

FORM 941ME

MAINE REVENUE SERVICES



99

2014

EMPLOYER'S RETURN
OF MAINE INCOME TAX WITHHOLDING

1306200

Due on or Before:

QUARTER #

Period Covered:

2014

2014

MM DD YYYY

MM DD YYYY

MM DD YYYY

Withholding Account Number:

A. Check here if MRS granted a waiver allowing you to
exclude non-wage withholding from Schedule 2. See instructions A.

Name:

Address

City

State ZIP Code

1. Maine income tax withheld for this quarter (from Schedule 2, line 9)	\$		.	
2. Less semiweekly payments (from Schedule 1, line 4) 2.....	\$		.	
3a. Amount due with this return (If line 1 is greater than line 2).....	\$		.	
3b. Overpayment to be refunded (If line 2 is greater than line 1).....	\$		.	

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:

Note: Use the Business Notification Change Form (Form 941BN-ME) to change your business name or address.

See instructions for electronic filing and payment requirements and options

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

1306204

MM DD YYYY

For employers or non-payroll filers required to remit withholding taxes on a semiweekly basis.

4. Total payment amount (Enter on Form 941ME, line 2) \$

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SCHEDULE 2 (FORM 941ME) 2014

99

Name:

Withholding
Account No.:

1306201

Period Covered:

2014

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2014

MM DD YYYY

MM DD YYYY

Schedule 2 - Income Tax Withholding Listing

5. Name of Payee (Last, First, MI)

6. Social Security Number

7. Maine Income Tax Withheld during the Quarter

a.			\$		.	
b.			\$		.	
c.			\$		.	
d.			\$		.	
e.			\$		.	
f.			\$		.	
g.			\$		.	
h.			\$		.	
i.			\$		.	
j.			\$		.	
k.			\$		.	
l.			\$		.	
m.			\$		.	
n.			\$		.	
o.			\$		.	
p.			\$		.	
q.			\$		.	
r.			\$		.	
s.			\$		.	
t.			\$		.	
u.			\$		.	

8. Total from this page..... 8. \$

9. Total for ALL pages (Enter here and on Form 941ME, line 1)..... 9. \$