



STATE OF MAINE
BUREAU OF TAXATION – INCOME TAX DIVISION
 P.O. BOX 1061
 AUGUSTA, MAINE 04332-1061

EMPLOYER'S RETURN OF MAINE INCOME TAX WITHHELD

OFFICE USE ONLY

Federal Identification Number:

Period Covered:

Due on or Before:

- | | |
|--|--|
| 1. Maine Income Tax withheld for period _____ | |
| 2. Previous payments for this period (_____) | |
| 3. Credit (enclose credit notice) (_____) | |
| 4. Amount due with this Return _____ | |

5. Overpayment. If the sum of lines 2 and 3 exceeds Line 1, enter excess here \$ _____ and check if to be:
 applied to next return OR refunded.

MAKE CHECK PAYABLE TO TREASURER OF STATE

Date _____

Signature _____

Title _____

Form 941L-ME
Rev. 1-95

EMPLOYER WITHHOLDING TAX CANCELLATION/CHANGE FORM

If you have a change in your Federal Identification Number, name, address and/or phone number or if your business is discontinued or the payment of wages permanently ceases, complete this form and mail it to: BUREAU OF TAXATION

Present Federal Identification Number: _____

New Federal Identification Number (If Applicable): _____

Cancel My Account (Explain Below)

Present Name and Address:

New Name and Address (If Applicable):

Old Phone Number: _____

New Phone Number (If Applicable): _____

Effective Date of Change: _____

Remarks: _____

Date

Signature

Title