M-942 W42	EMPLOYER'S	S MONTHLY F	RETURN OF IN	NT OF REVENUE NCOME TAXES SH NO TAX MAY B	WITHHELD		
	ENTIFICATION NUMBER	CATION NUMBER BE SURE THIS RETUI		FOR MONTH/YEAR	NUMBER OF EMPLOYEE WHOM TAXES WERE WI		
THE CORRECT P					Note: An entry must be made in each line	e. Enter "0," if applicable.	
IF ANY		Check here if EF	· I payment.		1. AMOUNT WITHHELD		
INFOR- MATION IS INCORRECT, SEE					2. ADJUSTMENT FOR PRIOR AMOUNT WITHHELD*		
INSTRUC- TIONS.	STRUC-				3. AMOUNT DUE AFTER ADJUST- MENT (NOT LESS THAN "0")		
					4. PENALTIES		
					5. INTEREST		
Return is due with payment on or before the 15th day of the month following the month indicated above, except during March, June, September and December — then due the last day of the following month. Make check payable to Commonwealth of Massachusetts. Mail to: Massachusetts Department of Revenue, PO Box 7038, Boston, MA 02204.					6. TOTAL AMOUNT DUE (ADD LINES 3, 4 AND 5)		
I declare under the penalties of perjury that this return (including any accompanying sche been examined by me and to the best of my knowledge and belief is a true, correct and co				s and statements) has ete return.	CHECK HERE IF USING THE BACK OF THIS FORM:		
Signature	Signature Title			Date	*Explain any adjustment on reverse or it will be disallowed.		
LINE 2 ADJUSTMENT INFOR		ORMATION	STATE REAS	SON FOR ADJUSTME	NT REQUEST:		
***************************************	AS REPORTED	CORRECTE	D				
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