

## Form 941ME

Maine Revenue Services  
Employer's Return  
of Maine Income Tax WithholdingRECORD COPY  
ONLY  
DO NOT SEND  
TO THE AGENCY

Due on or Before:

Quarter #

Quarterly Period Covered:

MM DD YYYY

MM DD YYYY

MM DD YYYY

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Withholding Account Number:

Name

Address

City

State ZIP Code

1. Total Maine income tax withheld for this quarter. . . . . \$
- 2a. Payments made (semiweekly payments from Schedule 1, line 5 plus, if amended, any payments made with, or after filing, the original return) . . . \$

- 2b. If amended, overpayment on original return or as previously adjusted. . . . . \$

- 2c. Line 2a minus line 2b. . . . . \$

- 3a. Amount due with this return (See instructions). . . . . \$

- 3b. Overpayment to be refunded (See instructions). . . . . \$

A. Check here if MRS granted a waiver allowing you to exclude non-wage withholding from Schedule 2. (See instructions) . . . . . A.

B. Check here if this is an amended return . . . . . B.

C. Check here to close your withholding account. . . . . C.

If this is an amended form received after the end of the calendar year to which it applies, check each box on line 4 that applies, include a detailed explanation of the adjustments and attach any supporting documentation to this return.

**Note:** Pursuant to 36 M.R.S. § 5276, if there is an overpayment of tax required to be deducted and withheld under 36 M.R.S. § 5250, a refund shall be made to the employer only to the extent that the overpayment was not deducted and withheld by the employer.

4. By checking the box(es) below, I certify that:

☐ The overpayment on line 3b is not attributable to income taxes withheld from employees or payees **OR** that portion of overpayment identified on line 3b attributable to overcollected income tax withholding for the current calendar year has been repaid to employees and written statements have been obtained for each employee stating that the employee has not claimed and will not claim a refund or credit of the amount of the overcollection.

☐ Payee statements (Forms W-2/W-2C or original/corrected 1099 statements) have been issued to employee(s) or payee(s) identified as amended on Schedule 2, and I am enclosing copies of these forms to verify my refund request.

Explanation of adjustments: \_\_\_\_\_

\_\_\_\_\_

**Under penalties of perjury, I certify that the information contained on this return, report and attachment(s) is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Contact Person Email: \_\_\_\_\_

**For Paid Preparers Only**

Paid Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Firm's Name (or yours, if self-employed): \_\_\_\_\_ Paid Preparer EIN: \_\_\_\_\_

Address: \_\_\_\_\_ Maine Payroll Processor License Number: \_\_\_\_\_