

M-941-AM**AW**

**MASSACHUSETTS DEPARTMENT OF REVENUE
AMENDED RETURN OF INCOME TAXES WITHHELD
USE A SEPARATE RETURN FOR EACH TAX PERIOD**

Rev. 6/98

CHECK IF
DEPOSITORY FILER:

FEDERAL IDENTIFICATION NUMBER

TAX PERIOD

**1. CORRECTED AMOUNT
WITHHELD****2. ORIGINAL AMOUNT
REPORTED****3. DIFFERENCE (SUBTRACT
LINE 2 FROM LINE 1)****4. PENALTIES****5. INTEREST****6. TOTAL AMOUNT DUE
(ADD LINES 3, 4 AND 5)**

BUSINESS NAME

BUSINESS ADDRESS

CITY/TOWN

STATE

ZIP

Make check payable to Commonwealth of Massachusetts. Return this completed form with payment. Mail to:
Massachusetts Department of Revenue, PO Box 7004, 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.

SIGNATURE

TITLE

DATE