

**SCHEDULE 3P (FORM 941P- ME) 2017**



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Name:  
Federal  
Identification  
No.:

[Redacted Name and Federal Identification Number]

\*16941P3\*

Period Covered: **01 01 2017 - 12 31 2017**

**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"/>