



OF MAINE INCOME TAX WITHHELD FROM OWNERS

QUARTER #

Withholding Account Number: _____

Number of payees subject to pass-through entity withholding.

Period Covered: _____ to _____
MM DD YY to MM DD YY

Name and Address:
Name _____
Street Address _____
City _____ State _____ ZIP Code _____

1. Pass-through Entity Withholding for quarter (from Schedule 2, line 10)... 1. \$ _____
2. Less Prepayments (from Schedule 1, line 5) 2. \$ _____
3a. Amount due with this return (if line 1 minus line 2 is positive) 3a. \$ _____
3b. Overpayment to be refunded (if line 1 minus line 2 is negative) 3b. \$ _____

Check here if you are reporting Schedule 2P – Pass-through Withholding Listing on MAGNETIC TAPE or DISKETTE

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

Date _____ Signature _____ Title _____ Telephone _____

Contact person e-mail _____ Paid preparer EIN: _____

Make check payable to: Treasurer, State of Maine
Mail return and check to: Maine Revenue Services, P.O. Box 9118, Augusta, ME 04332-9118

For the Third Quarter Only: please check any boxes that apply:

- My return is prepared by a tax preparer and I do not need Maine tax forms and instructions mailed next year.
- I would like personalized Schedule 2P – Pass-through Entity Withholding Listing pages next year.
- I would like non-personalized (blank) Schedule 2P – Pass-through Entity Withholding Listing pages next year.
- I would like no Schedule 2P – Pass-through Entity Withholding Listing pages next year because I will submit Schedule 2P data by an approved alternate method.

Cancellation Notice

4. Check here and complete this section if your business is discontinued or the requirement to withhold permanently ceases.

Reason for cancellation _____

Last Payroll Date: _____ Business sold to: _____
MM DD YY

Address: _____

Date Sold: _____
MM DD YY

Telephone: _____

Note: Use the Name and Address Change Form (Form 941P-ME) on page 3 to change your business name or address.

Office use only PD



SCHEDULE 2P Loose (FORM 941P- ME Loose) 2005



0506251

Name: _____

Withholding Account No.: _____

Period Covered: MM DD YY to MM DD YY

This page contains (check one):
Individuals with social security numbers
Entities with Federal Employer ID numbers

Schedule 2P – Pass-through Entity Withholding Listing

6. Name of Payee for Distributive Income (Last, First, MI or Busines name)	7. Social Security Number (EIN if other than an Individual)	8. Maine IncomeTax Withheld in the Quarter
a. _____	_____ - _____ - _____	\$ _____'_____'_____
b. _____	_____ - _____ - _____	\$ _____'_____'_____
c. _____	_____ - _____ - _____	\$ _____'_____'_____
d. _____	_____ - _____ - _____	\$ _____'_____'_____
e. _____	_____ - _____ - _____	\$ _____'_____'_____
f. _____	_____ - _____ - _____	\$ _____'_____'_____
g. _____	_____ - _____ - _____	\$ _____'_____'_____
h. _____	_____ - _____ - _____	\$ _____'_____'_____
i. _____	_____ - _____ - _____	\$ _____'_____'_____
j. _____	_____ - _____ - _____	\$ _____'_____'_____
k. _____	_____ - _____ - _____	\$ _____'_____'_____
l. _____	_____ - _____ - _____	\$ _____'_____'_____
m. _____	_____ - _____ - _____	\$ _____'_____'_____
n. _____	_____ - _____ - _____	\$ _____'_____'_____
o. _____	_____ - _____ - _____	\$ _____'_____'_____
p. _____	_____ - _____ - _____	\$ _____'_____'_____
q. _____	_____ - _____ - _____	\$ _____'_____'_____
r. _____	_____ - _____ - _____	\$ _____'_____'_____
s. _____	_____ - _____ - _____	\$ _____'_____'_____
t. _____	_____ - _____ - _____	\$ _____'_____'_____
u. _____	_____ - _____ - _____	\$ _____'_____'_____
v. _____	_____ - _____ - _____	\$ _____'_____'_____
w. _____	_____ - _____ - _____	\$ _____'_____'_____

9. Total on this page 9. \$ _____'_____'_____

10. Total for ALL pages (Enter here and on Form 941P-ME, line 1) 10. \$ _____'_____'_____