Form 941ME

2023

Maine Revenue Services
Employer's Return
of Maine Income Tax Withholding

2106200

99

Due on or Before:

MM	DD	YYYY

Quarter #

Quarterly Period Covered:

2023	-	**2023**
MM DD YYYY		MM DD YYYY

Withholding Account Number:

Name

Address

City	State	ZIP Code

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.

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)...................$

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 § 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.

I am enclosing an amended Form W-3ME (Reconciliation of Maine Income Tax Withheld) to reflect changes made on this form.

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

If enclosing a check, make check payable to:
Treasurer, State of Maine
and MAIL WITH RETURN TO:
MAINE REVENUE SERVICES
P.O. BOX 1065
AUGUSTA, ME 04332-1065

If not enclosing a check
MAIL RETURN TO:

MAINE REVENUE SERVICES
P.O. BOX 1064
AUGUSTA, ME 04332-1064

Schedule 1 (Form 941ME) 2023

|||||||||||
2106204

99

Name:

Withholding Account No.:

Quarterly Period Covered: **2023** - **2023**

MM   DD   YYYY   MM   DD   YYYY

Schedule 1
Reconciliation of Semiweekly Payments of Income Tax Withholding
For employers or non-payroll filers required to remit withholding taxes on a semiweekly basis.

Date Wages or Non-wages Paid	Amount of Withholding Paid	Date Wages or Non-wages Paid	Amount of Withholding Paid	Date Wages or Non-wages Paid	Amount of Withholding Paid
Subtotal A		**Subtotal B**		**Subtotal C**	

5. Total payment amount (Enter on Form 941ME, line 2).. $

99

Schedule 2 (Form 941ME) 2023

2106201

99

Name:

Withholding Account No.:

Quarterly Period Covered:

	2023		2023
MM DD	YYYY	MM DD	YYYY

Individual Employee/Payee Withholding Reporting and Corrections
If this is an amended return, see instructions before completing this schedule.

	A Payee Name (Last, First, MI)	B Social Security Number	C Original Return Withholding	D Amended Return Correct Withholding
a.			.	.
b.			.	.
c.			.	.
d.			.	.
e.			.	.
f.			.	.
g.			.	.
h.			.	.
i.			.	.
j.			.	.
k.			.	.
l.			.	.
m.			.	.
n.			.	.
o.			.	.
p.			.	.
q.			.	.
r.			.	.
s.			.	.

6. Total of column C ....6. $ | . |

7. Total of column D ....7. $ | . |

99