2019

EMPLOYER'S RETURN OF MAINE INCOME TAX WITHHOLDING



1706200

Due on or Before:

QUARTER#

Quarterly Period Covered:

	99	99	999	9										2019	-		2019
М	M	DD	YY	ΥY								MM	DD	YYYY	MM	DD	YYYY
Withl	nolding	д Ассоц	ınt Num	ber:	99	999	9999	99				Maine income tax withheld for this quarter (from Schedule 2, line 7a or 8b) Payments made (semiweekl payments from Schedule 1,	у		99999	99	. 99
XXX Name		XXXX	XXXX	XXX	XXXX	XXXX						5 plus, if amended, any payr made with, or after filing, the original return)			99999	99	. 99
XXX Addre		XXXX	XXXX	XXX	XXXX	XXXX					2b.	If amended, overpayment or original return or as previous adjusted	sly		99999	99	. 99
XXX City	XXXX	XXXX	XXXX	XX			XX State	9999 ZIP Code	-		2c.	Line 2a minus line 2b. If negative, enter a minus sign to the left of the number			99999	99	99
A.								clude non- A.	. X		3a.	Amount due with this return (See instructions)	. \$		99999	99	. 99
В.	Check	k here if	this is an	amend	ed retur	n. See ir	nstruction	sB.	X		3b.	Overpayment to be refunded (See instructions)			99999	99	. 99
C.	Chec	ck here t	to close y	our with	holding	account.			. X								
								e calendar g documer				it applies, check each bo turn.	x on	line 4 that	applies, inc	lude	a detailed
												be deducted and withhe	ld un	der § 5250	, a refund s	hall be	e made to
4. Bv	check	ina the	box(es)	below	. I certi	fv that:											
Х	the ide and	overpa ntified d writte	ayment on line	on line 3b attri nents h	3b is butable ave be	not attri to ove en obta	rcollecte ined for	d income	tax w	ithholo	ding	from employees or payer for the current calendar at the employee has not c	year	has been r	epaid to en	ploye	es
Χ	pay am	yee sta	tements on Sche	(Formedule 2	s W-2/\ , and I	N-2C or am encl	original	/corrected opies of the	1 1099 ese fo	stater orms to	men ve	ts) have been issued to e rify my refund request.	mplo	yee(s) or p	ayee(s) ider	ntified	as
Χ	l ar	m enclo	sing an	ameno	ded For	m W-3N	ИЕ (Rec	onciliation	of Ma	aine In	con	ne Tax Withheld) to reflect	chan	iges made	on this form		
Expla	nation	of adjus	tments:														
Unde	r pena	alties o	of periu	rv. I ce	rtify th	at the ii	nformat	ion conta	ined	on this	s re	turn, report and attachm	nent (s) is true a	and correct		
0				J , 1 00.						• • • • • • • • • • • • • • • • • • • •		, . op o		,0,10		•	
Signa	ture: _												D)ate:			
Print I	Name:							Telep	hone:			Contact Pers	son Er	mail:			
								For P	aid	Prepa	<u>are</u>	<u>rs Only</u>					
Paid F	Prepare	er's Sign	ature: _								Date:	Telep	hone:				
Firm's	Name	(or your	rs, if self-	employe	ed):							Paid Preparer EIN: 99	999	9999			
Addre	ss:											Maine Payroll Processor Lic	cense	Number 9	999999	99	
								payable to:				If not encl					

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

MAIL RETURN TO:

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

■ SCHEDULE 1 (FORM 941ME) 2019

Name:

Withholding

Account No.:

99 99999999

Quarterly

Period Covered:

99 99 MM DD YYYY

2019 - 99 99 **2019**

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
]		
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]		
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Subtotal A		Subtotal B]	Subtotal C	

5	Total payment amount	(Enter on Form 941MI	= line 2	()	ì

9999999 . 99

■ SCHEDULE 2 (FORM 941ME) 2019

Withholding Account No.:

Quarterly Period Covered:

 99
 99
 2019
 99
 99
 2019

 MM
 DD
 YYYY
 MM
 DD
 YYYY

 INDIVIDUAL EMPLOYEE / PAYEE WITHHOLDING REPORTING AND CORRECTIONS

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 Nu	C Original Ret umber Withholdir		D Amended Return orrect Withholding			
a	999 99 9999	99999	99•99	999999 •99			
b	999 99 9999	99999	99-99	999999 •99			
c	999 99 9999	99999	99-99	999999 •99			
d	999 99 9999	99999	99-99	999999 -99			
e	999 99 9999	99999	99-99	999999 •99			
f	999 99 9999	99999	99-99	999999 • 99			
g	999 99 9999	99999	99-99	999999 •99			
h	999 99 9999	99999	99-99	999999 •99			
i	999 99 9999	99999	99-99	999999 •99			
j	999 99 9999	99999	99.99	999999 • 99			
k	_ 999 99 9999	99999	99-99	999999 •99			
l	_ 999 99 9999	99999	99-99	999999 • 99			
m	_ 999 99 9999	99999	99-99	999999 •99			
n	_ 999 99 9999	99999	99.99	999999 • 99			
0.	_ 999 99 9999	99999	99.99	999999 •99			
p	_ 999 99 9999	99999	99.99	999999 •99			
q	999 99 9999	99999	99.99	999999-99			
r	999 99 9999	99999	99-99	999999 • 99			
s	_ 999 99 9999	99999	99-99	999999 • 99			
Total of columns C (line 6a) and D (line 6b) on this page	6a. \$	99999999.99	6b. \$	99999999.99			
7. Total of columns C (line 7a) and D (line 7b) for ALL pages	7a. \$	99999999.99	7b. \$	99999999.99			
If amended, enter withholding report or as previously adjusted from Form (line 8a). Adjusted amount (line 8b). Enter line 8b amount on Form 941M	941ME, line 1 See instructions.	99999999.99	8b. \$	99999999 99			