99

PAYMENT VOUCHER FOR MAINE INCOME TAX WITHHELD

Maine Revenue Services P.O. Box 9101 Augusta, ME 04332-9101



Form 900ME

Withholding	Account Number:			1.	Amount Remitted:		
Business							
Name:					Quarter Begin Date:		
					Quarter End Date:		
3.	Date Wages/Non-wa	ges Paid	Amount Withheld				
				Conta	ct Person		
				Conta	ct Person's Telephone N	umber	

MAKE CHECK PAYABLE TO TREASURER, STATE OF MAINE

DO NOT STAPLE OR TAPE CHECK TO YOUR FORM. DO NOT CUT FORM. DO NOT SEND PHOTOCOPIES OF FORMS.

THIS FORM IS NOT REQUIRED IF PAYMENT WAS MADE ELECTRONICALLY.