

HCP-Est

Maine Revenue Services
Health Care Provider Tax
Estimate Payment Voucher



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0514800

Registration No.

Fiscal Year

Due Date

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1. Entity Information

Any change in ownership, address or name should be addressed in correspondence and attached to this voucher.

Section 1: Complete this section only for the initial return and at the beginning of each fiscal year.

We elect to estimate our tax liability based on net operating revenue for the current state fiscal year.

Check one only

We elect to estimate our tax liability based on a fiscal year where the taxable revenues have been finally determined and are no longer open to audit adjustment.

Month

Year

If the second option is used, the finalized period's fiscal year began

Section 2:

1. Monthly estimated payment due for month of _____ 1. _____, _____, _____

2. Less: Prior Credit (if any) _____ 2. _____, _____, _____

3. Total Remittance with return (line 1 less line 2; if less than zero, enter zero) ^{3.} _____, _____, _____



Mail To:
Maine Revenue Service
P.O. Box 9119
Augusta, ME 04332-9119

Signature and Title

Print Name

Date

Phone #
