



Name and Address: QUARTER #

Name, Street Address, City, State, ZIP Code, Withholding Account No., UC Employer Account No., Period Covered: MM DD YY to MM DD YY

Part One - Income Tax Withholding

Number of payees subject to Maine income tax withholding.

1. Maine income tax withheld this quarter... 2. Less any semi-weekly payments... 3. Income tax withholding due

Office use only:

Part Two - Unemployment Contributions Report

Check this space if reporting Schedule 2/C1 information on MAGNETIC TAPE or DISKETTE

Seasonal Code, Seasonal Period, 1st Month, 2nd Month, 3rd Month, 4. Enter in the space under each month... 5. Number of female employees... 6. Total Unemployment Compensation... 7. DEDUCT EXCESS WAGES... 8. Taxable wages paid... 9. Contribution rate... 10. Contributions due

Part Three - Calculate the Total Amount Due

11. Amount due with this return (line 3 plus line 10)

CANCELLATION NOTICE

Check this box and complete the following section if your business is discontinued or the requirement to withhold permanently ceases. DO NOT REPORT CANCELLATION FOR A SEASONAL SHUTDOWN PERIOD

Reason for Cancellation, Date the business no longer had employees, Business Sold to Name, Date of last payroll, Business Sold to Address, Date business sold

Note: Use the Name and Address Change Form (Form 941/C1C-ME) on page 3 to change your business name and address.

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

Signature, Date, 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 1061
Augusta, ME 04332-1061

Office use only PWD



SCHEDULE 1/C1 Loose (FORM 941/C1- ME Loose) 2005



00

0508521

Name: _____
Withholding Account No.: _____
UC Employer Account No.: _____
Period Covered: MM DD YY to MM DD YY

Reconciliation of 900ME Voucher Payments or EFT Payments of Income Tax Withholding

For employers required to remit withholding taxes on a semi-weekly basis (see instructions).

Table with 9 columns: Date Wages or Distribution Paid, Withholding Amount, Payment Amount, Date Wages or Distribution Paid, Withholding Amount, Payment Amount, Date Wages or Distribution Paid, Withholding Amount, Payment Amount. Includes Subtotal A, B, and C rows.

12. Withholding Amount this Quarter
Subtotal A
Subtotal B
Subtotal C
Total (Should equal line 1)

13. Payment Amount this Quarter
Subtotal A
Subtotal B
Subtotal C
Total (Enter here and on line 2)

For the Third Quarter Only: all employers, 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 2/C1 - Quarterly Income Tax Withholding and Unemployment Compensation Wages Listing pages next year.
I would like non-personalized (blank) Schedule 2/C1 - Quarterly Income Tax Withholding and Unemployment Compensation Wages Listing pages next year.
I would like no Schedule 2/C1 - Quarterly Income Tax Withholding and Unemployment Compensation Wages Listing pages next year because I will submit Schedule 2/C1 data by an approved alternate method.

For Field Advisor Use: _____



SCHEDULE 2/C1 Loose (FORM 941/C1- ME Loose) 2005



00

Name: _____

Withholding

Account No.: _____ UC Employer Account No: _____

0508522

Period Covered: MM DD YY to MM DD YY

Quarterly Income Tax Withholding and Unemployment Compensation Wages Listing

All employers designated SEASONAL by Department of Labor, see instructions for Column 16 on page 8.

INCOME TAX WITHHOLDING

Maine Income Tax

17. Withheld in the Quarter

14. Payee Name (Last, First, MI)	15. Social Security Number	16. UC Gross Wages Paid	17. 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. _____	_____	\$ _____	\$ _____

18. Total on this page 18a. \$ _____ 18b. \$ _____

19. Total for ALL pages 19a. \$ _____ 19b. \$ _____