

SCHEDULE 2 (FORM 941ME) 2017



Name:

1706201

Withholding
Account No.:

Quarterly Period Covered:

2017

MM DD YYYY

2017

MM DD YYYY

INDIVIDUAL EMPLOYEE / PAYEE WITHHOLDING REPORTING AND CORRECTIONS

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

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. \$		