Name

FORM 941/CS1-ME — Page 3

Part Four — Unemployment Contribution Wage Listing

LOOSE

Emp federal ID no. - /

UC account no.

Period Covered / / - / /

22. Social Security Number	23. Employee Name (Last, First, MI)	24. Reportable Wages Paid in Quarter Nonseasonal (T)	Seasonal (P)
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25. Total Reportable Wages, This Page..... $ . . .

26. Total Reportable Wages, All Pages (Enter on Line 7)..... $ . . .