



**SCHEDULE 2A (FORM 941A - ME) 2011**



\*1106303\*

Name: \_\_\_\_\_

Withholding Account No.: \_\_\_\_\_

Period Covered:      /      / 2011 -      /      / 2011  
MM DD YYYY MM DD YYYY

**INDIVIDUAL EMPLOYEE / PAYEE / MEMBER WITHHOLDING CORRECTIONS**

Check here if this is an EIN

A	B	C	D	E
Payee Name (Last, First, MI)	Social Security Number		Originally Reported Withholding	Correct Withholding
a. _____	_____ - _____ - _____	<input type="checkbox"/>	\$ _____ , _____ . _____	\$ _____ , _____ . _____
b. _____	_____ - _____ - _____	<input type="checkbox"/>	\$ _____ , _____ . _____	\$ _____ , _____ . _____
c. _____	_____ - _____ - _____	<input type="checkbox"/>	\$ _____ , _____ . _____	\$ _____ , _____ . _____
d. _____	_____ - _____ - _____	<input type="checkbox"/>	\$ _____ , _____ . _____	\$ _____ , _____ . _____
e. _____	_____ - _____ - _____	<input type="checkbox"/>	\$ _____ , _____ . _____	\$ _____ , _____ . _____
f. _____	_____ - _____ - _____	<input type="checkbox"/>	\$ _____ , _____ . _____	\$ _____ , _____ . _____
g. _____	_____ - _____ - _____	<input type="checkbox"/>	\$ _____ , _____ . _____	\$ _____ , _____ . _____
h. _____	_____ - _____ - _____	<input type="checkbox"/>	\$ _____ , _____ . _____	\$ _____ , _____ . _____
i. _____	_____ - _____ - _____	<input type="checkbox"/>	\$ _____ , _____ . _____	\$ _____ , _____ . _____
j. _____	_____ - _____ - _____	<input type="checkbox"/>	\$ _____ , _____ . _____	\$ _____ , _____ . _____
k. _____	_____ - _____ - _____	<input type="checkbox"/>	\$ _____ , _____ . _____	\$ _____ , _____ . _____
l. _____	_____ - _____ - _____	<input type="checkbox"/>	\$ _____ , _____ . _____	\$ _____ , _____ . _____
m. _____	_____ - _____ - _____	<input type="checkbox"/>	\$ _____ , _____ . _____	\$ _____ , _____ . _____
n. _____	_____ - _____ - _____	<input type="checkbox"/>	\$ _____ , _____ . _____	\$ _____ , _____ . _____
o. _____	_____ - _____ - _____	<input type="checkbox"/>	\$ _____ , _____ . _____	\$ _____ , _____ . _____
p. _____	_____ - _____ - _____	<input type="checkbox"/>	\$ _____ , _____ . _____	\$ _____ , _____ . _____
q. _____	_____ - _____ - _____	<input type="checkbox"/>	\$ _____ , _____ . _____	\$ _____ , _____ . _____
r. _____	_____ - _____ - _____	<input type="checkbox"/>	\$ _____ , _____ . _____	\$ _____ , _____ . _____
s. _____	_____ - _____ - _____	<input type="checkbox"/>	\$ _____ , _____ . _____	\$ _____ , _____ . _____
t. _____	_____ - _____ - _____	<input type="checkbox"/>	\$ _____ , _____ . _____	\$ _____ , _____ . _____
u. _____	_____ - _____ - _____	<input type="checkbox"/>	\$ _____ , _____ . _____	\$ _____ , _____ . _____

1. Total of columns D and E on this page..... 1a. \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_ 1b. \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total of columns D and E for ALL pages..... 2a. \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_ 2b. \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_