



**Maine Revenue Services
and
Department of Labor**



990851000

FORM 941/C1-ME LOOSE Combined Filing for Income Tax Withholding and Unemployment Contributions

QUARTER #

Withholding Account No.

Name

UC Employer Account No.

Address

Period Covered

Mo. Day Year Mo. Day Year

Part One - Income Tax Withholding

- 1. Maine income tax withheld this quarter (Semi-weekly employers complete Schedule 1 on reverse side) 1 .
- 2. Less any semi-weekly Payments (From Schedule 1, line 15 on reverse side - see instructions.) 2 .
- 3. Income tax withholding due (line 1 minus line 2) 3 .

Part Two - Unemployment Contributions Report

OFFICE USE ONLY

Seasonal Code

Seasonal Period

Check if reporting wage listing on
MAGNETIC TAPE or DISKETTE

- | | 1st Month | 2nd Month | 3rd Month |
|---|----------------------|----------------------|----------------------|
| 4. Report the number of covered full-time and part-time workers who worked during or received pay for the payroll period which included the 12th of the month. If no employment in the payroll period, enter zero (0) 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5. Number of female employees included on line 4. If none, enter zero (0) 5 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6. Total reportable wages paid this quarter (from Part Four, line 22) 6 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7. Deduct excess wages (see instructions) 7 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8. Taxable wages paid in this quarter (line 6 minus line 7) 8 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 9. Contribution rate Surtax .004 Total Rate 9 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 10. Contributions due (line 8 times total rate on line 9) 10 | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Part Three - Calculate the Total Amount Due

- 11. Amount due with this return (line 3 plus line 10) 11 .
- 12. Less amount from line 11 remitted separately (see instructions) 12 .
- 13. Net balance due with this return (line 11 minus line 12) 13 .

Under penalties of perjury, I certify that the information contained on this return, report and attachment(s) is true and correct and that no part of unemployment contributions has or will be borne by any employee(s).

Signature _____ Date _____

Title _____ Telephone _____

**Make Check Payable to
Treasurer, State of Maine**

Mail to: Maine Revenue Services

P.O. Box 9103

Augusta, ME 04332-9103



Send the original return to Maine Revenue Services. Do not mail photocopied returns.

For Field Advisor Use: _____

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