980851000

Maine Revenue Services and Department of Labor

Combined Filing for Income Tax Withholding and Unemployment Contributions

FORM 941/C1-ME LOOSE

Name

Address

Withholding Account No.

UC Employer Account No.

Period Covered Mo. / Day / Year - Mo. / Day / Year

Part One - Income Tax Withholding

1. Maine income tax withheld this quarter (Semi-weekly employers complete Schedule 1 on reverse side) 1
2. Less Form 900ME voucher payments or EFT Payments (From Schedule 1, line 15 on reverse side.) 2
3. Income tax withholding due (line 1 minus line 2) 3

Part Two - Unemployment Contributions Report

OFFICE USE ONLY

Seasonal Code Seasonal Period / / - / /

☐ Check if reporting wage listing on MAGNETIC TAPE or DISKETTE

		1st Month	2nd Month	3rd Month
4.	Report the number of covered full-time and part-time workers who worked during or received pay for the payroll period which included the 12th of the month. If no employment in the payroll period, enter zero (0) 4			
5.	Number of female employees included on line 4. If none, enter zero (0) 5			
6.	Total reportable wages paid this quarter (from Part Four, line 22) 6			
7.	Deduct excess wages (see instructions) 7			
8.	Taxable wages paid in this quarter (line 6 minus line 7) 8			
9.	Contribution rate Surtax .004 **Total Rate** 9			
10.	Contributions due (line 8 times total rate on line 9) 10			

Part Three - Calculate the Total Amount Due

11. Amount due with this return (add lines 3 and 10) 11
12. Less Electronic Funds Transfer payment of the amount due on line 11 (see instructions) 12
13. Net balance due with this return (line 11 minus line 12) 13

Under penalties of perjury, I certify that the information contained on this return, report and attachment(s) is true and correct and that no part of unemployment contributions has or will be borne by any employee(s).

Signature _____ Date _____

Title _____ Telephone _____

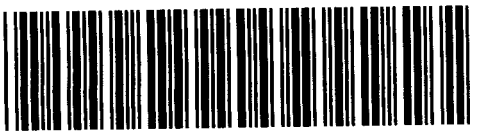
Make Check Payable to Treasurer, State of Maine.
Mail to: Maine Revenue Services
P.O. Box 9103
Augusta, ME 04332-9103

Send the original return to Maine Revenue Services. Do not mail photocopied returns.

For Field Advisor Use: _____

office use only PWD

Rev. 2/98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Reconciliation of 900ME Voucher Payments (See Instructions)

Schedule 1- For employers required to remit withholding taxes on a semi-weekly basis

Date Wages Paid	Amount Withheld	Check Amount	Date Wages Paid	Amount Withheld	Check Amount	Date Wages Paid	Amount Withheld	Check Amount

14. Total Withholding This Quarter (enter here and on line 1)

$ ___ , ___ , ___ . ___

15. Total Remitted with Forms 900ME This Quarter (enter here and on line 2)

$ ___ , ___ , ___ . ___

CANCELLATION NOTICE

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

Reason for Cancellation _____

No Longer Have Employees - Effective: ___ / ___ / ___

Last Payroll Date: ___ / ___ / ___ Business Sold To (name): _____

Date Sold: _____ (address): _____ Tel. #: _____

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