

Hos

Maine Revenue Services
Hospital Tax Return



1115010

00

Registration No.

Period Begin

Period End

Due Date

1. Entity Information		
2. <input type="checkbox"/> OUT OF BUSINESS? Date closed: _____ 3. <input type="checkbox"/> OWNERSHIP OR NAME CHANGE? Date _____ Explanation _____ 4. <input type="checkbox"/> SOLD? Date _____		
ADDRESS CHANGE?: Check here and make the appropriate changes to the preprinted address. <input type="checkbox"/>		

Do Not Use Red Ink!

Net Operating Revenue	1.	_____ , _____ , _____ . _____
Tax @ .0223	2.	_____ , _____ , _____ . _____
Remittance (multiply line 2 by 50%)	3.	_____ , _____ , _____ . _____
Payment Note: (1/2 of tax is due November 15, the balance is due on May 15)		

Mail To:
Maine Revenue Service
P.O. Box 1065
Augusta, ME 04332-1065

Signature and Title Print Name Date Phone #