FORM 941A-ME

2014

MAINE REVENUE SERVICES

AMENDED RETURN OF MAINE INCOME TAX WITHHOLDING

1306320

99

Period Covered: 2014 (MM DD YYYY) to 2014 (MM DD YYYY)

Withholding Account Number:

Name:

Address

City State ZIP Code

1.	Withholding originally reported for the quarter .... $	.
2.	Correct withholding for the quarter ..... $	.
3.	Amount of adjustment (+ or -) (see instructions) ... $	.
4.	Underpayment to be paid (line 3 amount is negative) . $	.
5.	Overpayment to be refunded (line 3 amount is positive)... $	.

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:

Note: Pursuant to 36 M.R.S.A. § 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) 2014

1306302

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Name:

Withholding Account No.:

Period Covered:

2014 MM DD YYYY — 2014 MM DD YYYY

INDIVIDUAL EMPLOYEE / PAYEE WITHHOLDING CORRECTIONS

	A Payee Name (Last, First, MI)	B Social Security Number	C Originally Reported Withholding	D 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 C and D on this page.....1a. $. 1b. $.

Total of columns C and D for ALL pages .....2a. $. 2b. $.