MAINE REVENUE SERVICES MAINE DEPARTMENT OF LABOR

2013

COMBINED FILING FOR INCOME TAX WITHHOLDING AND UNEMPLOYMENT CONTRIBUTIONS



Name Withh	e: nolding					Q	UARTE	R#			
Acco	unt No.:				Pori	od Covered:		2013		2013	
LIC F	mployer				Perio	ou Covereu.	MM D	D YYYY	MM	DD YYYY	
	unt No:				File	On or Before:					
			<u>Pa</u>	rt One - Inc	ome Tax V	<u>Vithholding</u>	MM E	DD YYYY			
1.	Maine income tax withh (Semiweekly filers com					1. \$				1.	
2.	Less any semiweekly po (See instructions for Sc					2. \$					
3.	Income tax withholding	due (line 1 minus li	ne 2)			3. \$					
Part Two - Unemployment Contributions Report											
4.	For each month, enter or received pay reporta which includes, the 12t enter zero (0)	ble for unemploym h of each month. I	ent contribution f you had no em	s purposes for the ployment in the	ne payroll period payroll period,		1st Month	2nd Mo	onth .	3rd Month	
5.	Number of female emp	loyees included on	line 4. If none,	enter zero (0)		5.					
6.	Total unemployment co (from Schedule 2/C1, li	ontributions gross w ne 18a)	rages paid this o	uarter		6. \$					
7.	EXCESS WAGES (SEI NOTE: THE TAXABLE					7. \$					
8.	Taxable wages paid in	this quarter (line 6	minus line 7)			8. \$					
9a.	UC contributions rate		UC co	ontributions due	(line 8 times line	9a)9b. \$					
9c.	CSSF rate .0006 Note: The CSSF asse	essment does not		sessment (line 8 reimbursable e	•						
10.	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)										
			Part Th	ree - Calcu	late the To	tal Amount	Due				
11.	Amount due with this re					11. \$ equirements and	d options				
Und	der penalties of perj					-		t(s) is true an	d correct.		
Sigr	nature:							Date:			
Prin	t Name:			Telephon	e:	Con	tact Person	Email:			
For Paid Preparers Only											
Pai	d Preparer's Signature:				Date:		Telephor	ne:			
Firn	n's Name (or yours, if se	lf-employed):				Treasurer, Si	tate of Maine WITH RETUR	N TO:	MAILF	closing a check, RETURN TO:	
Ado	dress:				Office Use Only	P.O. BOX 1	VENUE SER\ 065 ME 04332-1		P.O. BOX 1	VENUE SERVICES 1064 , ME 04332-1064	
	Paid Preparer EIN:						ayroll Proces Number:	ssor			

■ **SCHEDULE 1/C1 (FORM 941/C1- ME)** 2013

Name:							
Withholding Account No.:							
UC Employer Account No:							
Period Covered:	NANA	DD	2013	-	NANA	חח	2013



1308501

		n of Semiweekly Pay			
For emp	loyers or non-payrol	I filers required to remit with	holding taxes on a s	semiweekly basis (see instru	ictions).
Date Wages or Non- wages Paid	Payment Amount	Date Wages or Non- wages Paid	Payment Amount	Date Wages or Non- wages Paid	Payment Amount
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				1	
				1	
Subtotal A		Subtotal B		Subtotal C	
12. Total (Enter on Form	941/C1-ME, line 2)		\$		

SCHE	OULF 2/C1	(FORM 941/C1- ME) 2013							
		(1 01(11) 041/01 1112	, 2010							99
Name: Withholding						*	1308	502*		
Account No.:										
UC Employer Account No:										
				Period Cove	red: MM)13 - 'YYY	MM	DD DD	013 YYYY
C	Quarterly Inc	come Tax Withholding					ages l			
		A	all employers des of Labor, see inst	signated SEASONA ructions for column	AL by Depa 15 on pag	e 7.		INCOM	LDING	
13. Payee Name ((Last, First, MI)	14. Social Security Numbe	er	15. UC Gross Wage	s Paid	Ψ		aine Incom thheld in t		er
a.										
b.										
C.										
d.										
e.										
f.										
g.										
h.										
i.									-	
j.										
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r.										
S.										
t.										
u.										
17. Total of column	ns 15 and 16 on thi	s page 17a			17b.					

18b.

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