MAINE REVENUE SERVICES



Registration Application for:

- INCOME TAX WITHHOLDING
- SALES AND USE TAX
- SERVICE PROVIDER TAX
- MOTOR FUEL TAXES
- SPECIAL TAXES
- OTHER BUSINESS TAXES
- INSURANCE TAXES
- ELECTRONIC FUNDS TRANSFER

NOTE: YOU MUST REGISTER DIRECTLY WITH THE DEPARTMENT OF LABOR FOR UNEMPLOYMENT COMPENSATION TAX.

(See Contact Information on page 2.)



Register Online at: <u>revenue.maine.gov</u> (See instructions on page 3)

Mail Completed Application to: Taxpayer Assistance P.O. Box 1057 Augusta, Maine 04332-1057

Questions:

Email: taxpayerassist@maine.gov **Phone:** (207) 624-9784 **Fax:** (207) 287-6975

MAINE REVENUE SERVICES

www.maine.gov/revenue

CONTACT INFORMATION

Maine Revenue Services ("MRS") telephone assistance is available Monday through Friday between 9:00 a.m. and 12:00 p.m., except that the Collections and Compliance Division is available between 8:00 a.m. and 5:00 p.m., excluding holidays.

TAXPAYER ASSISTANCE

Maine Revenue Services, Taxpayer Assistance P.O. Box 1057 Augusta, Maine 04332-1057

	<u>Telephone</u>	<u>Email</u>	
General Taxpayer Assistance Tax Registration, Electronic Funds Transfers	(207) 624-9784	taxpayerassist@maine.gov	
Collections & Compliance Division	(207) 624-9595	compliance.tax@maine.gov	
Income/Estate Tax Division Individual Income Tax Fiduciary and Estate Taxes Payroll and Pass-through Entity Withholding Taxes Insurance Taxes Corporate Income Tax, Financial Institution Franchise Tax, and Mining Excise Tax TTY (for persons who are hard of hearing)	(207) 626-8480 (207) 626-8475 (207) 624-9753 (207) 624-9670	income.tax@maine.gov estatetax@maine.gov withholding.tax@maine.gov corporate.tax@maine.gov corporate.tax@maine.gov	
Property Tax Division Commercial Forestry Excise Tax, Property Tax in Unorganized Territory of Maine, Real Estate Transfer Tax, Telecommunications Property Tax	(207) 624-5600	prop.tax@maine.gov	
Sales/Use Tax Division	(207) 624-9693	sales.tax@maine.gov	
Fuel and Special Tax Division Motor Fuel Excise Taxes, Cigarette/Tobacco Products Tax, Blueberry Tax, Potato Tax, Mahogany Quahog Tax, Milk Handling Fees, Health Care Provider Tax, Railroad Excise Tax, Hospital Tax, Initiators of Deposit, Cannabis Excise Tax	, ,	fuel.tax@maine.gov	
To Order Forms by: Phone	,	ue/tax-return-forms	
Business Answers - Maine Business Assistance Center: See	page 6.		
BUREAU OF MO	TOR VEHICLES		
Motor Carrier Services, Fuel Use Unit(207) 624-9000, x 52137 ifta.bmv@maine.gov For information regarding Fuel Use Identification decals or the International Fuel Tax Agreement			

MAINE DEPARTMENT OF LABOR

www.maine.gov/labor

Maine Department of Labor, 54 State House Station, Augusta, Maine 04333-0054

PURPOSE OF FORM

You must complete the registration form to establish a new tax account for any of the taxes listed on page 4 or for Electronic Funds Transfer (ACH Credit). Taxes not listed on page 4 do not require advance registration. Generally, you must establish a tax account if:

- You are a new employer required to withhold income taxes and you have not registered before.
- You have a business in which you make retail sales of tangible personal property or taxable services and you
 have not registered before.
- You have a business in which you import, export, sell or distribute gasoline or other motor fuels and you have not registered before.
- You have a business in which you sell mahogany quahogs, potatoes or blueberries and you have not registered before.
- · You have a business in which you sell/distribute cigarette or tobacco products and you have not registered before.
- You have a business in which you cultivate adult use cannabis and you have not registered before.
- You are required or you elect to make payments electronically and you want to use the ACH Credit payment method. An Electronic Funds Transfer application is not required if you are paying using the Maine Tax Portal. Note: Maine EZ Pay is no longer available as of May 31, 2023.

Do Not Use The Registration Application For The Following:

- SALES TAX EXEMPTION CERTIFICATES Persons applying for sales tax exemption certificates must complete
 a separate application available from the Sales, Fuel and Special Tax Division. Exemptions from paying sales tax
 are available to certain nonprofit organizations and for certain commercial activities. Information on exemptions
 is available from the Sales, Fuel and Special Tax Division or on the MRS website at www.maine.gov/revenue/salestax.html.
- **FUEL USE IDENTIFICATION DECAL APPLICANTS** New applicants for Fuel Use Identification Decals must contact the Bureau of Motor Vehicles at (207) 624-9000, ext. 52137.
- **REGISTRATION FOR UNEMPLOYMENT COMPENSATION TAX** Applicants registering for an unemployment compensation tax account, register online at maine.gov/reemployme or contact the Maine Department of Labor at (207) 621-5120, or email at division.uctax@maine.gov.

