



2018

EMPLOYER'S RETURN OF MAINE INCOME TAX WITHHOLDING

1706200

Due on or Before:

QUARTER #

Quarterly Period Covered:

MM DD YYYY

2018 - 2018 MM DD YYYY

Withholding Account Number:

Name

Address

City State ZIP Code

- A. Check here if MRS granted a waiver... B. Check here if this is an amended return... C. Check here to close your withholding account...

Table with 3 columns: Description, 2018 MM DD, 2018 MM DD. Rows include: 1. Maine income tax withheld, 2a. Payments made, 2b. If amended, overpayment, 2c. Line 2a minus line 2b, 3a. Amount due, 3b. Overpayment to be refunded.

If this is an amended form received after the end of the calendar year to which it applies, check each box on line 4 that applies, include a detailed explanation of the adjustments and attach any supporting documentation to this return.

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.

4. By checking the box(es) below, I certify that:

- the overpayment on line 3b is not attributable to income taxes withheld... payee statements (Forms W-2/W-2C or original/corrected 1099 statements) have been issued... I am enclosing an amended Form W-3ME (Reconciliation of Maine Income Tax Withheld) to reflect changes made on this form.

Explanation of adjustments:

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

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 2 (FORM 941ME) 2018



Name:

1706201

Withholding Account No.:

Quarterly Period Covered:

2018
MM DD YYYY

2018
MM DD YYYY

INDIVIDUAL EMPLOYEE / PAYEE WITHHOLDING REPORTING AND CORRECTIONS

If this is an amended return, see instructions before completing this schedule.

| | A | B | C | | D | |
|----|------------------------------|------------------------|-----------------------------|--|------------------------------------|--|
| | Payee Name (Last, First, MI) | Social Security Number | Original Return Withholding | | Amended Return Correct Withholding | |
| a. | | | | | | |
| b. | | | | | | |
| c. | | | | | | |
| d. | | | | | | |
| e. | | | | | | |
| f. | | | | | | |
| g. | | | | | | |
| h. | | | | | | |
| i. | | | | | | |
| j. | | | | | | |
| k. | | | | | | |
| l. | | | | | | |
| m. | | | | | | |
| n. | | | | | | |
| o. | | | | | | |
| p. | | | | | | |
| q. | | | | | | |
| r. | | | | | | |
| s. | | | | | | |

6. Total of columns C (line 6a) and D (line 6b) on this page..... 6a. \$ 6b. \$

7. Total of columns C (line 7a) and D (line 7b) for ALL pages..... 7a. \$ 7b. \$

8. If amended, enter withholding reported on original or as previously adjusted from Form 941ME, line 1 (line 8a). Adjusted amount (line 8b). See instructions. Enter line 8b amount on Form 941ME, line 1... 8a. \$ 8b. \$