

M-941W

WD

MASSACHUSETTS DEPARTMENT OF REVENUE
EMPLOYER'S WEEKLY PAYMENT OF INCOME TAXES WITHHELD

ENTER PAYMENT DATE

FEDERAL IDENTIFICATION NUMBER

BE SURE THIS VOUCHER COVERS
THE CORRECT PERIOD

FOR QUARTER
ENDING

ENTER
AMOUNT
OF PAYMENT

\$

IF ANY
INFOR-
MATION IS
INCORRECT,
SEE
INSTRUC-
TIONS.

Note: You must complete the payment date and amount boxes above. Payment must correspond to the preprinted quarter end date.

When Massachusetts income tax withheld is \$500 or more by the 7th, 15th, 22nd and last day of a month, pay over within **three business days** thereafter with a completed Form M-941W for each payment.

MAKE CHECK PAYABLE TO:
COMMONWEALTH OF MASSACHUSETTS

Return this completed form with payment. Make check payable to Commonwealth of Massachusetts. Mail to: **Massachusetts Department of Revenue, PO Box 7034, Boston, MA 02204-7034.**

PLEASE USE THE PREAMBITTED
MAILING LABELS IN THIS BOOKLET.

IMPORTANT: READ INSTRUCTIONS BEFORE COMPLETING RETURN

New owners: Do not use previous owner's form to file your return. Any change in ownership or organization requires a new registration. You must file a new Form TA-1.