Name:

UC Employer Account No.:

Federal Employer ID No.:

Quarterly Period Covered: 2017 - 2017

MM DD YYYY   MM DD YYYY

Unemployment Contributions Wages Listing

All employers designated SEASONAL by the Maine Department of Labor. See instructions for column 13 on page 5. ↓

	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.				.	

2D Bar Code space

14. Total of column 13 on this page

15. Total of columns 13 for ALL pages

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