Form ME UC-1
(CSSF)
2016

MAINE DEPARTMENT OF **LABOR**

UNEMPLOYMENT CONTRIBUTIONS REPORT

QUARTER #

|||||||||||| *1506400*   **99**

Name

UC Employer Account No:

Mailing Address

Federal Employer ID No:

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

Quarterly Period Covered: 2016 - 2016

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: _____

2D Bar Code space

Maine Revenue Services processes returns on behalf of the Maine Department of Labor

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

SCHEDULE 2 (FORM ME UC-1) 2016

99

1506402

Name:

UC Employer
Account No.:

Federal Employer ID No:

Quarterly Period Covered:

2016	-	2016
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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