

2015

FORM 941P-ME

MAINE REVENUE SERVICES  
PASS-THROUGH ENTITY RETURN  
OF MAINE INCOME TAX WITHHELD FROM MEMBERS



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\*13941P0\*

Due on or Before: 05 02 2016

Period Covered: 01 01 2015 - 12 31 2015

Federal Identification No: [Redacted]

Check here if your address changed.  Amended return:

A. Check this box and complete Schedule 3P if you are claiming the Compliant Taxpayer or Composite Filing exemption from pass-through entity withholding for any non-resident member. See Schedule 3P instructions .....

B. Total number of non-resident members (see instructions) [Redacted]

[Redacted]

Name

[Redacted]

Address

[Redacted]

City State ZIPCode

1. Pass-through entity withholding for this year (from Schedule 2P, line 12) .... \$ [Redacted]

2. Estimated Payments ..... \$ [Redacted]

3a. Amount due with this return (line 1 minus line 2, if line 1 is greater than line 2)..... \$ [Redacted]

3b. Overpayment to be refunded (line 2 minus line 1, if line 2 is greater than line 1)..... \$ [Redacted]

Tiered entities see instructions for lines 1 and 2.

Schedule 1P- Entity Apportionment

If tax year is a fiscal year, enter tax year begin and end dates : [Redacted] / [Redacted] / [Redacted] to [Redacted] / [Redacted] / [Redacted]  
MM DD YYYY MM DD YYYY

4a. Maine Sales [Redacted] .00

4b. Everywhere Sales [Redacted] .00

4c. Maine Apportionment Factor [Redacted]

5. Total Entity income or loss [Redacted] .00

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: [Redacted] Date: [Redacted]

Print Name: [Redacted] Telephone: [Redacted] Contact Person Email: [Redacted]

**For Paid Preparers Only**

Paid Preparer's Signature: [Redacted] Date: [Redacted] Telephone: [Redacted]

Firm's Name (or yours, if self-employed): [Redacted]

Address: [Redacted] Paid Preparer EIN: [Redacted]

See pages 3 and 4 for electronic filing and payment requirements and options

If enclosing a check, make check payable to:



Treasurer, State of Maine  
and MAIL WITH RETURN TO:  
MAINE REVENUE SERVICES  
P.O. BOX 1065  
AUGUSTA, ME 04332-1065

If not enclosing a check,  
MAIL RETURN TO:

MAINE REVENUE SERVICES  
P.O. BOX 1064  
AUGUSTA, ME 04332-1064



**SCHEDULE 2P (FORM 941P- ME) 2015**



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\*13941P2\*

Name:  
Federal  
Identification  
No.:

[Redacted Name and Federal Identification Number]

Period Covered: **01 01 2015 - 12 31 2015**

**Pass-through Entity Withholding Listing - File with Form 941P- ME**  
**Do not include lower-tier entity withholding or real estate withholding**

	6. Name of Member (Last, First, MI if individual)	7. Social Security Number/EIN	8. Check Here if EIN	9. Distributive Share %	10. Maine Income Tax Withheld during the Year
a.					
b.					
c.					
d.					
e.					
f.					
g.					
h.					
i.					
j.					
k.					
l.					
m.					
n.					
o.					
p.					

11. Total of column 10 on this page ..... 11.

12. Total of line 11 for **ALL** pages (Enter here and on Form 941P-ME, Line 1) ..... 12.

**SCHEDULE 2P (FORM 941P- ME) 2015**



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\*13941P2\*

Name:  
Federal  
Identification  
No.:

[Redacted Name and Federal Identification Number]

Period Covered: **01 01 2015 - 12 31 2015**

**Pass-through Entity Withholding Listing - File with Form 941P- ME**  
**Do not include lower-tier entity withholding or real estate withholding**

	6. Name of Member (Last, First, MI if individual)	7. Social Security Number/EIN	8. Check Here if EIN	9. Distributive Share %	10. Maine Income Tax Withheld during the Year
a.				. %	. .
b.				. %	. .
c.				. %	. .
d.				. %	. .
e.				. %	. .
f.				. %	. .
g.				. %	. .
h.				. %	. .
i.				. %	. .
j.				. %	. .
k.				. %	. .
l.				. %	. .
m.				. %	. .
n.				. %	. .
o.				. %	. .
p.				. %	. .

11. Total of column 10 on this page. .... 11.

12. Total of line 11 for **ALL** pages (Enter here and on Form 941P-ME, Line 1)..... 12.

**SCHEDULE 3P (FORM 941P- ME) 2015**



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Name:  
Federal  
Identification  
No.:

[Redacted Name and Federal Identification Number]

\*13941P3\*

Period Covered: **01 01 2015 - 12 31 2015**

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

	13. Partner/Shareholder Name (Last, First, MI.)	14. Social Security Number (EIN if other than an individual)	15. Check Here if EIN	16. Distributive Share %	17. Participating in Composite Return
a.			<input type="checkbox"/>	. %	<input type="checkbox"/>
b.			<input type="checkbox"/>	. %	<input type="checkbox"/>
c.			<input type="checkbox"/>	. %	<input type="checkbox"/>
d.			<input type="checkbox"/>	. %	<input type="checkbox"/>
e.			<input type="checkbox"/>	. %	<input type="checkbox"/>
f.			<input type="checkbox"/>	. %	<input type="checkbox"/>
g.			<input type="checkbox"/>	. %	<input type="checkbox"/>
h.			<input type="checkbox"/>	. %	<input type="checkbox"/>
i.			<input type="checkbox"/>	. %	<input type="checkbox"/>
j.			<input type="checkbox"/>	. %	<input type="checkbox"/>
k.			<input type="checkbox"/>	. %	<input type="checkbox"/>
l.			<input type="checkbox"/>	. %	<input type="checkbox"/>
m.			<input type="checkbox"/>	. %	<input type="checkbox"/>
n.			<input type="checkbox"/>	. %	<input type="checkbox"/>
o.			<input type="checkbox"/>	. %	<input type="checkbox"/>
p.			<input type="checkbox"/>	. %	<input type="checkbox"/>
q.			<input type="checkbox"/>	. %	<input type="checkbox"/>
r.			<input type="checkbox"/>	. %	<input type="checkbox"/>