

Schedule 2 (Form ME UC-1) 2024



99

Name:

UC Employer Account No.:

Federal Employer ID No.:

Quarterly Period Covered:

2024

2024

MM DD YYYY

MM DD YYYY

Unemployment Contributions Wages Listing

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
