



**FORM 941/C1-ME Loose**  
**2008**  
**QUARTER #**

**MAINE REVENUE SERVICES**  
**MAINE DEPARTMENT OF LABOR**

**COMBINED FILING FOR INCOME TAX WITHHOLDING**  
**AND UNEMPLOYMENT CONTRIBUTIONS**



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\*0808520\*

Name  **Withholding Account No:**

Address  **UC Employer Account No:**

City  State  ZIP Code  **Period Covered:**    to

**Part One - Income Tax Withholding**

A. Number of payees subject to Maine income tax withholding:

1. Maine income tax withheld this quarter (from Schedule 2/C1, line 19b) (Semiweekly filers complete Schedule 1/C1 on reverse side).....1. \$  ,  ,  .

2. Less any semiweekly payments (From Schedule 1/C1, line 13 on reverse side) (See instructions).....2. \$  ,  ,  .

3. Income tax withholding due (line 1 minus line 2).....3. \$  ,  ,  .

**Part Two - Unemployment Contributions Report**

Office use only:

Seasonal Code:

Seasonal Period:     to

	1st Month	2nd Month	3rd Month
4. For each month, enter the total of all full-time and part-time workers who worked during, or received pay reportable for unemployment insurance purposes for the payroll period which includes, the 12th of each month. If you had no employment in the payroll period, enter zero (0) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Number of female employees included on line 4. If none, enter zero (0).....	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Total Unemployment Compensation Gross Wages Paid this quarter (from Schedule 2/C1, line 19a) .....	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
7. DEDUCT EXCESS WAGES (SEE INSTRUCTIONS ON PAGE 6).....	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
<b>NOTE: THE TAXABLE WAGE BASE IS \$12,000 FOR EACH EMPLOYEE.</b>			
8. Taxable wages paid in this quarter (line 6 minus line 7).....	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
9a. UC Contribution rate <input type="text"/> UC Contributions due (line 8 times line 9a).....	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
9c. CSSF rate <b>.0005</b> CSSF Contributions due (line 8 times line 9c).....	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
<b>Note: The CSSF Assessment does not apply to direct reimbursable employers. See instructions.</b>			
10. Total Contributions due (line 9b plus line 9d).....	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>

**Part Three - Calculate the Total Amount Due**

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

**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  FINAL

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) 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:

Maine Payroll Processor License Number:

**Make check payable to:**  
 Treasurer, State of Maine

**Mail return and check to:**  
 Maine Revenue Services  
 P.O. Box 9103  
 Augusta, ME 04332-9103



Office use only  PWD



**SCHEDULE 2/C1 (FORM 941/C1- ME Loose) 2008**



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\*0808522\*

Name: \_\_\_\_\_

Withholding Account No.: \_\_\_\_\_

UC Employer Account No: \_\_\_\_\_

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).

**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 of columns 16 and 17 on this page..... 18a. \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_ 18b. \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

19. Total of columns 16 and 17 for ALL pages..... 19a. \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_ 19b. \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_