

SCHEDULE 2 (FORM 941ME) 2020



99

Name:

2006201

Withholding Account No.:

Quarterly Period Covered:

MM DD YYYY

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. \$.