

STATE OF MAINE

MAINE REVENUE SERVICES

VOLUNTARY PAYROLL DEDUCTION AGREEMENT

Maine Revenue Services
Compliance Division
PO Box 9101
Augusta, Maine 04332-9101

EMPLOYER

EMPLOYER

1a Employer's Name		2a Employer's Federal Identification Number	
b Address - Street		b Contact Person	
c City, State, ZIP Code		c Telephone Number	
<p><u>Employer Information and Acknowledgement</u> - The employee has agreed to pay overdue State taxes through deductions from salary payments each payday. A copy of this agreement is attached for your records. Please return the State's copy. The payroll deductions are to begin with the first payday after you receive the agreement and are to continue until the total debt has been paid. If you have any questions, please contact Maine Revenue Services at the address shown below.</p>			
3 Payment will be sent to the State on the _____ of each _____			
4 Employer's Signature		Title	Date

EMPLOYEE

EMPLOYEE

5a Employee's Name		6a Employee's Social Security Number	
b Address - Street - Apt #		b Employee's Telephone Number - Home/Cell	
c City, State, ZIP Code		c Employee's Telephone Number - Work	
7 I owe \$ _____ in State taxes, interest and penalties, and I agree to authorize a deduction of \$ _____ from my wage, salary or commission payment. This deduction is to begin on the first payday after receipt of this agreement and is to continue until the total debt has been paid. Interest and penalty, if applicable, will continue to accrue.			
8 I further agree and authorize this deduction to be increased or decreased as follows:			
Date of Change	New Deduction	Date of Change	New Deduction
9 Conditions			
<ul style="list-style-type: none"> I agree to file returns and pay when due all other State taxes for which I become liable during the term of this agreement I understand that until this amount is paid in full, any State and Federal refunds due to me may be applied against the balance that I owe without affecting the terms of this agreement I understand that if I do not meet all of the conditions of this agreement, or if it is determined that collection of these taxes is endangered, this payroll deduction agreement may be terminated, and the entire amount of my tax liability may be collected by levy on income, bank accounts or any other third party assets I understand that this agreement is based on my current financial circumstances and is subject to revision or termination if subsequent financial information reflects a change in my ability to pay I understand that this agreement may require managerial approval, and if it is not approved, I will be notified 			
10 Employee's Signature		Date	

STATE

STATE

11 State Contact Person		Telephone Number	
12 State Approved Officer		Title	Date Approved
13 Additional Conditions (State) Please forward a completed copy to: Maine Revenue Services Compliance Division PO Box 1060 Augusta, ME 04332-1060		<p>Maine Revenue Services Compliance Division PO Box 9101 Augusta, Maine 04332-9101</p>	