

AMENDED RETURN OF MAINE INCOME TAX WITHHOLDING



2016

1306320

Quarterly Period Covered: 99 99 2016 to 99 99 2016
MM DD YYYY MM DD YYYY

Table with 5 columns: Description, 2016 MM, 2016 DD, 2016 YYYY, 2016 MM, 2016 DD, 2016 YYYY. Rows include Withholding Account Number, Withholding originally reported for the quarter, Correct withholding for the quarter, Amount of adjustment, Underpayment to be paid, and Overpayment to be refunded.

If this form is received after the end of the calendar year to which it applies, check each box below 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 or payees.
I certify that payee statements (Forms W-2/W-2C or original/corrected 1099 statements) have been issued to employee(s) or payee(s) included 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 this form.

6. Explanation of adjustments:

Blank lines for providing an explanation of adjustments.

Note: Pursuant to 36 M.R.S. § 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: 99 9999999

Address: Maine Payroll Processor License Number: 999999999



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

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SCHEDULE 2A (FORM 941A - ME) 2016



99

1306302

Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Withholding Account No.: 99 999999999

Quarterly Period Covered:

99 99 2016 99 99 2016
MM DD YYYY MM DD YYYY

INDIVIDUAL EMPLOYEE / PAYEE WITHHOLDING CORRECTIONS

	A	B	C	D
	Payee Name (Last, First, MI)	Social Security Number	Originally Reported Withholding	Correct Withholding
a.		999 99 9999	999999 . 99	999999 . 99
b.		999 99 9999	999999 . 99	999999 . 99
c.		999 99 9999	999999 . 99	999999 . 99
d.		999 99 9999	999999 . 99	999999 . 99
e.		999 99 9999	999999 . 99	999999 . 99
f.		999 99 9999	999999 . 99	999999 . 99
g.		999 99 9999	999999 . 99	999999 . 99
h.		999 99 9999	999999 . 99	999999 . 99
i.		999 99 9999	999999 . 99	999999 . 99
j.		999 99 9999	999999 . 99	999999 . 99
k.		999 99 9999	999999 . 99	999999 . 99
l.		999 99 9999	999999 . 99	999999 . 99
m.		999 99 9999	999999 . 99	999999 . 99
n.		999 99 9999	999999 . 99	999999 . 99
o.		999 99 9999	999999 . 99	999999 . 99
p.		999 99 9999	999999 . 99	999999 . 99
q.		999 99 9999	999999 . 99	999999 . 99
r.		999 99 9999	999999 . 99	999999 . 99
s.		999 99 9999	999999 . 99	999999 . 99
t.		999 99 9999	999999 . 99	999999 . 99
u.		999 99 9999	999999 . 99	999999 . 99

1. Total of columns C and D on this page.....1a. \$ 99999999 . 99 1b. \$ 99999999 . 99
Total of columns C and D for ALL pages2a. \$ 99999999 . 99 2b. \$ 99999999 . 99