Schedule 2 (Form 941ME) 2021

2106201

99

Name:

Withholding Account No.:

Quarterly Period Covered:

2021 MM DD YYYY — 2021 MM DD YYYY

Individual Employee/Payee Withholding Reporting and Corrections

If this is an amended return, see instructions before completing this schedule.

	A Payee Name (Last, First, MI)	B Social Security Number	C Original Return Withholding	D 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 column C .....6. $.

7. Total of column D .....7. $.