MAINE REVENUE SERVICES
INCOME/ESTATE TAX DIVISION
P.O. BOX 1061
AUGUSTA, ME 04332-1061

990621000

EMPLOYER'S RETURN OF MAINE INCOME TAX WITHHELD

FORM 941ME LOOSE

QUARTER #

Withholding Account Number

Name and Address

1. Maine Income Tax withheld for this quarter (Semi-weekly employers complete Schedule 1 below) 1
2. Less any semi-weekly payments (from Schedule 1, line 5 below) 2
3. Amount due with this return (line 1 minus line 2) 3

Period Covered: Mo. Day Year - Mo. Day Year

MAKE CHECK PAYABLE TO TREASURER, STATE OF MAINE

Date _____ Signature _____ Title _____ Telephone _____

Reconciliation of 900ME Voucher Payments (See Instructions)

Schedule 1

Date Wages Paid	Amount Withheld	Check Amount

Date Wages Paid	Amount Withheld	Check Amount

Date Wages Paid	Amount Withheld	Check Amount

4. Total Withholding This Quarter (Enter here and on line 1 above) $

5. Total Semi-weekly Payments Remitted This Quarter (Enter here and on line 2 above) $

CANCELLATION NOTICE

6. Check this box and complete the following section if your business is discontinued or payment of wages permanently ceases. ☐ FINAL

Reason for cancellation _____

Last Payroll Date: Mo. Day Year

Business Sold to (name): _____

(address): _____

Date Sold: _____ Tel. # _____

Office use only

Note: Use the Name and Address Change Form (Form 941/C1C-ME) to change your business name or address

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