

2019
FORM 941P-ME OF MAINE INCOME TAX WITHHELD FROM MEMBERS

MAINE REVENUE SERVICES
PASS-THROUGH ENTITY RETURN
 OF MAINE INCOME TAX WITHHELD FROM MEMBERS
 Due on or Before: **March 16, 2020**



99

16941P0

Federal Identification No: 99 9999999

Period Covered: 01 01 2019 - 12 31 2019

Check here if you filed: federal Form 1065 federal Form 1120S:

A. Check this box and complete Schedule 3P if you are claiming the Compliant Taxpayer or Composite Filing exemption from pass-through entity withholding for any non-resident member. See Schedule 3P instructions

Check here if your address changed: Amended return:

B. Total number of non-resident members (see instructions) 99999

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Name

1. Pass-through entity withholding for this year (from Schedule 2P, line 12) \$ 9999999 99

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Address

2. Estimated Payments \$ 9999999 99

3a. Amount due with this return (line 1 minus line 2, if line 1 is greater than line 2)..... \$ 9999999 99

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

City

XX 99999
 State ZIP Code

3b. Overpayment to be refunded (line 2 minus line 1, if line 2 is greater than line 1)..... \$ 9999999 99

Check here if you have an ownership interest in or you received Maine source income reported on Schedule K-1 from another pass-through entity. If checked, attach a statement that includes the name and FEIN of the other pass-through entity(ies).

Schedule 1P- Entity Apportionment

If tax year is a fiscal year, enter 99 99 9999 99 99 9999
 tax year begin and end dates: MM DD YYYY MM DD YYYY

4a. Maine Sales 999999999999 .00

4b. Everywhere Sales 999999999999.00

4c. Maine Apportionment Factor 9 .999999

5. Total Entity income or loss 999999999999.00

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature:

Date:

Print Name:

Telephone:

Contact Person Email:

For Paid Preparers Only

Paid Preparer's Signature:

Date:

Telephone:

Firm's Name (or yours, if self-employed):

Address:

Paid Preparer EIN: 99 9999999

See pages 3 and 4 of the instructions for electronic filing and payment requirements and options.

MAILING INSTRUCTIONS FOR THOSE NOT FILING ELECTRONICALLY

If enclosing payment, make check payable to: Treasurer, State of Maine and mail with return to: Maine Revenue Services, P.O. Box 1065, Augusta, ME 04332-1065.
 If not enclosing payment, mail return to: Maine Revenue Services, P.O. Box 1064, Augusta, ME 04332-1064.
 Physical location (for overnight delivery only): Maine Revenue Services, 51 Commerce Drive, Augusta, ME 04330.



■ SCHEDULE 3P (FORM 941P- ME) 2019



Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Federal Identification No.: 99 9999999

16941P3

Period Covered: **01 01 2019 - 12 31 2019**

List of Exempt Members - File with Form 941P- ME

13. Partner/Shareholder Name (Last, First, MI.)	14. Social Security Number (EIN if other than an individual)	15. Check Here if EIN	16. Distributive Share %	17. Participating in Composite Return
a.	999 99 9999	X	999 . 99 %	X
b.	999 99 9999	X	999 . 99 %	X
c.	999 99 9999	X	999 . 99 %	X
d.	999 99 9999	X	999 . 99 %	X
e.	999 99 9999	X	999 . 99 %	X
f.	999 99 9999	X	999 . 99 %	X
g.	999 99 9999	X	999 . 99 %	X
h.	999 99 9999	X	999 . 99 %	X
i.	999 99 9999	X	999 . 99 %	X
j.	999 99 9999	X	999 . 99 %	X
k.	999 99 9999	X	999 . 99 %	X
l.	999 99 9999	X	999 . 99 %	X
m.	999 99 9999	X	999 . 99 %	X
n.	999 99 9999	X	999 . 99 %	X
o.	999 99 9999	X	999 . 99 %	X
p.	999 99 9999	X	999 . 99 %	X
q.	999 99 9999	X	999 . 99 %	X
r.	999 99 9999	X	999 . 99 %	X