Form ME UC-1

2023



UNEMPLOYMENT CONTRIBUTIONS REPORT

QUARTER#



2006/100

Name			UC Employer Account No:							
			Federal Employer ID No:							
Mailing Address				Quarterly Period Covered:			2023 -			2023
				renou cove	ieu.	MM DD	YYYY	MM	DD	YYYY
	City	State	ZIP Code							
1.	received pay reportable for unemployment in	he total of all full-time and part-time workers who work for unemployment insurance purposes, for the payroll h month. If you had no employment in the payroll peri				1st Month	2nd Month		3rd M	<u>onth</u>
2.	Number of female employees included o	n line 1. If	none, enter zero (0)2	2.					
3.	Total unemployment contributions gross (from schedule 2, line 15)				3. \$					
4.	EXCESS WAGES (SEE INSTRUCTIONS NOTE: THE TAXABLE WAGE BASE IS				1. \$					
5.	Taxable wages paid in this quarter (line 3	3 minus line	4)		5. \$					
6a	a. UC contribution rate . 6b.	UC contribu	tions due (multiply li	ne 5 by line 6a)6b	o. \$					
7a	n. CSSF rate: .0007 7b. C	SSF Asses	sment (multiply line	e 5 by line 7a)7b	o. \$					
7c. UPAF rate: .0015										
8.	Total contributions, CSSF and UPAF ass	essment du	ue (add lines 6b, 7b	o, and 7d)	3. \$					
Under penalties of perjury, I certify that the information contained on this return, report and attachment(s) is true and correct.										
S	signature:					Date	:			
Р	rint Name:		Telephone:		Cont	act Person Email	:			
For Paid Preparers Only										
Pa	aid Preparer's Signature:			Date:		Telephone:				
Firm's Name (or yours, if self-employed):				Pa	aid Prepa	arer EIN:				
A	ddress:					ayroll Processor Number:				

2D Bar Code space

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:

Treasurer. State of Maine

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