

**SCHEDULE 2A (FORM 941A - ME) 2012**



\*1106303\*

Name: \_\_\_\_\_

Withholding Account No.: \_\_\_\_\_

Period Covered: \_\_\_\_\_ / \_\_\_\_\_ / **2 0 1 2** - \_\_\_\_\_ / \_\_\_\_\_ / **2 0 1 2**  
MM DD YYYY MM DD YYYY

**INDIVIDUAL EMPLOYEE / PAYEE / MEMBER WITHHOLDING CORRECTIONS**

Check here if this is an EIN

A	B	C	D	E
Payee Name (Last, First, MI)	Social Security Number		Originally Reported Withholding	Correct Withholding
a. _____	_____ - _____ - _____	<input type="checkbox"/>	_____, _____. ____	_____, _____. ____
b. _____	_____ - _____ - _____	<input type="checkbox"/>	_____, _____. ____	_____, _____. ____
c. _____	_____ - _____ - _____	<input type="checkbox"/>	_____, _____. ____	_____, _____. ____
d. _____	_____ - _____ - _____	<input type="checkbox"/>	_____, _____. ____	_____, _____. ____
e. _____	_____ - _____ - _____	<input type="checkbox"/>	_____, _____. ____	_____, _____. ____
f. _____	_____ - _____ - _____	<input type="checkbox"/>	_____, _____. ____	_____, _____. ____
g. _____	_____ - _____ - _____	<input type="checkbox"/>	_____, _____. ____	_____, _____. ____
h. _____	_____ - _____ - _____	<input type="checkbox"/>	_____, _____. ____	_____, _____. ____
i. _____	_____ - _____ - _____	<input type="checkbox"/>	_____, _____. ____	_____, _____. ____
j. _____	_____ - _____ - _____	<input type="checkbox"/>	_____, _____. ____	_____, _____. ____
k. _____	_____ - _____ - _____	<input type="checkbox"/>	_____, _____. ____	_____, _____. ____
l. _____	_____ - _____ - _____	<input type="checkbox"/>	_____, _____. ____	_____, _____. ____
m. _____	_____ - _____ - _____	<input type="checkbox"/>	_____, _____. ____	_____, _____. ____
n. _____	_____ - _____ - _____	<input type="checkbox"/>	_____, _____. ____	_____, _____. ____
o. _____	_____ - _____ - _____	<input type="checkbox"/>	_____, _____. ____	_____, _____. ____
p. _____	_____ - _____ - _____	<input type="checkbox"/>	_____, _____. ____	_____, _____. ____
q. _____	_____ - _____ - _____	<input type="checkbox"/>	_____, _____. ____	_____, _____. ____
r. _____	_____ - _____ - _____	<input type="checkbox"/>	_____, _____. ____	_____, _____. ____
s. _____	_____ - _____ - _____	<input type="checkbox"/>	_____, _____. ____	_____, _____. ____
t. _____	_____ - _____ - _____	<input type="checkbox"/>	_____, _____. ____	_____, _____. ____
u. _____	_____ - _____ - _____	<input type="checkbox"/>	_____, _____. ____	_____, _____. ____

1. Total of columns D and E on this page..... 1a. \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_. \_\_\_\_ 1b. \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_. \_\_\_\_

2. Total of columns D and E for ALL pages..... 2a. \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_. \_\_\_\_ 2b. \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_. \_\_\_\_