



STATE OF MAINE
BUREAU OF TAXATION — INCOME TAX DIVISION

P.O. BOX 1061
AUGUSTA, MAINE 04332-1061



1997 EMPLOYER'S RETURN OF MAINE INCOME TAX WITHHELD

FORM 941ME LOOSE

Federal Identification Number: [] - [] / []
Quarter Ending: [] / [] / []
Name: []
Address: []

1. Maine Income Tax withheld for this quarter..... [] , [] , [] . []
2. Less Form 900ME voucher payments or EFT payments... [] , [] , [] . []
3. Credit (enclose credit notice)..... [] , [] , [] . []
4. Amount due with this return..... [] , [] , [] . []

MAKE CHECK PAYABLE TO TREASURER, STATE OF MAINE

Date _____ Signature _____ Title _____ Telephone _____

Reconciliation of 900ME Voucher Payments (See Instructions)

Schedule 1 - For employers required to remit withholding taxes on a monthly basis.

Table with 3 columns: A (Month Wages Paid), B (Amount Withheld), C (Total Remitted)

5. Total Withholding This Quarter \$ [] , [] , [] . []
6. Total Remitted with Forms 900ME This Quarter (Column C) \$ [] , [] , [] . []

Schedule 2 - For employers required to remit withholding taxes on a semi-weekly basis.

Three tables with columns: Date Wages Paid, Amount Withheld, Check Amount

7. Total Withholding This Quarter \$ [] , [] , [] . []
8. Total Amount Remitted with Forms 900ME This Quarter \$ [] , [] , [] . []

CANCELLATION NOTICE

9. Check this box and complete the following section if your business is discontinued or payment of wages permanently ceases
Reason for Cancellation _____
Last Payroll Date: [] / [] / []
Date Sold: _____
Business Sold To: _____