



Massachusetts Department of Revenue

Form M-3

Reconciliation of Massachusetts Income Taxes Withheld for Employers

This form, with Forms W-2, Copy 1, must be filed on or before January 31.

Name of business Account ID number Tax filing period (month, year)

Street address

City/Town State Zip Phone number

- 1 Total number employed during year
2 Total number of Forms W-2 enclosed
3 Total Massachusetts tax withheld (as shown in Forms W-2)
4 Total amount withheld per line 1 of quarterly or monthly returns (from below)
5 Total amount remitted (from below)

Quarterly. Completed by quarterly filers.

Table with 4 columns: Frequency, Amount withheld from line 1 of return, Amount remitted, Reason for difference (you must file an amended M-941 to report any differences). Rows for Quarter 1, 2, 3, 4.

Monthly. Completed by monthly filers.

Table with 4 columns: Frequency, Amount withheld from line 1 of return, Amount remitted, Reason for difference (you must file an amended M-941 to report any differences). Rows for months January through December.

Declaration

The undersigned certifies under the penalties of perjury that all items and statements herein contained are true and accurate in every particular.

Signature Title Date

File this return: Massachusetts Department of Revenue, PO Box 7015, Boston, MA 02204.