REGISTER ONLINE NOW

If you complete your application online, you do not need to complete a paper registration application. Electronic registration is convenient, secure, and provides confirmation of completed registration.

<u>Maine Tax Portal</u> ("MTP"): Online Registration is available for Blueberry Tax, Potato Tax, Mahogany Quahog Tax, Railroad Excise Tax, Health Care Provider Tax, Cannabis Excise Tax, Insurance Taxes (Premiums, Fire Investigation and Prevention, and Nonadmitted Premiums), Income Tax Withholding, Pass-Through Entity Withholding, Sales Tax, Use Tax, Service Provider Tax, Land Use Planning Commission Fee, and Business Equipment Tax Reimbursement (BETR).



Use the Maine Tax Portal to register at: revenue.maine.gov. Once you have navigated to the MTP, click on "Register a Business" and follow the instructions to complete your registration. You will be required to provide a taxpayer identification number (e.g. SSN, EIN, or TIN), name, address, logon credentials, contact phone number, and email address. Once required information has been provided, the MTP will guide you through the confirmation process.

If you need to register for any other taxes, complete and submit this paper registration application. For questions about this application, or completing an electronic registration application, call Taxpayer Assistance at (207) 624-9784.

GENERAL INSTRUCTIONS

The Application for Tax Registration is a combined application. **All applicants must complete Section 1.** Complete sections 2 through 10 only as they apply to you.

- **Section 1 Taxpayer Information** (All applicants must complete Section 1.)
- Section 2 Register to file Payroll and most Non-payroll Income Tax Withholding returns.
- **Section 3** Register to file **Sales and Use Tax returns**.
- **Section 4** Register to file **Service Provider Tax returns**.
- Section 5 Register to file Licensed Gasoline Distributor, Registered Gasoline Distributor, Gasoline Importer, Gasoline Exporter or Retail Dealer Gasoline Shrinkage returns.
- Section 6 Register to file Licensed Special Fuel Supplier, Registered Special Fuel Supplier, Special Fuel User or Special Fuel Retailer returns.
- **Section 7** Register to file the following **Special Tax returns**:
 - Cigarette Distributor Tax
 - Tobacco Products Distributor Tax
 - Blueberry Tax
- **Section 8** Register to file the following **Business Tax returns**:
 - · Milk Handling Fee
 - Railroad Excise Tax
 - Hospital Tax
 - Cannabis Excise Tax

- Potato Tax
- Mahogany Quahog Tax
- Health Care Provider Tax
- Initiator of Deposit
- Mining Excise Tax
- **Section 9** Register to file the following **Insurance Tax returns:**
 - Insurance Premiums Tax

- Nonadmitted Premiums Tax
- Fire Investigation and Prevention Tax
- **Section 10** Register for **Electronic Funds Transfer (ACH Credit)**

Form 941BN-ME: Use Form 941BN-ME (page 13) to report income tax withholding account changes including address, telephone number, contact information, and business closures.

Report Other Taxpayer Changes: Write or email Taxpayer Assistance (see page 2) to report changes listed below. Include the applicant's legal name, social security number or federal Employer Identification Number (EIN), type of account(s), and account number(s) on correspondence (including email) to Taxpayer Assistance.

Some examples of changes that should be reported:

- Your street address, email address, or phone number changes.
- Your business or organization no longer requires registration for one or more taxes.
- · You have obtained a federal Employer Identification Number (EIN).
- · Your business activity, product or service has changed.
- An officer, partner, trustee or personal representative changes.
- The ownership or structure of your business changes. (A sole proprietor that forms a corporation, for example, may need new tax registrations).

For help completing the applications in this booklet: Call Taxpayer Assistance at (207) 624-9784 or email taxpayerassist@maine.gov

FILING TAX RETURNS

Use the **Maine Tax Portal ("MTP")** at <u>revenue.maine.gov</u> to file returns electronically. Visit <u>www.maine.gov/revenue/portal</u> for a complete list of taxes available on the MTP.

All MRS electronic filing systems can be accessed at www.maine.gov/revenue. Select "Electronic Services" and then select the electronic filing system you want to use. All of the Maine electronic filing systems allow you to complete tax returns online without specialized software. There is no cost for using these systems and all provide confirmation that your return was received. Contact the appropriate tax unit if you are unable to file electronically. See page 2 for contact information.

Note that withholding and sales/use and service provider tax returns are generally **required** to be filed electronically using the MTP. Also note that MEETRS uses specially formatted files containing withholding tax data that is uploaded via the MRS website. For more information, see the instructions for Form 941ME.

Taxpayers unable to meet the electronic filing requirement because of undue hardship may request a waiver from the State Tax Assessor. For more information on electronic filing mandates, see MRS Rule 104 at www.maine.gov/revenue/rules.

Unless otherwise noted, these tax returns listed above may also be filed on paper.

WHAT SHOULD I DO IF I CANNOT PAY THE TAX I OWE?

If you cannot pay your entire tax liability, pay as much as you can and contact the MRS Compliance Division for payment options. See page 2 for telephone numbers. Tax returns should be filed on or before the due date to avoid penalty charges for late filing.

INTEREST: Interest is charged monthly on taxes and interest owed to MRS until the entire amount of tax and interest due has been paid. **PENALTIES:** MRS may impose several different penalties. Two common penalties are:

- Failure to File Penalty. Failure to file penalties are computed on any return that is filed after its due date.
- Failure to Pay Penalty. Failure to pay penalties are imposed on tax that remains unpaid after the due date.

