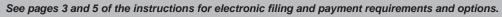
2020 Form 941P-ME

Maine Revenue Services Pass-Through Entity Return of Maine Income Tax Withheld from Members



Due on or Before: March 15, 2021

99 9999999 Federal Identification No: 01 01 2020 - 12 31 2020 Period Covered: A. Check this box and complete Schedule 3P if you are claiming the Compliant Check here if you filed: **federal Form 1065** X federal Form 1120S Χ Taxpayer or Composite Filing exemption from pass-through entity withholding for any nonresident member. See Schedule 3P instructions ... X Χ Check here if your address changed: X Amended return $\textbf{B.} \quad \text{Total number of nonresident members. (See instructions.).....} \qquad 99999$ 1. Pass-through entity withholding for this year (from 9999999 99 Schedule 2P, line 12)......\$ Name 2. Estimated Payments\$ 9999999 99 3a. Amount due with this return (line 1 minus line 2, if line 1 Address 9999999 99 is greater than line 2)......\$ **3b.** Overpayment to be refunded (line 2 minus line 1, if line 2 99999 XX 9999999 99 is greater than line 1)......\$ State **ZIP Code** Check here if you have an ownership interest in or you received Maine source income reported on Schedule K-1 from another pass-through Χ entity. If checked, attach a statement that includes the name and FEIN of the other pass-through entity(ies). If tax year is a fiscal year, enter Schedule 1P- Entity Apportionment 99 99 9999 99 99 9999 tax year begin and end dates: MM DD MM DD YYYY 99999999999 .00 99999999999.00 4a. Maine Sales 4b. Everywhere Sales 9 .999999 5. Total Entity Income or Loss 99999999999.00 4c. Maine Apportionment Factor Χ Χ Yes (complete the following). Do you want to allow another person to discuss this return with Maine Revenue Services? No. 999 999 9999 XXXXXXXXXXXXXXXX Personal identification #: 999999 Designee's name: Phone #: 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: Telephone: Date: Firm's Name (or yours, if self-employed):





Address:

Paid Preparer EIN: 99 9999999

■ 2020 FORM 941P-ME, SCHEDULE 3P-ME

Name: Federal Identification No.:

99 9999999

Period Covered: **01 01 2020 - 12 31 2020**



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

	13. Partner/Shareholder Name (Last, First, Ml.)	14. Social Securit other than ar		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
I.		999 99	9999	X	999 . 99	%	X
m.		999 99	9999	X	999 . 99	%	X
n.		999 99	9999	X	999.99	%	X
0.		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