



**FORM 941BN-ME**

**Maine Income Tax Withholding  
Business Change  
Notification**

Complete this form to report a change in your withholding account, contact information, or to close your withholding account. Incomplete forms will not be processed.

Mail to: Maine Revenue Services, Taxpayer Assistance  
P.O. Box 1057, Augusta, ME 04332-1057

Fax: 207-287-6975  
Email: [taxpayerassist@maine.gov](mailto:taxpayerassist@maine.gov)

**Step 1**

Identify your business as currently on file with Maine Revenue Services.

Current Legal Name: \_\_\_\_\_ DBA: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Current Phone Number: \_\_\_\_\_  
Withholding Account Number: \_\_\_\_\_

**Step 2**

List your new contact information; enter only if different from current information.

New Legal Name: \_\_\_\_\_ New DBA: \_\_\_\_\_  
New ATTN Line: \_\_\_\_\_  
New Address: \_\_\_\_\_  
New Email Address: \_\_\_\_\_  
*(PRINT CLEARLY)*  
New Phone Number: \_\_\_\_\_ Effective Date of Change \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NOTE: Do not enter a payroll processor's address or other contact information here.**

**Step 3**

Request to cancel account. (Do not report cancellation for a seasonal shutdown period.)

Reason for Cancellation. Check the appropriate box:

Business Closed (Do not include a seasonal or temporary business closure.)  
 Business Sold to: Name: \_\_\_\_\_ FEIN: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date Business Sold: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Other \_\_\_\_\_  
Date the business no longer had employees \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of last payroll \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Step 4**

Sign and mail your report.

**Under penalties of perjury, I certify that the information contained on this form is true and correct.**

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Daytime Phone: \_\_\_\_\_

**For Paid Preparers Only**

Paid Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Firm's Name (or yours if self-employed): \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
FEIN/SSN: \_\_\_\_\_ Maine Payroll Processor License Number: \_\_\_\_\_