Where both failure to file and failure to pay exist, both penalties will be imposed.

An explanation of interest and penalty charges is available from Maine Revenue Services.

MAINE REVENUE SERVICES TAXPAYER PRIVACY POLICY

MRS maintains the highest standards in handling personally identifiable taxpayer information. Taxpayers have the right to know what information is kept on file about them, to have reasonable access to it, and to receive a copy of their file. Under penalties of law, employees and agents of MRS are prohibited from willfully inspecting information contained on any tax return for any purpose other than in the conduct of official duties. In addition, MRS employees and agents are prohibited from disclosing tax information to anyone other than the taxpayer except in a limited number of very specific circumstances. Unassociated third parties may not receive information pertaining to tax returns without written permission from the affected taxpayer except as allowed under law. Communications that do not meet the definition of tax information are subject to the general confidentiality and public inspection provisions of Maine's "Freedom of Access" laws. When confidential taxpayer information is stored by MRS, it is kept in a secure location where it is accessible only to authorized employees and agents of MRS. If you have any questions regarding the Privacy Policy, please contact MRS at (207) 626-8475.

NOTICE REGARDING UNPAID TRUST FUND TAXES

Trust fund taxes include sales & use taxes, gasoline tax, special fuels tax, recycling assistance fees, and income tax withholding. Under Maine law, the owner(s) and person(s) who control the finances of a business may be liable for any unpaid trust fund taxes. The purchaser of a business or the stockholders of a business are required to withhold from the purchase price the amount of trust fund taxes, interest and penalties owed by the previous owner. A purchaser who fails to withhold these debts can be held liable for the payment of these taxes, interest and penalties. 36 M.R.S. § 177(1).

If you are not sure that the previous owner has paid all trust fund taxes incurred by the business, you should ask the previous owner to request a tax clearance letter from the Compliance Division of Maine Revenue Services. A tax clearance letter can be requested electronically at www.maine.gov/revenue/about/contact (scroll to Specific Taxes and Other Programs, then to Tax Clearance Letters). If you owe Maine taxes, or if the previous owner of your business has not paid all trust fund taxes, processing of your tax registration application may be delayed or denied.

BUSINESS ANSWERS MAINE'S BUSINESS ASSISTANCE CENTER

A Program of the Maine Department of Economic & Community Development

ANSWERS TO QUESTIONS ABOUT DOING BUSINESS IN MAINE:

The Department of Economic & Community Development ("DECD") has numerous resources to serve your business needs through its informative website (www.maine.gov/decd) and knowledgable staff. Whether you are considering starting a business in Maine, expanding an existing business in Maine, moving your business to Maine, or have a business-related question, contact DECD today using the contact information below.

REGISTRATION & LICENSE APPLICATIONS:

Business Answers is DECD's online **ONE-STOP BUSINESS LICENSING AND PERMITTING** center, designed to make it easier to start and conduct business in Maine. You can select your business type and, through a series of questions, access information on license and permit requirements, and on sales and employment taxes. Contact information is provided for the appropriate agencies, as well as direct links to forms and programs.

OTHER BUSINESS ANSWERS SERVICES INCLUDE:

- Information about federal and state business assistance programs, including tax incentives and financial assistance.
- Information on hiring employees, including federal and state applications.
- Assistance with employment needs and training programs.
- Connections to state and federal financing programs.

TO CONTACT BUSINESS ANSWERS:

BUSINESS ANSWERS

Department of Economic & Community Development 59 State House Station Augusta, Maine 04333-0059

On the web: www.maine.gov/businessanswers

 Telephone:
 Augusta Area:
 (207) 624-9818

 In Maine:
 (800) 872-3838

 Outside Maine:
 (800) 541-5872

Office Hours: From 8:00 a.m. to 5:00 p.m. Monday through Friday, excluding holidays. After hours, leave a message and your call will be returned, or email business.answers@maine.gov.



Department of Economic & Community Development



Return Application by <u>fax</u> (207) 287-6975; <u>email</u> taxpayerassist@maine.gov; or <u>mail</u> to: Taxpayer Assistance, P.O. Box 1057, Augusta, ME 04332-1057

ALL APPLICANTS MUST COMPLETE SECTION 1. CHECK ALL TAX TYPES FOR WHICH YOU ARE APPLYING. □ Section 2 - Income Tax Withholding
 □ Section 6 - Motor Fuel Taxes - Special Fuel
 □ Section 10 - Electronic Funds Transfer
 □ Section 3 - Sales and Use Tax
 □ Section 7 - Special Taxes Section 3 - Sales and Use Tax Section 4 - Service Provider Tax Section 8 - Other Business Taxes Section 9 - Insurance Taxes Section 5 - Motor Fuel Taxes - Gasoline SECTION 1 - TAXPAYER INFORMATION 1. BUSINESS INFORMATION: Business Trade Name _____ Legal Name Business Phone Number Primary Mailing Address _____ Physical Location of Business _____ Parent Company EIN (if applicable) _____ Parent Co. Name ____ 2. TYPE OF OWNERSHIP (check appropriate box): Federal Employer Identification Number (EIN) is required for all types except for a sole proprietor applying for a sales, use or service provider tax account only. Sole Proprietor □ Limited Partnership □ Corporation (Regular) □ Corporation (Nonprofit) □ Solution (Sub "S") □ Nonprofit Organization (501(c)(3)) Estate Association ☐ Trust Other _____ Partnership (attach copy of IRS exemption letter) □ Limited Liability Company (check one):
□ Single Member LLC
□ Partnership LLC
□ Corporation LLC - Attach IRS Form 8832 State of Incorporation _____ Corporations - Date Incorporated ____ Limited Liability Co.'s/Limited Partnership - Date Registered ______ State of Registration _____ 3. BUSINESS DESCRIPTION/PRINCIPAL ACTIVITY (for example: wholesale, retail, contractor, marketplace facilitator, etc.): NAICS Code: 4. REQUIRED INFORMATION (Names of directors, partners, officers or members; name of trustee or personal representative; name of responsible party): Name & Title Name & Title

