

PAYMENT VOUCHER FOR MAINE INCOME TAX WITHHELD

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

Form 900ME



99

1106510

Withholding Account Number:

1. Amount Remitted: .

Business Name:

2. Quarter Begin Date:

Quarter End Date:

3. Date Wages/Non-wages Paid Amount Withheld

Date Wages/Non-wages Paid	Amount Withheld
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Contact Person

Contact Person's 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.