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## Maine Revenue Services Hospital Tax Return



\*1115010\*

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Registration No.

Period Begin

Period End

Due Date

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1. Entity Information

- 2.  **OUT OF BUSINESS?** Date closed: \_\_\_\_\_
- 3.  **OWNERSHIP OR NAME CHANGE?** Date \_\_\_\_\_  
Explanation \_\_\_\_\_
- 4.  **SOLD?** Date \_\_\_\_\_

ADDRESS CHANGE?: Check here and make the appropriate changes to the preprinted address.

**Do Not Use Red Ink!**

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



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

\_\_\_\_\_  
Signature and Title                      Print Name                      Date                      Phone #