

Form 941ME  
2024

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



99

\*2106200\*

Due on or Before:

Quarter #

Quarterly Period Covered:

99 99 9999  
MM DD YYYY

2024 - 2024  
MM DD YYYY MM DD YYYY

Withholding Account Number: 99 99999999

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Name

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Address

XXXXXXXXXXXXXXXXXXXX XX 99999

City State ZIP Code

- A. Check here if MRS granted a waiver allowing you to exclude non-wage withholding from Schedule 2. (See instructions) ..... A.
- B. Check here if this is an amended return ..... B.
- C. Check here to close your withholding account ..... C.

1. Total Maine income tax withheld for this quarter .....	\$	99999999	.99
2a. Payments made (semiweekly payments from Schedule 1, line 5 plus, if amended, any payments made with, or after filing, the original return) .....	\$	99999999	.99
2b. If amended, overpayment on original return or as previously adjusted .....	\$	99999999	.99
2c. Line 2a minus line 2b.....	\$	99999999	.99
3a. Amount due with this return (See instructions).....	\$	99999999	.99
3b. Overpayment to be refunded (See instructions).....	\$	99999999	.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 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.
- 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 filing 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Contact Person Email: \_\_\_\_\_

For Paid Preparers Only

Paid Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_  
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:  
MAINE REVENUE SERVICES  
P.O. BOX 1064  
AUGUSTA, ME 04332-1064



Schedule 2 (Form 941ME) 2024



99

Name:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

\*2106201\*

Withholding Account No.:

99 9999999999

Quarterly Period Covered:

99 99 2024 MM DD YYYY

99 99 2024 MM DD YYYY

Individual Employee/Payee Withholding Reporting and Corrections
If this is an amended return, see instructions before completing this schedule.

Table with 4 columns: A (Payee Name), B (Social Security Number), C (Original Return Withholding), D (Amended Return Correct Withholding). Rows a through s.

6. Total of column C .....6. \$ 99999999.99

7. Total of column D .....7. \$ 99999999.99