



2020

EMPLOYER'S RETURN OF MAINE INCOME TAX WITHHOLDING

2006200

Due on or Before:

QUARTER #

Quarterly Period Covered:

99 99 9999
MM DD YYYY

2020 - 2020
MM DD YYYY MM DD YYYY

Withholding Account Number: 99 99999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Name
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Address
XXXXXXXXXXXXXXXXXXXX XX 99999
City State ZIP Code

Table with 4 columns: Description, Amount, and two columns for 2020 (MM DD YYYY). Rows include: 1. Maine income tax withheld for this quarter... \$ 9999999 . 99; 2a. Payments made (semiweekly payments from Schedule 1, line 5 plus, if amended, any payments made with, or after filing, the original return) \$ 9999999 . 99; 2b. If amended, overpayment on original return or as previously adjusted \$ 9999999 . 99; 2c. Line 2a minus line 2b. If negative, enter a minus sign to the left of the number..... \$ 9999999 . 99; 3a. Amount due with this return (See instructions)..... \$ 9999999 . 99; 3b. Overpayment to be refunded (See instructions)..... \$ 9999999 . 99

- A. Check here if MRS granted a waiver allowing you to exclude non-wage withholding from Schedule 2. See instructions.....A. X
B. Check here if this is an amended return. See instructionsB. X
C. Check here to close your withholding account.....C. X

If this is an amended form received after the end of the calendar year to which it applies, check each box on line 4 that applies, include a detailed explanation of the adjustments and attach any supporting documentation to this return.

Note: Pursuant to 36 M.R.S. § 5276, if there is an overpayment of tax required to be deducted and withheld under § 5250, a refund shall be made to the employer only to the extent that the overpayment was not deducted and withheld by the employer.

4. By checking the box(es) below, I certify that:

- X the overpayment on line 3b is not attributable to income taxes withheld from employees or payees OR that portion of overpayment identified on line 3b attributable to overcollected income tax withholding for the current calendar year has been repaid to employees and written statements have been obtained for each employee stating that the employee has not claimed and will not claim a refund or credit of the amount of the overcollection.
X payee statements (Forms W-2/W-2C or original/corrected 1099 statements) have been issued to employee(s) or payee(s) identified as amended on Schedule 2, and I am enclosing copies of these forms to verify my refund request.
X I am enclosing an amended Form W-3ME (Reconciliation of Maine Income Tax Withheld) to reflect changes made on this form.

Explanation of adjustments: _____

Under penalties of perjury, I certify that the information contained on this return, report and attachment (s) is true and 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 Payroll Processor License Number _____

If enclosing a check, make check payable to:
Treasurer, State of Maine
and MAIL WITH RETURN TO:
MAINE REVENUE SERVICES
P.O. BOX 1065
AUGUSTA, ME 04332-1065

If not enclosing a check
MAIL RETURN TO:
MAINE REVENUE SERVICES
P.O. BOX 1064
AUGUSTA, ME 04332-1064