 Social Security Number (REQUIRED)
 Social Security Number (REQUIRED)

 % of Business Owned
 Home Phone

 % of Business Owned
 Home Phone

 Home Address _____ Home Address _____ 5. DO YOU OWN OTHER BUSINESSES?

Other Business Name

Federal Employer ID No. (EIN)

Other Business Name

Federal Employer ID No. (EIN) Address 6. BUSINESS OWNERSHIP INFORMATION: Business Ownership Date ___/__/____ ☐ Check if new start-up business with no previous owner. Do not fill in any more of this block. How did you get the business? ☐ Purchase ☐ Foreclosure Sale ☐ Merger ☐ Bankruptcy Sale ☐ Entity Change ______ Did you get all of the previous owner's businesses? Yes No Did the previous owner do business in Maine? Yes No Did the previous owner do business in Maine?

Did the previous owner retain a portion of the old business?

Did the previous owner have employees in Maine?

Yes

Yes □ No Previous Owner's: Federal EIN/SSN______ Sales Tax Registration No.___ Previous Business Name _____ Service Provider Tax Registration No. _____ Previous Business Address _____ I certify that the information contained in each section of this application is true, correct and complete to the best of my knowledge and belief. This application must be signed by an owner, director, partner, member, officer, trustee, personal representative, or other responsible party. Title Signature Date **Telephone Number**

Return Application by <u>fax</u> (207) 287-6975; <u>email</u> taxpayerassist@maine.gov; or <u>mail</u> to: Taxpayer Assistance, P.O. Box 1057, Augusta, ME 04332-1057



SECTION 2 - INCOME TAX WITHHOLDING (Payroll and most non-payroll distributions)

	SECTION 2 - INCOME TAX WITH INCEDING (Fayron and most non-payron distributions)				
7.	INCOME TAX WITHHOLDING BEGIN DATE:/				
8.	COMMON PAY MASTER/AGENT: Check here if you have obtained <i>common pay status</i> from the IRS and attach a list of the affiliate employers including the name and federal EIN of each.				
9.	IRC SECTION 3504 FISCAL AGENT: Check here if you are applying to register as a fiscal agent pursuant to 36 M.R.S. §5250(5).				
10.	ADDRESS FOR RETURNS AND NOTICES: (<i>DO NOT</i> use paid preparer's address.) ☐ Check if same as primary address.				
	Address: Email Address:				
	Attention:				
	Telephone:				
	SECTION 3 - SALES AND USE TAX				
11.	BUSINESS TRADE NAME:				
	Select only one registration.				
	☐ SALES & USE TAX REGISTRATION OR 13. ☐ USE TAX REGISTRATION ONLY				
14.	REGISTRATION DATE FOR SALES/USE TAX: / (This is the date you began selling goods, providing taxable services or making purchases subject to sales or use tax.)				
15.	ARE YOU REGISTERING AS A MARKETPLACE FACILITATOR?				
	A "marketplace facilitator" is defined as a person or entity that facilitates retail sales of tangible personal property or taxable service through a physical or electronic marketplace for marketplace sellers.				
16.	ARE YOU REGISTERING AS A RETAILER LOCATED ON TRIBAL LAND?				
	Please select tribal land: ☐ Houlton Band Trust Land ☐ Passamaquoddy Indian Territory ☐ Penobscot Indian Territory				
17.	DESCRIBE THE TYPES OF GOODS SOLD, RENTALS MADE, SERVICES PROVIDED AND/OR TAXABLE PURCHASES MADE:				
18.	FILING FREQUENCY: Choose the filing frequency that applies to your estimated sales tax liability. Make entries ONLY in the section that applies to you.				
	NONSEASONAL BUSINESS OR SEASONAL BUSINESS				
	(If your business will be open all year, use this section.) (If your business will be open for only part of the year, check the months that apply				
	Filing Frequency* Estimated Tax Liability is				
	☐ Monthly \$600.00 or more per month ☐ January ☐ May ☐ September ☐ Quarterly \$100.00 - \$599.99 per month ☐ February ☐ June ☐ October				
	☐ Semi-Annually Less than \$100.00 per month ☐ March ☐ July ☐ November				
	\square Annually Less than \$50.00 per year \square April \square August \square December				
19.	WHAT DO YOU ESTIMATE THAT YOUR ANNUAL GROSS SALES WILL BE? \$ (Your application will be delayed if this question is not completed.)				
20.	CONSOLIDATED REPORTING INFORMATION: If you have two or more service provider locations with the same owner and federal EIN or SSN, you may file a consolidated report.				
	☐ I request to file consolidated service provider tax returns.				
	If you are currently filing consolidated and are adding a location, what is your current consolidated number?				
21.	SALES/USE TAX ACCOUNT ADDRESS FOR RETURNS AND NOTICES: Address: Email Address: Check if same as primary address.				
	Attention: Telephone:				
	Check here to authorize others to receive confidential information about this sales tax account and request changes to business details. Attach a separate page titled Other Authorized Individuals. Include the name and social security number of				

