FORM 941/C1-ME

2014

MAINE REVENUE SERVICES
MAINE DEPARTMENT OF LABOR

COMBINED FILING FOR INCOME TAX WITHHOLDING AND UNEMPLOYMENT CONTRIBUTIONS

1308500

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Name:

QUARTER #

Withholding Account No.:

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

UC Employer Account No:

File On or Before: (MM DD YYYY)

Part One - Income Tax Withholding

1. Maine income tax withheld this quarter (from Schedule 2/C1, line 18b) (Semiweekly filers complete Schedule 1/C1 on reverse side) ..... 1. $.
2. Less any semiweekly payments (From Schedule 1/C1, line 12 on reverse side) (See instructions for Schedule 1/C1 on page 7) ..... 2. $.
3. Income tax withholding due (line 1 minus line 2) ..... 3. $.

Part Two - Unemployment Contributions Report

		1st Month	2nd Month	3rd Month
4.	For each month, enter the total of all full-time and part-time workers who worked during, or received pay reportable for unemployment contributions purposes for the payroll period which includes, the 12th of each month. If you had no employment in the payroll period, enter zero (0) ..... 4.			
5.	Number of female employees included on line 4. If none, enter zero (0) ..... 5.			

6. Total unemployment contributions gross wages paid this quarter (from Schedule 2/C1, line 18a) ..... 6. $.
7. EXCESS WAGES (SEE INSTRUCTIONS) ..... 7. $.
   NOTE: THE TAXABLE WAGE BASE IS $12,000 FOR EACH EMPLOYEE.
8. Taxable wages paid in this quarter (line 6 minus line 7) ..... 8. $.

9a. UC contributions rate . ____ UC contributions due (line 8 times line 9a) .. 9b. $.

9c. CSSF rate **.0006** CSSF assessment (line 8 times line 9c) ..... 9d. $.

Note: The CSSF assessment does not apply to direct reimbursable employers. See instructions.

10. Total contributions and CSSF assessment due (line 9b plus line 9d) ..... 10. $.

Part Three - Calculate the Total Amount Due

11. Amount due with this return (line 3 plus line 10) ..... 11. $.

See page 8 for electronic filing and payment requirements and options

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):

Address:

Paid Preparer EIN: Office Use Only

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

Maine Payroll Processor License Number:

SCHEDULE 1/C1 (FORM 941/C1- ME) 2014

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Name:

Withholding Account No.:

UC Employer Account No:

Period Covered: 2014 - 2014
MM DD YYYY MM DD YYYY

Reconciliation of Semiweekly Payments of Income Tax Withholding

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

Date Wages or Non-wages Paid	Amount of Withholding Paid
Subtotal A	

Date Wages or Non-wages Paid	Amount of Withholding Paid
Subtotal B	

Date Wages or Non-wages Paid	Amount of Withholding Paid
Subtotal C	

12. Total (Enter on Form 941/C1-ME, line 2) ..... $.

For Field Advisor Use: _____

SCHEDULE 2/C1 (FORM 941/C1- ME) 2014

1308502

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Name:

Withholding Account No.:

UC Employer Account No:

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

Quarterly Income Tax Withholding and Unemployment Contributions Wages Listing

All employers designated SEASONAL by Department of Labor, see instructions for column 15 on page 7.

	13. Payee Name (Last, First, MI)	14. Social Security Number	15. UC Gross Wages Paid			INCOME TAX WITHHOLDING 16. Maine Income Tax Withheld in the Quarter	
a.							
b.							
c.							
d.							
e.							
f.							
g.							
h.							
i.							
j.							
k.							
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o.							
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q.							
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s.							
t.							
u.							

17. Total of columns 15 and 16 on this page.....17a. . 17b. .

18. Total of columns 15 and 16 for ALL pages.....18a. . 18b. .