



FORM INS-2

Due 01/31/08

MAINE ESTIMATED MONTHLY RETURN FOR FIRE INVESTIGATION AND PREVENTION TAX

January, 2008

Instructions are on the reverse side.




0831000

00

| | |
|------------------|---|
| Company _____ | MRS Insurance Account Number _____ |
| Address _____ | |
| _____ | |
| *Signature _____ | Estimated Payment |
| Name/Title _____ | (see instructions on back) \$ _____ .00 |
| Telephone _____ | |

PAYMENT MUST ACCOMPANY RETURN

*Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.



Make check payable to : Treasurer, State of Maine
Send return with check to: Maine Revenue Services, P.O.Box 9120
Augusta, ME 04332-9120



FORM INS-2

Due 02/28/08

MAINE ESTIMATED MONTHLY RETURN FOR FIRE INVESTIGATION AND PREVENTION TAX

February, 2008

Instructions are on the reverse side.




0831000

00

| | |
|------------------|---|
| Company _____ | MRS Insurance Account Number _____ |
| Address _____ | |
| _____ | |
| *Signature _____ | Estimated Payment |
| Name/Title _____ | (see instructions on back) \$ _____ .00 |
| Telephone _____ | |

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Augusta, ME 04332-9120



FORM INS-2

Due 03/31/08

MAINE ESTIMATED MONTHLY RETURN FOR FIRE INVESTIGATION AND PREVENTION TAX

March, 2008

Instructions are on the reverse side.




0831000

00

| | |
|------------------|---|
| Company _____ | MRS Insurance Account Number _____ |
| Address _____ | |
| _____ | |
| *Signature _____ | Estimated Payment |
| Name/Title _____ | (see instructions on back) \$ _____ .00 |
| Telephone _____ | |

PAYMENT MUST ACCOMPANY RETURN

*Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.



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INSTRUCTIONS

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.00

Note: Certain taxpayers with large annual tax liabilities are required to remit tax payments electronically. See Maine Rule 102 on the MRS web site (select Laws & Rules) for details.

Interest & Penalty. Beginning January 1, 2008, the interest rate is 12% per annum, compounded monthly. The penalty for failure to file a return on time is the greater of \$25 or 10% of the tax due, unless the return is filed more than 30 days after the receipt of a demand notice from the state tax assessor, in which case the failure-to-file penalty becomes 100% of the tax otherwise due.

The penalty for failure to pay a tax liability timely is 1% of the outstanding liability for each month or fraction thereof during which the failure continues, to a maximum of 25% of the outstanding liability.

FORM INS-5

Estimated payments for the 2008 fire investigation and prevention tax must be reconciled on the 2008 Maine Form INS-5 due March 15, 2009. Any final amount due must be paid with the return.

Statutory References. This return is made in compliance with 36 M.R.S.A. § 2521-A and 25 M.R.S.A. § 2399.

INSTRUCTIONS

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Statutory References. This return is made in compliance with 36 M.R.S.A. § 2521-A and 25 M.R.S.A. § 2399.



FORM INS-2

Due 04/30/08


**MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX**

April, 2008

Instructions are on the reverse side.



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| | |
|---|--|
| Company _____ | MRS Insurance Account Number _____ - _____ |
| Address _____ | |
| _____ | |
| *Signature _____ | Estimated Payment |
| Name/Title _____ | (see instructions on back) \$ _____, _____, _____ .00 |
| Telephone _____ | |
| PAYMENT MUST ACCOMPANY RETURN | |
| <p><small>*Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.</small></p> | |
|  | |
| <p>Make check payable to : Treasurer, State of Maine Send return with check to: Maine Revenue Services, P.O.Box 9120 Augusta, ME 04332-9120</p> | |



FORM INS-2

Due 05/31/08


**MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX**

May, 2008

Instructions are on the reverse side.



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| | |
|---|--|
| Company _____ | MRS Insurance Account Number _____ - _____ |
| Address _____ | |
| _____ | |
| *Signature _____ | Estimated Payment |
| Name/Title _____ | (see instructions on back) \$ _____, _____, _____ .00 |
| Telephone _____ | |
| PAYMENT MUST ACCOMPANY RETURN | |
| <p><small>*Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.</small></p> | |
|  | |
| <p>Make check payable to : Treasurer, State of Maine Send return with check to: Maine Revenue Services, P.O.Box 9120 Augusta, ME 04332-9120</p> | |



FORM INS-2

Due 06/30/08


**MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX**

June, 2008

Instructions are on the reverse side.