^{*} ALL sales, use and service provider tax returns must be filed electronically at <u>revenue.maine.gov</u>. Contact Maine Revenue Services at (207) 624-9693 if you need a waiver from electronic filing.

Return Application by <u>fax</u> (207) 287-6975; <u>email</u> taxpayerassist@maine.gov; or <u>mail</u> to: Taxpayer Assistance, P.O. Box 1057, Augusta, ME 04332-1057



SECTION 4 - SERVICE PROVIDER TAX 22. SERVICE PROVIDER TRADE NAME:_ 23. REGISTRATION DATE FOR SERVICE PROVIDER TAX: ___ /__ /__ ___ (This is the date you began providing services subject to service provider tax.) 24. SERVICE YOU PROVIDE: Rental of video media and video equipment ☐ Private non-medical institution services licensed by **DHHS** Home support services licensed by DHHS Fabrication services Rental of furniture or audio equipment "rent-to-own" Community support services for persons with mental contracts health diagnoses Cable and satellite television or radio services Community support services for persons with intellectual disabilities or autism Telecommunications service Group residential services for persons with (including sales of prepaid wireless cards) brain injuries Telecommunications equipment installation, **Ancillary Services** maintenance and repair 25. FILING FREQUENCY (Please choose one): Filing Frequency* If Estimated Tax Liability is Monthly \$600.00 or more per month Quarterly \$100.00 - \$599.99 per month Semi-annually Less than \$100.00 per month Less than \$50.00 per year Annually 26. CONSOLIDATED REPORTING INFORMATION: If you have two or more service provider locations with the same owner and federal EIN or SSN, you may file a consolidated report. ☐ I request to file consolidated service provider tax returns. If you are currently filing consolidated and are adding a location, what is your current consolidated number? 27. SERVICE PROVIDER TAX ACCOUNT ADDRESS FOR RETURNS AND NOTICES:

Check if same as primary address. Address: Attention: Telephone: **Email Address:**

* ALL sales, use and service provider tax returns must be filed electronically at <u>revenue.maine.gov</u>. Contact Maine Revenue Services at (207) 624-9693 if you need a waiver from electronic filing.

Return Application by <u>fax</u> (207) 287-6975; <u>email</u> taxpayerassist@maine.gov; or <u>mail</u> to: Taxpayer Assistance, P.O. Box 1057, Augusta, ME 04332-1057



BUSINESS TRADE NAME (for Sections 5 & 6)

28.	BUSINESS TRADE NAME:					
	SECTION 5 - MOTOR FUEL TAXES - GASOLINE (Enter name on line 28 above)					
29.	. SELECT THE TYPE OF CERTIFICATE REQUIRED:					
	☐ Licensed Gasoline Distributor					
	☐ Registered Gasoline Distributor					
	Gasoline Importer					
	Gasoline Exporter Type of use Own Use Both					
30.	APPLICATION FOR RETAIL DEALER'S GASOLINE SHRINKAGE					
31.	DATE YOU BEGAN DOING BUSINESS IN MAINE AS A GASOLINE DISTRIBUTOR, IMPORTER, EXPORTER OR RETAILER:					
32.	LICENSE/CERTIFICATE INFORMATION FOR OTHER STATES/PROVINCES: (Attach additional pages if needed)					
	STATE/PROVINCE NAME TYPE OF LICENSE LICENSE/CERTIFICATE NUMBER					
33.	GASOLINE TAX ACCOUNT ADDRESS FOR RETURNS AND NOTICES: Check if same as primary address.					
	Address: Email Address:					
	Attention:					
	Telephone:					
	SECTION 6 - MOTOR FUEL TAXES - SPECIAL FUEL (Enter name on line 28 above)					
3/	TYPE OF FUEL SOLD OR USED:					
J 4 .						
	☐ Distillates (diesel, kerosene, #2 oil) ☐ Low Energy Fuels (propane, etc.)					
35.	SELECT THE TYPE OF CERTIFICATE REQUIRED:					
	☐ Licensed Special Fuel Supplier ☐ Special Fuel User					
	☐ Special Fuel Retailer ☐ Registered Special Fuel Supplier					
36.	DATE YOU BEGAN DOING BUSINESS IN MAINE AS A SPECIAL FUEL SUPPLIER, SPECIAL FUEL RETAILER OR SPECIAL FUEL USER:					
37.	SPECIAL FUEL TAX ACCOUNT ADDRESS FOR RETURNS AND NOTICES: Check if same as primary address.					
	Address: Email Address:					
	Attention:					
	Telephone					

Return Application by fax (207) 287-6975; email taxpayerassist@maine.gov; or mail to: Taxpayer Assistance, P.O. Box 1057, Augusta, ME 04332-1057



