

**FORM 941A-ME
2012**

**MAINE REVENUE SERVICES
AMENDED RETURN
OF MAINE INCOME TAX WITHHOLDING**



Period Covered: / / **2012** to / / **2012**
MM DD YYYY MM DD YYYY

Withholding Account Number: -

Name:

Address:

City: State: ZIP Code:

1. Withholding originally reported for this period	\$	<input type="text"/>	<input type="text"/>
2. Correct withholding for this period	\$	<input type="text"/>	<input type="text"/>
3. Amount of adjustment (+ or -) (see instructions) ...	\$	<input type="text"/>	<input type="text"/>
4. Underpayment to be paid (line 3 amount is negative).	\$	<input type="text"/>	<input type="text"/>
5. Overpayment to be refunded (line 3 amount is positive)..	\$	<input type="text"/>	<input type="text"/>

If this Form 941A-ME is received after the end of the tax year to which it applies, the section below must be completed. Check each box that applies, include a detailed explanation of the adjustments on line 6 and attach any supporting documentation to this return.

- I certify that the overpayment on line 5 is not attributable to income taxes withheld from employees, payees or members.
- I certify that payee statements (Forms W-2/W-2C or original/corrected 1099 statements) have been issued to employee(s), payee(s) or member(s) as listed on Schedule 2A of Form 941A-ME, and I am enclosing copies of these forms to verify my refund request.
- I am enclosing an amended Form W-3ME (Reconciliation of Maine Income Tax Withheld) to reflect changes made on Form 941A-ME.

6. Explanation of adjustments:

Note: Pursuant to 36 MRSA § 5276, if there is an overpayment of tax required to be deducted and withheld under § 5250, a refund shall be made to the employer only to the extent that the overpayment was not deducted and withheld by the employer.

Under penalties of perjury, I certify that the information contained on this return and attachment(s) is true and correct, and that portion of overpayment identified on line 5 attributable to overcollected income tax withholding for the current calendar year has been repaid to employees and written statements have been obtained from each employee stating that the employee has not claimed and will not claim a refund or credit of the amount of the overcollection.

Signature: Title: 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 2A (FORM 941A - ME) 2012



Name:

1106303

Withholding Account No.: -

Period Covered: / / 2012 - / / 2012
MM DD YYYY MM DD YYYY

INDIVIDUAL EMPLOYEE / PAYEE / MEMBER WITHHOLDING CORRECTIONS

Check here if this is an EIN

	A Payee Name (Last, First, MI)	B Social Security Number	C	D Originally Reported Withholding		E Correct Withholding	
a.					.		.
b.					.		.
c.					.		.
d.					.		.
e.					.		.
f.					.		.
g.					.		.
h.					.		.
i.					.		.
j.					.		.
k.					.		.
l.					.		.
m.					.		.
n.					.		.
o.					.		.
p.					.		.
q.					.		.
r.					.		.
s.					.		.
t.					.		.
u.					.		.

1. Total of columns D and E on this page.....	1a.		1b.	
2. Total of columns D and E for ALL pages.....	2a.		2b.	