



2019

EMPLOYER'S RETURN OF MAINE INCOME TAX WITHHOLDING

1706200

Due on or Before:

QUARTER #

Quarterly Period Covered:

MM DD YYYY

2019 - 2019 MM DD YYYY

Withholding Account Number:

Name

Address

City State ZIP Code

- A. Check here if MRS granted a waiver... B. Check here if this is an amended return... C. Check here to close your withholding account...

- 1. Maine income tax withheld for this quarter... 2a. Payments made (semiweekly payments... 2b. If amended, overpayment on original return... 2c. Line 2a minus line 2b... 3a. Amount due with this return... 3b. Overpayment to be refunded...

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:

- 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... 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... 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

SCHEDULE 2 (FORM 941ME) 2019



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Name:

1706201

Withholding Account No.:

Quarterly Period Covered:

MM DD YYYY

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.						
b.						
c.						
d.						
e.						
f.						
g.						
h.						
i.						
j.						
k.						
l.						
m.						
n.						
o.						
p.						
q.						
r.						
s.						

6. Total of columns C (line 6a) and D (line 6b) on this page 6a. \$. 6b. \$.

7. Total of columns C (line 7a) and D (line 7b) for ALL pages..... 7a. \$. 7b. \$.

8. If amended, enter withholding reported on original or as previously adjusted from Form 941ME, line 1 (line 8a). Adjusted amount (line 8b). See instructions. Enter line 8b amount on Form 941ME, line 1... 8a. \$. 8b. \$.