Name

Withholding Account No.

UC Account No.

Period Covered

990461000

FORM 941/C1-ME LOOSE

Part Four - Unemployment Contribution Wage Listing

Unless designated a seasonal employer by the Department of Labor, enter all wages in column 18 (Nonseasonal wages).

17. Social Security Number	18. Nonseasonal Wages Paid in Quarter	19. Seasonal Wages Paid in Quarter	20. Employee Name (Last, First, MI)
a.	.	.	
b.	.	.	
c.	.	.	
d.	.	.	
e.	.	.	
f.	.	.	
g.	.	.	
h.	.	.	
i.	.	.	
j.	.	.	
k.	.	.	
l.	.	.	
m.	.	.	
n.	.	.	
o.	.	.	
p.	.	.	
q.	.	.	
r.	.	.	
s.	.	.	
t.	.	.	
u.	.	.	
v.	.	.	
w.	.	.	

21. Total wages listed on this page ..... 21 .

22. Total wages for **ALL** pages. Enter this total on line 6 and only on the last wage listing page ..... 22 .