

SCHEDULE 2 (FORM 941ME) 2020



Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

2006201

Withholding Account No.: 99 999999999

Quarterly Period Covered:

99 99 2020 99 99 2020
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. _____	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 columns C (line 6a) and D (line 6b) on this page..... 6a. \$		99999999 99	99999999 99
7. Total of columns C (line 7a) and D (line 7b) for ALL pages..... 7a. \$		99999999 99	99999999 99
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. \$		99999999 99	99999999 99