Form 941ME

2025

Maine Revenue Services Employer's Return of Maine Income Tax Withholding



99

2106200

	Due on or	Before	:					Oı	uart	or #	Į.	Qu	arterly	/ Perio	od Co	vered:					
	99	99	999	9				Q	uart	C Ι π						2025				20)25
	MM	DD	ΥΥ	ΥY										MM	DD	YYYY		MM	DD		YYY
Wi	thholding	g Acco	unt Numb	er:		99	99	9999	99		1.	Total Maine ii	ncome t	tax with	held						
V	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/VV\	XXXXX	vvvv	VVVV	7 V						for this quarte Payments ma	er		\$		9	9999	999		99
Na			\AAA.	ΛΛΛΛ	AAAA2	^^					Za.	payments fro 5 plus, if ame	m Sche	edule 1,							
INA	IIIC											payments ma	ade with	n, or aft			9	9999	999		99
	XXXXX dress	(XXX	XXXXX.	XXXX	XXXX	XX					2b.	filing, the original of the the origin								•	
		ΚΧΧΣ	XXXXX	XX		X	XX	999	999			original return	n or as p	previou	sly		9	9999	99		99
Cit	y						state	ZIP Cod	de			,									
A.	Check he	ere if M	IRS grante	d a waive	er allowing	you to e	exclude	e non-	,	X	0-	l i= - 0i	- Ii Oh	L	Φ.		9	9999	99		99
			ng from Scl						A. 2	Δ		Line 2a minus line 2b						, , ,	•		
В.	Check he	ere if thi	s is an am	ended re	turn	rn			3.	X	3a.	Amount due with this (See instructions)					9	9999	999		99
									7	X	3b.	Overpaymen (See instructio	overpayment to be re				9	9999	999		99
C.	Check he	ere to cl	ose your w	rithholdin	g account			C).	2		(See Instructio	115)		φ				, , ,	•	
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 36 M.R.S. § 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 overcollection. X 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.																					
Fx	planation o	of adius	stments:																		
	pranation .	o. aajat																			
H																					
Un	der pena	alties	of perjury	, I certi	fy that th	ne info	rmatio	on conta	ained	on th	is re	turn, report	and at	ttachr	nent(s	s) is true	and o	correct.			
Sia	nature:														Г)ate:					
Olg	nataro. =													-							
Prir	nt Name:							Tele	ephone	:			Cont	tact Pe	rson Er	mail:					
For Paid Preparers Only																					
Pai	d Prepare	r's Sigr	nature:								Date:			Tele	phone:						
	·	J																			
Firm's Name (or yours, if self-employed): Paid Preparer EIN:																					
Add	dress:											Maine Payro	oll Proce	essor Li	cense	Number					
		Ma	ine				If	1	<u>Treasur</u>	er, Sta	te of N	eck payable to: <u>faine</u>	:					ng a cheo JRN TO:	ck		



f enclosing a check, make check payable to:

<u>Treasurer, State of Maine</u>
and MAIL WITH RETURN TO:
MAINE REVENUE SERVICES
P.O. BOX 1065
AUGUSTA, ME 04332-1065

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

Schedule 1 (Form 941ME) 2025

Name:

Withholding Account No.:

99 99999999

Quarterly Period Covered: 99 99 2025

99 99 **2025** MM DD YYYY MM DD YYYY



Schedule 1

Reconciliation of Semiweekly Payments of Income Tax Withholding

For employers or non-payroll filers required to remit withholding taxes on a semiweekly basis.

Date Wages or Non-wages Paid	Amount of Withholding Paid	Date Wages or Non-wages Paid	Amount of Withholding Paid		Date Wages or Non-wages Paid	Amount of Withholding Paid
				<u> </u>		
				<u> </u>		
Subtotal A		Subtotal B			Subtotal C	

99999999 . 99 5. Total payment amount (Enter on Form 941ME, line 2a).....

Schedule 2 (Form 941ME) 2025

xxxxxxxxxxxxxxxxxxxxxxxxx



2106201

Withholding Account No.:

Name:

99 99999999

Quarterly Period Covered:

		9 9 MM	99 DD	2025 YYYY	99 MM	99 DD	2025 YYYY				
Individual Employee/Payee Withholding Reporting and Corrections											
A A	If this is an amended return, see instructions bef A B										
Payee Name (Last, First, MI)	Social Secu	urity Number 9 9999		Original Return Withholding	C	Correct V	ed Return Vithholding				
a							_				
b	999 9	9 9999		999999.99		9999	99.99				
C	999 9	9 9999		999999.99		9999	99.99				
d	999 9	9 9999		999999.99		9999	99.99				
e	999 9	9 9999		999999.99		9999	99.99				
f.	999 9	9 9999		999999.99		9999	99.99				
g	999 9	9 9999		999999.99		9999	99.99				
h	999 9	9 9999		999999.99		9999	99.99				
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j	999 9	9 9999		999999.99		9999	99.99				
k	999 9	9 9999		999999.99		9999	99.99				
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m	999 9	9 9999		999999.99		9999	99.99				
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o	999 9	9 9999		999999.99		9999	99.99				
p	999 9	9 9999		999999.99		9999	99.99				
q	999 9	9 9999		999999.99		9999	99.99				
r	999 9	9 9999		999999.99		9999	99.99				
s	999 9	9 9999		999999.99		9999	99.99				
6. Total of column C				6. \$	99	9999	99.99				
7. Total of column D							99.99				
7. Total of column D				7 . Ф	. ن ر	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					