## 99

## QUARTERLY RETURN PAYMENT VOUCHER FOR MAINE UNEMPLOYMENT CONTRIBUTIONS



Maine Revenue Services P.O. Box 9101 Augusta, ME 04332-9101



\*1506403\*

Business										
Name:								Amount Due:		
UC Employer Account N	umber:									
Federal EIN:										
Period Covered:					to					
	MM	DD	YYYY			MM	DD	YYYY		
								Amount Remitted:		
Contact Person	Contact Person Telephone Number									
MAKE CHECK PAYABLE TO TREASURER, STATE OF MAINE										

DO NOT STAPLE OR TAPE CHECK TO YOUR FORM. DO NOT CUT FORM. DO NOT SEND PHOTOCOPIES OF FORMS.

THIS FORM IS NOT REQUIRED IF PAYMENT WAS MADE ELECTRONICALLY.