BUSINESS TRADE NAME (for Sections 7, 8 & 9) 38. BUSINESS TRADE NAME: 39. REGISTRATION DATE: ___/__/___/ Address: _____ Email Address: ____ Attention: Telephone: _____ **SECTION 7 - SPECIAL TAXES** (Complete lines 38 through 40 above) 41. **CIGARETTE DISTRIBUTOR TAX TOBACCO PRODUCTS TAX BLUEBERRY TAX** 43. 44. **POTATO TAX** 45. MAHOGANY QUAHOG TAX **SECTION 8 - OTHER BUSINESS TAXES** (Complete lines 38 through 40 above) Check the appropriate box for tax registration. 46. MILK HANDLING FEE **50**. \square HEALTH CARE PROVIDER TAX, enter Fiscal Year_____ Note: You must make estimated payments monthly 47. **RAILROAD EXCISE TAX** 48. **HOSPITAL TAX** 51. INITIATOR OF DEPOSIT, enter Product Group_____ 49. MINING EXCISE TAX **52.** □ CANNABIS EXCISE TAX Note: Adult Use Cannabis only (medical caregivers need not apply) **SECTION 9 - INSURANCE TAXES** (Complete lines 38 through 40 above) Check the appropriate box for tax registration. 53. INSURANCE PREMIUMS TAX Enter your NAIC Company Code (if applicable) ☐ Check here if you are a risk retention group. Taxpayers with an annual liability of more than \$1,000 must make estimated payments quarterly.

Taxpayers with an annual liability of more than \$1,000 must make estimated payments quarterly.

55. FIRE INVESTIGATION & PREVENTION TAX: Note: You must make payments monthly.

NONADMITTED PREMIUMS TAX:

MAINE REVENUE SERVICES

Return Application by <u>fax</u> (207) 287-6975; <u>email</u> taxpayerassist@maine.gov; or <u>mail</u> to: Taxpayer Assistance, P.O. Box 1057, Augusta, ME 04332-1057

SECTION 10 - ELECTRONIC FUNDS TRANSFER (ACH CREDIT ONLY)

READ THIS FIRST: You do not need to complete this section to pay taxes by ACH debit when filing your sales/use tax, income tax withholding or individual income tax return over the internet using the Maine Tax Portal (MTP).

Only applicants who intend to use the **ACH Credit** payment option need to submit this application.

56.	APPLICATION INFORMATION: Legal Name(s):					
	Business Trade Name:					
	Employer Identification Number:		Contact Pers	son's Name:_		
	Social Security Number*:		Contact Pho	ne Number: _		
	Mailing Address:		Business Fa	x Number:		
	Email Address:					
	*Only sole proprietors should provide a so	cial security number.				
57.	ACH CREDIT APPLICANTS:					
Are you a service bureau, a tax preparer, a third party withholder, or do you remit taxes for other companies?						s 🗌 No
	If Yes, because you remit taxes for others to Ma Persons applying for ACH Credit must be capat ACH Credit instructions will be provided by the	ole of initiating ACH cree	dits in the requi			
58.	TAX TYPE: Electronic Funds Transfers an	re requested for the f	ollowing:			
	<u>Tax Type</u>	Account Number			Office Use Only	у
	SIGNATURE: I certify that the information belief. This application must be signed by	•	•		•	best of my knowledge
Sig	nature	Title		Date	Phone	
——	ase print or type your name					



FORM 941BN-ME

Maine Income Tax Withholding Business Change Notification

Complete this form to report a change in your withholding account, contact information, or to cancel your withholding account. Incomplete forms will not be processed.

Mail to: Maine Revenue Services, Taxpayer Assistance P.O. Box 1057, Augusta. ME 04332-1057

Fax: 207-287-6975

Fmail: taxpaverassist@maine.gov

	1.0. Box 1007,710	igasta, ME 0-	1002 1007		Linaii. tax	dycrassic	name.g	,00
Step 1								
Identify your	Current Legal Name:			DBA:				
business as currently on	Current Address:							
file with Maine Revenue	Current Phone Number:							
Services.	Withholding Account Numbe							
Step 2	New Legal Name:		N	ew DBA:				
List your new contact	New ATTN Line:							
information; enter only if	New Address:							
different from	New Email Address:		(PRINT	CLEARIV				
current information.	New Phone Number:				of Change	1	1	
	NOTE: Do not en			ddress or oth	ner contact in	formation	here.	
Step 3	Reason for Cancellation. Ch Business Closed (Do no			norary busines	ss closure)			
Request to cancel	Business Sold to:			-	ŕ			_
account. (Do not report	Address:				Phone:			_
cancellation for a seasonal	Date Business Sold:	1	1					
shutdown period.)	Other							
	Date the business no longer had employees		/	Date of	last payroll _	1		
Step 4	Under penalties of perjury	, I certify that	the informat	ion contained	d on this form	າ is true an	ıd correct.	
Sign and	Print Name:							
mail your report.	Signature:		Title):				_
'	Date:/		Day	time Phone: _				
		For Paid F	Preparers	Only		,	,	
	gnature:				_		/	
Firm's Name (or yo	ours if self-employed):				Phone:			
Address:								
FIN/SSN:		Maine Payroll	Processor Lin	ansa Numbar				

SPECIFIC INSTRUCTIONS

SECTION 1 - TAXPAYER INFORMATION

1. Enter the legal name of the business or organization. Examples are the sole proprietor's name, the partnership name, or the exact name from the Articles of Incorporation. Individuals and certain estates must provide their social security numbers. All other applicants must provide a federal Employer Identification Number (EIN).

