MAINE UNEMPLOYMENT Form ME UC-1 **CONTRIBUTIONS** 99 DEPARTMENT OF REPORT LABOR 2022 **QUARTER #** 2006400* Name **UC Employer Account No:** Federal Employer ID No: Mailing Address Quarterly Period Covered: 2022 -2022 MM DD YYYY MM DD YYYY City **ZIP Code** State

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.				<u>1st Month</u>	2nd Month	<u>3rd</u>	<u>Month</u>
2.	Number of female employees i	2.						
3.	Total unemployment contributions gross wages paid this quarter (from schedule 2, line 15)							
4.	EXCESS WAGES (SEE INSTRUCTIONS)			\$				
5.	Taxable wages paid in this quarter (line 3 minus line 4)5.			\$				
6a.	UC contribution rate .	6b. UC contributions due (multiply line 5 by lin	e 6a)6b.	\$			•	
7a.	CSSF rate: .0007	7b. CSSF Assessment (multiply line 5 by line	7a)7b.	\$				
7c.	UPAF rate: .0014 Note: The CSSF and UPAF asse See instructions.	7d. UPAF Assessment (multiply line 5 by line ssment does not apply to direct reimbursable employ	,	\$			÷	
8.	Total contributions, CSSF and UPAF assessment due (add lines 6b, 7b, and 7d)8.							

Under penalties of per	jury, I certify that the information	n contained on th	is return, re	port and att	achment(s) is	true and	a 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 Payr License Nu	oll Processor mber:									
						rns on behalf of the 120 or (844) 754-3508							
:	2D Bar Code space		If enclosing a check, make check paya <u>Treasurer, State of Maine</u> and MAIL WITH RETURN TO: MAINE REVENUE SERVICES P.O. BOX 1065 AUGUSTA, ME 04332-1065			. , ,							