Form 941ME 2025	Maine Revenue Employer's of Maine Income Ta	Return		*2106200*	99
Due on or Before:	•	Quarterly F	Period Covered	*2106200*	
	Quarter #		202	25	2025
MM DD YYYY		Ν	M DD YY		DD YYYY
Withholding Account Number:		1. Total Maine income tax for this quarter			
		2a. Payments made (semi	weekly		
Name		payments from Schedu 5 plus, if amended, any payments made with, o filing, the original return	r after		
Address		2b. If amended, overpayme			
		original return or as pre adjusted			
Dity	State ZIP Code				
Check here if MRS granted a waiver allowing wage withholding from Schedule 2. (See inst		2c. Line 2a minus line 2b	\$		
Check here if this is an amended return		3a. Amount due with this re (See instructions)			
Check here to close your withholding account		3b. Overpayment to be ref (See instructions)			
The overpayment on line 3b is not a line 3b attributable to overcollected have been obtained for each empl overcollection. Payee statements (Forms W-2/W-2 on Schedule 2, and I am enclosing	attributable to income taxes withheld income tax withholding for the curr loyee stating that the employee ha C or original/corrected 1099 statem	rent calendar year has b is not claimed and will r nents) have been issued	een repaid to er ot claim a refur	mployees and writ nd or credit of the	ten statements amount of the
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line 3b attributable to overcollected have been obtained for each empl overcollection. Payee statements (Forms W-2/W-2	Attributable to income taxes withheld income tax withholding for the curr oyee stating that the employee ha C or original/corrected 1099 statem copies of these forms to verify my he information contained on this Telephone: <u>For Paid Prepa</u>	rent calendar year has b as not claimed and will r nents) have been issued refund request. s return, report and atta Contac arers Only nate: Paid Preparer EIN:	een repaid to en to claim a refur to employee(s) achment(s) is t Date: t Person Email: Telephone:	nployees and writ nd or credit of the or payee(s) identif	ten statements amount of the
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Schedule 1 (Form 941ME) 2025						99			
Name:									
Withholding Account No.:							*2106	204*	
Quarterly Period Covered:)25 ⁻		2025					
	MM DD YY	/YY	MM D	D YYYY					
	Recon	ciliation of	of Semi		<u>dule 1</u> /ments of Income	Tax Wit	hholding		
	For emplo	yers or non-	payroll file	ers required to	remit withholding taxes	on a semi	iweekly basis.		
Date Wages or Non-wages Paid	Amount of Withholding Pa	aid	Dat Non	e Wages or -wages Paid	Amount of Withholding Paid	_	Date Wages or Non-wages Paid	Amount of Withholding Paid	l
] [
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						1 -			
Subtotal A			S	ubtotal B			Subtotal C		
			3				oustoturo		

5. Total payment amount (Enter on Form 941ME, line 2a).....\$

	Schedule	2 (Form 941ME) 2025		99			
	Name:				*2	2106201*	
	Withholding Account No.:		Qua	arterly Period Cov	vered:		
	Account No				2025	2025	
		la d'atalant Franka		MM DD	YYYY	MM DD YYYY	
		Individual Employ If this is an amended re A	yee/Payee Withholding R turn, see instructions be B	efore completing	ig this schedule.	D	
	P	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.							
I.							
m.							
n.							
0.							
p.							
q.							
r.						•	
s.						•	
6	Total of column	C			6.\$		
7	Total of column	D			7. \$		