A federal EIN must be provided to register for Maine Income Tax Withholding. To obtain a federal EIN, go to www.irs.gov to apply online or download IRS Form SS-4, Application for Employer Identification Number. To contact the IRS by phone, call 1-800-829-4933.

Enter the business mailing address and phone number. Attach separate applications if you have more than one business location and are registering for sales and use tax (Section 3).

Enter the physical location of the business operation or the address of rental property, if different from mailing address.

- 2. Check the box that best applies. If you checked "Other," include a description of the ownership type. Spouses must not check "Partnership" unless the business files federal income tax returns (IRS Form 1065) as a partnership. Corporations, limited partnerships and limited liability companies must provide incorporation or registration information.
- 3. Enter the type of business (wholesale, retail, service group, manufacturing, contractor, governmental, nonprofit, marketplace facilitator, other [explain]), a concise description of the principal activity of your business or organization, and your North American Industry Classification System (NAICS) code.
- 4. Corporations, partnerships, associations, nonprofit organizations and others must provide the names of two directors, officers, trustees, personal representatives, partners, members or responsible parties. One of those named must be the person responsible for the finances of the company or organization. Social security numbers are required. A list of all partners or officers is not required.
- 5. Provide the names, EINs and addresses of other businesses you own/the entity owns. Attach additional sheets if more space is needed.
- 6. Indicate how your business was acquired. If you are establishing a new business with no previous owner, check the new start-up box. If you acquired a business, trade or organization or substantially all the assets of another, who at the time was an employer, you are considered a successor. If you check the "Entity Change" box, provide a brief explanation. Read the Notice Regarding Trust Fund Taxes on page 5.

SECTION 2 - INCOME TAX WITHHOLDING (Payroll and most non-payroll distributions)

Generally, a person who maintains an office or transacts business in Maine and who must withhold federal income tax from payments subject to tax in Maine must also withhold Maine income tax. This requirement applies to both resident and nonresident individuals. Payments subject to tax in Maine include unemployment compensation connected with Maine employment. Payments to a nonresident from pensions, annuities and other intangible sources may be subject to withholding of Maine income tax in certain cases.

Persons registering for Maine income tax withholding accounts must provide a federal Employer Identification Number (EIN). See Instructions for Section 1, line 1.

- 7. Enter the date you began withholding or were required to begin withholding. If not yet operating, enter estimated business start date. See Maine Revenue Services Rule 803 for details about required withholding tax reports and payments (www.maine.gov/revenue/rules). A quarterly remittance schedule will apply for all first year income tax withholding. If your business is in the second or subsequent year(s) of operation, and the aggregate amount of withholding reported for the prior July-June lookback period was \$18,000 or more, you must remit withheld tax on a semi-weekly basis based on payroll/distribution dates. MRS monitors taxpayer compliance for this requirement. The lookback period for each calendar year is the 12-month period ending on the preceding June 30. For example, the lookback period for calendar year 2023 is the period July 1, 2021 through June 30, 2022. If you have any questions about this requirement, contact MRS at (207) 626-8475 (select option 4).
- 8. Check this box if you are a *common pay master/agent*. Attach a list of the affiliated entities including the name and EIN of each. A *common pay master/agent* reports withholding for multiple entities under one EIN. Common pay status is initially obtained through the IRS.

- 9. Check this box if you are applying to register as a fiscal agent pursuant to 36 M.R.S. §5250(5).
- 10. Enter your business address. Withholding tax notices will be mailed to this address. Complete only if different from the owner's address in Section 1. **Do not enter a paid preparer's or payroll processor's address.**

SECTION 3 - SALES & USE TAX

- 11. Enter your business name (trade name or doing business as name) if different from the owner's name entered in Section 1.
- 12-13. Select one type of registration. Entities that sell goods, provide taxable services, make taxable rentals, or are subject to recycling assistance fees or prepaid wireless fees must register to file sales and use tax returns. Entities that do not make taxable sales, but make taxable purchases for use in Maine, where the retailer has not collected sales tax, must register to file use tax returns.
- 14. Enter the date you began, or expect to begin, selling goods, providing taxable services, or making purchases subject to sales or use tax. If not yet operating, enter the estimated business start date.
- 15. If you are a marketplace facilitator, check yes; otherwise, check no. A "marketplace facilitator" is defined as a person or entity that facilitates retail sales of tangible personal property or taxable services through a physical or electronic marketplace for marketplace sellers.
- 16. If you are a business located on tribal land, check yes; otherwise, check no. If "yes" is selected, also check off the tribal land on which the business is located.
- 17. A business description for sales/use tax registration purposes is required.
- 18. If this is a year-round business, select the filing frequency that best applies. If a seasonal business, check the boxes for the months the business will be open. Seasonal businesses are required to file a **monthly** return for each month the business is open.
- 20. To file consolidated sales/use tax returns, you must have two or more business locations with the same owner and use the same Employer Identification Number or social security number. Consolidated filers must be able to file over the internet.
- 21. Enter your business address. Complete only if different from the owner's address entered in Section 1. **Do not enter** a paid preparer's address.

