Form 941ME

2023

Maine Revenue Services Employer's Return of Maine Income Tax Withholding



	Due on o	r Before	e:					Our	arter	. #		Quarterl	y Perio	od Co	vered:					
	99	99	999	9				Qua	ai tei	#					2023				202	3
	MM	DD	YY										MM	DD	YYYY	-	MM	DD	YYY	
V	/ithholdin	g Acco	unt Numb	oer:		9	9 9 9	99999)	1.	Total Mair	ne income	tax with	held		0.04	000	0.0	0.0	
v	·	VVV\	XXXXX	VVVV	VVVV					22	for this qu Payments	uarter s made (se				99	999	99	. 99	
	ame	2323232	7777777	21212121	21212121	.2121				20	payments	s from Sch amended,	edule 1,							
14	anic										payments	s made wit original re	h, or afte			99	999	99	99)
	XXXXX ddress	XXXX	XXXXX	XXXX	XXXX	XXX				2h	. If amende	ŭ	•						•	
		XXXX	XXXXX	XX			XX	9999	9		original re	eturn or as	previou	sly		999	999	99	99)
	ity						State	ZIP Code			aajaotoa.			Ψ						
A.		here if M	1RS grante	ed a waive	er allowin	ıa voli t	o exclude	e non-	3.7							990	999	00	99	
,								A.	X		Line 2a m					223	999	99	. 99	
В.	Check h	ere if thi	s is an am	ended re	turn			B.	X	3a.	. Amount d (See instri	lue with th uctions)				999	999	99	. 99)
υ.	Official		3 13 411 4111	criaca ro					7.7	3b	. Overpayn	ment to be	refunde	d		0.00	999	0.0	0.0	
C.	Check h	ere to cl	ose your w	vithholdin	g accoun	ıt		C.	X		(See instru	uctions)		\$		993	999	99	. 99	
If t	his is an	ameno	ded form	receive	d after t	he end	d of the	calendar y	vear to	which	it applies	s, check (each bo	ox on	line 4 that	t applie:	s, inc	lude	a detai	iled
ex	planation	of the	adjustme	nts and	attach a	ny su	oporting	document	ation t	o this re	eturn.'	,					,			
No em	te: Pursu	uant to	36 M.R.S ne extent	. § 5276 that the	if there	e is an ment	overpay was not	yment of ta t deducted	x requ and w	ired to l	be deduct	ed and w	ithheld	unde	r § 5250, a	refund	shall	be m	ade to	the
		•	box(es) l								,	. ,								
	•	Ŭ	` '		•		table to	income tax	es wit	hheld fr	om emplo	yees or p	payees	OR th	at portion	of overp	ayme	ent ide	entified	on
	line	e 3b at	tributable	to over	collected	d incor	ne tax w	vithholding	for the	curren	t calenda	r year ha	s been	repaid	d to employ	yees an	d writ	ten s	tateme	nts
X		ve bee ercolle		ed for ea	icn emp	loyee	stating	that the en	npioye	e nas r	not claime	ed and wi	III not c	iaim a	a retund or	credit	or tne	amo	unt of	tne
Х								corrected 1					ed to er	mploy	ee(s) or pa	yee(s) i	dentif	ied a	s amen	ideo
		Sched	ule 2, and	d I am e	nclosing	g copie	s of the	se forms to	o verify	/ my ref	und reque	est.								
X	la	m encl	osing an	amende	d Form	W-3M	E (Reco	onciliation c	of Mair	ne Incor	ne Tax Wi	ithheld) to	o reflec	t char	nges made	on this	form.			
_	volanation	of adju	etmonte:																	
	xplanation	or adjus	siments.																	=
L																				
Uı	nder pen	alties	of perjur	y, I certi	fy that	the in	formati	on contain	ned on	this re	eturn, rep	ort and	attachn	nent(s) is true a	and cor	rect.			
Si	gnature: _												_	[Date:					
Pr	rint Name:							Teleph	one:			Cor	ntact Per	rson E	mail:					
								For Pa	id Pr	epare	ers Only									
												-								
Pa	aid Prepare	er's Sigr	nature:							Date	:		Tele	phone	:					_
Fi	rm's Name	e (or you	ırs, if self-e	employed):						Paid Pre	parer EIN:	:						_	
Δι	ddress:										Maine P	avroll Proc	essor Li	icense	Number					
,				If enclos			ke check te of Main	payable to:			manio I (f not enc	losing	a check					
					and MAIL MAINE RI	. WITH I	RETURN	TO:				MA			SERVICES					

P.O. BOX 1065 AUGUSTA, ME 04332-1065

P.O. BOX 1064 AUGUSTA, ME 04332-1064

Schedule 1 (Form 941ME) 2023

Withholding Account No.:

99 99999999

Quarterly Period Covered:

99 99 **2023** - 99 99 **2023**

MM DD YYYY MM DD YYYY

2106204

Schedule 1

Reconciliation of Semiweekly Payments of Income Tax Withholding

For employers or non-payroll filers required to remit withholding taxes on a semiweekly basis.

Date Wages or Non-wages Paid	Amount of Withholding Paid	Date Wages or Non-wages Paid	Amount of Withholding Paid	Date Wages or Non-wages Paid	Amount of Withholding Paid
Subtotal A		Subtotal B		Subtotal C	

5 Total payment amount (Enter on Form 941MF, line 2)	\$ 9999999 . 99

Schedule 2 (Form 941ME) 2023



2106201

Withholding Account No.:

99 99999999

Quarterly Period Covered:

			9 9 MM	99 DD	2023	9 9 MN		2023	
Individual Employee/P If this is an amended return,			Reporting	and	Corrections	, , ,			
Α							D Amended Return Correct Withholding		
a.	999	,	9999		Withholding 999999 . 99		99999	Ü	
b	999	99	9999		999999.99		99999	9.99	
c	999	99	9999		999999.99		99999	9.99	
d.	999	99	9999		999999.99		99999	9.99	
е.	999	99	9999		999999.99		99999	9.99	
f	999	99	9999		999999.99		99999	9.99	
g	999	99	9999		999999.99		99999	9.99	
h	999	99	9999		999999.99		99999	9.99	
i.	999	99	9999		999999.99		99999	9.99	
j	999	99	9999		999999.99		99999	9.99	
k	999	99	9999		999999.99		99999	9.99	
L	999	99	9999		999999.99		99999	9.99	
m	999	99	9999		999999.99		99999	9.99	
n	999	99	9999		999999.99		99999	9.99	
0.	999	99	9999		999999.99		99999	9.99	
p	999	99	9999		999999.99		99999	9.99	
q	999	99	9999		999999.99		99999	9.99	
r	999	99	9999		999999.99		99999	9.99	
s.	999	99	9999		999999.99		99999	9.99	
						0.0	20000	0 00	
6. Total of column C							999999		
7. Total of column D					7. \$	99	99999	9.99	