



FORM 941BN-ME

**Business Change
Notification**

MAINE REVENUE SERVICES

Complete this form to report a change in your withholding account contact information or to cancel your withholding account. Incomplete forms will not be processed.

Mail to: Maine Dept. of Labor, Central Registration Unit
P.O. Box 1057, Augusta, ME 04332-0057

Step 1

Identify your business as currently on file with Maine Revenue Services.

Current Name: _____

Current Address: _____

Current Phone Number: _____

Withholding Account Number: _____ UC Employer Account Number: _____

Step 2

List your new contact information; enter only if different from current information.

New Name: _____

New ATTN Line: _____

New Address: _____

New Email Address: _____

(PRINT CLEARLY)

New Phone Number: _____ Effective Date of Change ____/____/____

NOTE: Do not enter a Payroll Preparer's address or other contact information here.

Step 3

Request to cancel account. (Do not report cancellation for a seasonal shutdown period.)

Check this box to cancel Withholding Account

Check this box to cancel Unemployment Insurance Contributions Account.

Reason for Cancellation: Business Closed

Business Sold to: Name: _____

Address: _____

Date Business Sold: ____/____/____

Other _____

Date the business no longer had employees ____/____/____ Date of last payroll ____/____/____

Step 4

Sign and mail your report.

Under penalties of perjury, I certify that the information contained on this form is true and correct.

Print Name: _____

Signature: _____ Print Title: _____

Date: ____/____/____ Daytime Phone: _____

For Paid Preparers Only

Paid Preparer's Signature: _____ Date: ____/____/____

Firm's Name (or yours if self-employed): _____ Phone: _____

Address: _____

EIN/SSN: _____ Maine Payroll Processor License Number: _____