



**Maine Income Tax Withholding  
FORM 941BN-ME Business Change  
Notification**

Complete this form to report a change in your withholding account or contact information or to cancel your withholding account. Incomplete forms will not be processed.

Mail to: Maine Revenue Services, Taxpayer Assistance  
P.O. Box 1057, Augusta, ME 04332-1057

Fax: 207-287-6975  
Email: [taxpayerassist@maine.gov](mailto:taxpayerassist@maine.gov)

**Step 1**

Identify your business as currently on file with Maine Revenue Services.

Current Legal Name: \_\_\_\_\_ DBA: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 Current Phone Number: \_\_\_\_\_  
 Withholding Account Number: \_\_\_\_\_

**Step 2**

List your new contact information; enter only if different from current information.

New Legal Name: \_\_\_\_\_ New DBA: \_\_\_\_\_  
 New ATTN Line: \_\_\_\_\_  
 New Address: \_\_\_\_\_  
 New Email Address: \_\_\_\_\_  
(PRINT CLEARLY)  
 New Phone Number: \_\_\_\_\_ Effective Date of Change \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NOTE: Do not enter a payroll processor's address or other contact information here.**

**Step 3**

Request to cancel account. (Do not report cancellation for a seasonal shutdown period.)

Reason for Cancellation. Check the appropriate box:

Business Closed (Do not include a seasonal or temporary business closure)  
 Business Sold to: Name: \_\_\_\_\_ FEIN: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_  
 Date Business Sold: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Other \_\_\_\_\_  
 Date the business no longer had employees \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of last payroll \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Step 4**

Sign and mail your report.

**Under penalties of perjury, I certify that the information contained on this form is true and correct.**

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Daytime Phone: \_\_\_\_\_

**For Paid Preparers Only**

Paid Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Firm's Name (or yours if self-employed): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 EIN/SSN: \_\_\_\_\_ Maine Payroll Processor License Number: \_\_\_\_\_