

M-941A

**MASSACHUSETTS DEPARTMENT OF REVENUE
EMPLOYER'S ANNUAL RETURN OF INCOME TAXES WITHHELD**

YOU MUST FILE THIS FORM EVEN THOUGH NO TAX MAY BE DUE.

NUMBER OF EMPLOYEES FROM WHOM TAXES WERE WITHHELD:

FEDERAL IDENTIFICATION NUMBER	BE SURE THIS RETURN COVERS THE CORRECT PERIOD <input type="checkbox"/> Check here if EFT payment.	FOR YEAR
-------------------------------	--	----------

Note: An entry must be made in each line. Enter "0," if applicable.

IF ANY INFORMATION IS INCORRECT, SEE INSTRUCTIONS.

Check if final return and you wish to close your withholding tax account.

1. AMOUNT WITHHELD		
2. ADJUSTMENT FOR PRIOR AMOUNT WITHHELD*		
3. AMOUNT DUE AFTER ADJUSTMENT (NOT LESS THAN "0")		
4. PENALTIES		
5. INTEREST		
6. TOTAL AMOUNT DUE (ADD LINES 3, 4 AND 5)		

Return is due with payment on or before the 31st day of January following the year indicated above. Make check payable to Commonwealth of Mass. Mail to: Mass. Dept. of Revenue, PO Box 7042, Boston, MA 02204.

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.


CHECK HERE IF USING THE BACK OF THIS FORM:

Signature _____ Title _____ Date _____

*Explain any adjustment on reverse or it will be disallowed. Adjustment must be from immediate prior period.

LINE 2 ADJUSTMENT INFORMATION			STATE REASON FOR ADJUSTMENT REQUEST:
	AS REPORTED	CORRECTED	
AMOUNT WITHHELD			
ADJUSTMENT PRIOR PERIOD			
AMOUNT PAID			
REPORTED UNDER FED. IDENT. NO.			
REPORTING PERIOD IN ERROR			

4.5M 7/00 00-B02

 printed on recycled paper