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| | |
|---|--|
| Company _____ | MRS Insurance Account Number _____ - _____ |
| Address _____ | |
| _____ | |
| *Signature _____ | Estimated Payment |
| Name/Title _____ | (see instructions on back) \$ _____, _____, _____ .00 |
| Telephone _____ | |
| PAYMENT MUST ACCOMPANY RETURN | |
| <p><small>*Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.</small></p> | |
|  | |
| <p>Make check payable to : Treasurer, State of Maine Send return with check to: Maine Revenue Services, P.O.Box 9120 Augusta, ME 04332-9120</p> | |

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Statutory References. This return is made in compliance with 36 M.R.S.A. § 2521-A and 25 M.R.S.A. § 2399.



FORM INS-2

Due 07/31/08


**MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX**

July, 2008

Instructions are on the reverse side.



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| | |
|------------------|---|
| Company _____ | MRS Insurance Account Number _____ |
| Address _____ | |
| _____ | |
| *Signature _____ | Estimated Payment |
| Name/Title _____ | (see instructions on back) \$ _____ .00 |
| Telephone _____ | |
| | PAYMENT MUST ACCOMPANY RETURN |
| |  |
| | Make check payable to : Treasurer, State of Maine |
| | Send return with check to: Maine Revenue Services, P.O.Box 9120 Augusta, ME 04332-9120 |

*Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.



FORM INS-2

Due 08/31/08


**MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX**

August, 2008

Instructions are on the reverse side.



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| | |
|------------------|---|
| Company _____ | MRS Insurance Account Number _____ |
| Address _____ | |
| _____ | |
| *Signature _____ | Estimated Payment |
| Name/Title _____ | (see instructions on back) \$ _____ .00 |
| Telephone _____ | |
| | PAYMENT MUST ACCOMPANY RETURN |
| |  |
| | Make check payable to : Treasurer, State of Maine |
| | Send return with check to: Maine Revenue Services, P.O.Box 9120 Augusta, ME 04332-9120 |

*Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.



FORM INS-2

Due 09/30/08


**MAINE ESTIMATED MONTHLY RETURN FOR
FIRE INVESTIGATION AND PREVENTION TAX**

September, 2008

Instructions are on the reverse side.



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| | |
|------------------|---|
| Company _____ | MRS Insurance Account Number _____ |
| Address _____ | |
| _____ | |
| *Signature _____ | Estimated Payment |
| Name/Title _____ | (see instructions on back) \$ _____ .00 |
| Telephone _____ | |
| | PAYMENT MUST ACCOMPANY RETURN |
| |  |
| | Make check payable to : Treasurer, State of Maine |
| | Send return with check to: Maine Revenue Services, P.O.Box 9120 Augusta, ME 04332-9120 |

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\$ _____, _____, _____**.00**

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FORM INS-2

Due 10/31/08

MAINE ESTIMATED MONTHLY RETURN FOR FIRE INVESTIGATION AND PREVENTION TAX


October, 2008

Instructions are on the reverse side.



0831000

00

| | |
|---|--|
| Company _____ | MRS Insurance Account Number _____ - _____ |
| Address _____ | |
| _____ | |
| *Signature _____ | Estimated Payment |
| Name/Title _____ | (see instructions on back) \$ _____, _____, _____ .00 |
| Telephone _____ | |
| PAYMENT MUST ACCOMPANY RETURN | |
| <p><small>*Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.</small></p> | |
|  | |
| <p>Make check payable to : Treasurer, State of Maine Send return with check to: Maine Revenue Services, P.O.Box 9120 Augusta, ME 04332-9120</p> | |



FORM INS-2

Due 11/30/08

MAINE ESTIMATED MONTHLY RETURN FOR FIRE INVESTIGATION AND PREVENTION TAX


November, 2008

Instructions are on the reverse side.



0831000

00

| | |
|---|--|
| Company _____ | MRS Insurance Account Number _____ - _____ |
| Address _____ | |
| _____ | |
| *Signature _____ | Estimated Payment |
| Name/Title _____ | (see instructions on back) \$ _____, _____, _____ .00 |
| Telephone _____ | |
| PAYMENT MUST ACCOMPANY RETURN | |
| <p><small>*Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.</small></p> | |
|  | |
| <p>Make check payable to : Treasurer, State of Maine Send return with check to: Maine Revenue Services, P.O.Box 9120 Augusta, ME 04332-9120</p> | |



FORM INS-2

Due 12/31/08

MAINE ESTIMATED MONTHLY RETURN FOR FIRE INVESTIGATION AND PREVENTION TAX


December, 2008

Instructions are on the reverse side.



0831000

00

| | |
|---|--|
| Company _____ | MRS Insurance Account Number _____ - _____ |
| Address _____ | |
| _____ | |
| *Signature _____ | Estimated Payment |
| Name/Title _____ | (see instructions on back) \$ _____, _____, _____ .00 |
| Telephone _____ | |
| PAYMENT MUST ACCOMPANY RETURN | |
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|  | |
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