

EIN/SSN:

## FORM 941BN-ME

## Maine Income Tax Withholding **Business Change Notification**

Complete this form to report a change in your withholding account, contact information or to cancel your withholding account. Incomplete forms will not be processed.

Mail to: Maine Revenue Services, Central Registration Unit

P.O. Box 1057, Augusta, ME 04332-0057

Fax: 207-287-6975

Email: taxregistration@maine.gov Step 1 Current Legal Name: \_\_\_\_\_ DBA: \_\_\_\_\_ Identify your business as Current Address: currently on file with Maine Current Phone Number: Revenue Services. Withholding Account Number: \_\_\_\_\_ Step 2 New Legal Name: \_\_\_\_\_ New DBA: \_\_\_\_\_ List your new contact information: enter only if New Email Address: \_\_\_ different from (PRINT CLEARLY) current New Phone Number: \_\_\_\_\_\_Effective Date of Change\_\_\_\_ information. NOTE: Do not enter a payroll processor's address or other contact information here. Reason for Cancellation. Check the appropriate box: Step 3 Business Closed (Do not include a seasonal or temporary business closure) Request to Business Sold to: Name:\_\_\_\_ FEIN: cancel account. Address: \_\_\_\_ Phone: (Do not report cancellation for a seasonal Date Business Sold: / / shutdown Other\_\_\_ period.) Date the business no longer had employees \_\_\_\_\_ / \_\_\_\_ Date of last payroll \_\_\_\_ / Under penalties of perjury, I certify that the information contained on this form is true and correct. Step 4 Sign and mail your \_\_\_\_\_Title:\_\_\_\_\_ Signature:\_\_\_\_ report. Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ For Paid Preparers Only Date:\_\_\_\_ / Paid Preparer's Signature:\_\_\_\_ Phone: \_\_\_\_ Firm's Name (or yours if self-employed):

Maine Payroll Processor License Number: