Form 941ME 2022				Maine Revenue Services Employer's Return of Maine Income Tax Withholding								*2106200*				
Due on or Before:				Quarte			¥	Quarte	Quarterly Period C							
99	99 99 9999			Quarter			r			:	2022	-		2022		
MM	DD	YYYY							MM	DD	YYYY	Μ	M DD	YYYY		
Withholding	Accoun	t Number:	(99 99	9999999		1.	Total Maine incom for this quarter				999	9999	. 99		
XXXXXX	XXXXXXX				2a.	Payments made (spayments from So	semiweek	ly								
Name								5 plus, if amended payments made w	d, any			999	9999	99		
XXXXXX Address	XXXX	XXXXXXXX	XXXXXXX	X			2b.	filing, the original i If amended, overp	return) bayment o	\$ nt on		555				
XXXXXX	XXXXXXXXXXXXXXX			XX	9		original return or a adjusted				999	9999	. 99			
City				State	ZIP Code											
			ver allowing you 2. (See instructio			Х	2c.	Line 2a minus line	e 2b	\$		999	9999	. 99		
B. Check her	eturn. (See instru	uctions)	В.	Х	3a.	Amount due with t (See instructions)				999	9999	. 99				
C. Check her	e to clos	e your withholdi	ng account		C.	Х	3b.	Overpayment to b (See instructions)				999	9999	. 99		
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 checkin								- , , ,								
 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 overcollection. 																
 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. 																
V																
Explanation o	f adjustn	nents:														
Under penalties of perjury, I certify that the information contained on this return, report and attachment(s) is true and correct.																
Signature:										Dat	te:					
Print Name:					Telepho	ne:		C	ontact Pe	rson Ema	ail:					
Print Name: Contact Person Email:																
Paid Preparer's Signature: Date: Telephone:																
Firm's Name (or yours	, if self-employe	d):					Paid Preparer Ell	N:					_		
Address:								Maine Payroll Pro	ocessor Li	cense N	umber					
	osing a check, ma <u>Treasurer, Sta</u>	nte of Main	ne				If not enc MAIL F	losing a o								
	and MAIL WITH MAINE REVENU P.O. BOX 1065 AUGUSTA, ME	ENUE SERVICES 65			MAINE REVEN P.O. BOX 1064 AUGUSTA, ME			64								