

Form 941ME
2025

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



99

2106200

Due on or Before:

Quarter #

Quarterly Period Covered:

99 99 9999
MM DD YYYY

2025 - 2025
MM DD YYYY MM DD YYYY

Withholding Account Number: 99 99999999

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Name

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Address

XXXXXXXXXXXXXXXXXXXX XX 99999

City

State ZIP Code

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

1. Total Maine income tax withheld for this quarter	\$	99999999	.99
2a. Payments made (semiweekly payments from Schedule 1, line 5 plus, if amended, any payments made with, or after filing, the original return)	\$	99999999	.99
2b. If amended, overpayment on original return or as previously adjusted	\$	99999999	.99
2c. Line 2a minus line 2b.....	\$	99999999	.99
3a. Amount due with this return (See instructions).....	\$	99999999	.99
3b. Overpayment to be refunded (See instructions).....	\$	99999999	.99

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 36 M.R.S. § 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:

- 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.
- 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.

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

Schedule 1 (Form 941ME) 2025



99

Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

2106204

Withholding Account No.: 99 999999999

Quarterly Period Covered: 99 99 2025 - 99 99 2025
MM DD YYYY MM DD YYYY

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.

Table with 6 columns: 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. Includes Subtotal A, B, and C rows.

5. Total payment amount (Enter on Form 941ME, line 2a)..... \$

99999999 . 99

Schedule 2 (Form 941ME) 2025



99

Name:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

2106201

Withholding Account No.:

99 9999999999

Quarterly Period Covered:

99 99 2025
MM DD YYYY

99 99 2025
MM DD YYYY

Individual Employee/Payee Withholding Reporting and Corrections
If this is an amended return, see instructions before completing this schedule.

	A	B	C	D
	Payee Name (Last, First, MI)	Social Security Number	Original Return Withholding	Amended Return Correct Withholding
a.		999 99 9999	999999 . 99	999999 . 99
b.		999 99 9999	999999 . 99	999999 . 99
c.		999 99 9999	999999 . 99	999999 . 99
d.		999 99 9999	999999 . 99	999999 . 99
e.		999 99 9999	999999 . 99	999999 . 99
f.		999 99 9999	999999 . 99	999999 . 99
g.		999 99 9999	999999 . 99	999999 . 99
h.		999 99 9999	999999 . 99	999999 . 99
i.		999 99 9999	999999 . 99	999999 . 99
j.		999 99 9999	999999 . 99	999999 . 99
k.		999 99 9999	999999 . 99	999999 . 99
l.		999 99 9999	999999 . 99	999999 . 99
m.		999 99 9999	999999 . 99	999999 . 99
n.		999 99 9999	999999 . 99	999999 . 99
o.		999 99 9999	999999 . 99	999999 . 99
p.		999 99 9999	999999 . 99	999999 . 99
q.		999 99 9999	999999 . 99	999999 . 99
r.		999 99 9999	999999 . 99	999999 . 99
s.		999 99 9999	999999 . 99	999999 . 99

6. Total of column C6. \$ 99999999 . 99

7. Total of column D7. \$ 99999999 . 99