FORM 941ME

Print Name:

MAINE REVENUE SERVICES

EMPLOYER'S RETURN



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2020 OF MAINE INCOME TAX WITHHOLDING Due on or Before: **Quarterly Period Covered: QUARTER #** 2020 2020 MM DD YYYY MM DD YYYY MM DD YYYY Maine income tax withheld for this quarter (from Withholding Account Number: Schedule 2, line 7a or 8b).....\$ 2a. Payments made (semiweekly payments from Schedule 1, line 5 plus, if amended, any payments made with, or after filing, the Name original return)\$ 2b. If amended, overpayment on original return or as previously Address adjusted 2c. Line 2a minus line 2b. If negative, enter a minus sign City State ZIP Code to the left of the number......\$ Check here if MRS granted a waiver allowing you to exclude nonwage withholding from Schedule 2. See instructions......A. 3a. Amount due with this return (See instructions).....\$ Check here if this is an amended return. See instructionsB. 3b. Overpayment to be refunded (See instructions).....\$ 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 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 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.

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.

Telephone:

Signature: Date:

For Paid Preparers Only

Date: Telephone: Paid Preparer's Signature: 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:

Contact Person Email:

MAINE REVENUE SERVICES P.O. BOX 1064 AUGUSTA. ME 04332-1064