SECTION 4 - SERVICE PROVIDER TAX

- 22. Enter the service provider name (trade name; selling services as name) if different from the owner's name entered in Section 1.
- 23. Enter the date you began, or expect to begin, selling or providing services subject to the service provider tax. If not yet operating, enter the estimated business start date.
- 24. Identify the service(s) provided.
- 25. Select the filing frequency based on estimated tax liability.
- 26. To file consolidated service provider returns, you must have two or more service provider locations with the same owner and use the same Employer Identification Number or social security number. Consolidated filers must be able to file over the internet.
- 27. Enter your service provider business address. Complete only if different from the owner's address entered in Section 1. **Do not enter a paid preparer's address.**

BUSINESS TRADE NAME (for Sections 5 & 6)

28. Enter your business name (trade name or doing business as name) if different from the owner's name entered in Section 1.

SECTION 5 - MOTOR FUEL TAXES - GASOLINE *

- 29. Generally, to be considered a Gasoline Distributor in Maine, you must make over 50% of your gasoline sales to others in bulk within the state. Sales to others do not include gasoline sold on consignment or through a retail station owned in whole or in part by your company. Select Gasoline Importer if you import gasoline for sale or use in Maine and do not qualify as a Gasoline Distributor. Select Gasoline Exporter if you make purchases of gasoline in Maine that will be exported to a location outside the state, and you do not qualify as a Gasoline Distributor.
- 30. Select this box if you make retail sales of gasoline.
- 31. Enter the date you began doing business in Maine as a gasoline distributor, importer, or exporter. If not yet operating, enter the estimated business start date.
- 32. Gasoline license information for other states is required. Attach additional sheets if needed.
- 33. Enter your business address, contact person, email address and phone number. Gasoline tax returns will be mailed to this address. Complete if different from the owner's address in Section 1.

SECTION 6 - MOTOR FUEL TAXES - SPECIAL FUEL*

- 35. Generally, a Special Fuel supplier must make over 50% of their sales of special fuel within Maine, in bulk to others. Sales to others do not include special fuel sold on consignment or through a retail station owned in whole or in part by your company. Special fuel means distillates and low-energy fuels. Select Special Fuel Retailer if you will be selling low energy fuel that will be placed into the tank of a motor vehicle. Select Registered Special Fuel Supplier if you can certify that all sales will be in bulk and are not subject to the special fuel excise tax (dyed) or that your business has already paid the special fuel excise tax on fuel purchased.
- 36. Enter the date you began doing business in Maine as a special fuel retailer or supplier. If not yet operating, enter the estimated business start date.
- 37. Enter your business address, contact person, email address and phone number. Special fuel tax returns will be mailed to this address (except registered suppliers). Complete if different from the owner's address in Section 1.

BUSINESS TRADE NAME and INFORMATION (for Sections 7, 8 & 9)

- 38. Enter your business trade name.
- 39. This is the date you began operating. If not yet operating, enter the estimated business start date.
- 40. The account address is your business address. Tax returns will be mailed to this address. Complete only if different from the owner's address in Section 1.

SECTION 7 - SPECIAL TAXES *

- 41. Not required if all cigarettes are purchased from a Maine licensed cigarette distributor.
- 42. Not required if all tobacco products are purchased from a Maine licensed tobacco distributor.
- 41-45. Check the appropriate box for tax registration.

SECTION 8 - OTHER BUSINESS TAXES*

- 46-52. Check the appropriate box for tax registration. Health Care providers <u>must</u> provide their fiscal year. An Initiator of Deposit <u>must</u> indicate the product group. Initiators of Deposit who fail to comply with reporting requirements may have their product removed from Maine retail shelves. Note: Cannabis Excise Tax registration is not required if you are not an Adult Use Cannabis Cultivation Facility.
 - * For assistance completing Sections 5 through 8, call (207) 624-9609.

SECTION 9 - INSURANCE TAXES **

- 53. Insurance Premiums Tax. Enter your National Association of Insurance Commissioners (NAIC) Company Code, if applicable. Taxpayers with an annual liability of more than \$1,000 must make estimated payments quarterly.
- 54. Nonadmitted Premiums tax. Taxpayers with an annual liability of more than \$1,000 must make estimated payments quarterly.
- 55. Fire Investigation and Prevention tax payments are required on a monthly basis from all insurers who issue policies with fire components. (25 M.R.S. § 2399)
 - ** For assistance completing Section 9, call (207) 624-9753.

SECTION 10 - ELECTRONIC FUNDS TRANSFER

General Information: Taxpayers with combined annual tax liability of \$10,000 or more for all taxes are required to remit tax payments electronically. Payroll processing companies must remit electronically for all clients regardless of whether those individual clients are required to pay electronically. Maine Revenue Services encourages voluntary participation by taxpayers who do not meet the minimum threshold for mandatory participation. More information is provided in Maine Revenue Services Rule 102, Electronic Funds Transfer at www.maine.gov/revenue/rules/homepage.html.

Only applicants who intend to use the **ACH Credit** payment method need to complete this section. A taxpayer may pay taxes using this method by authorizing their bank to withdraw the tax payment from the taxpayer's deposit account and transfer it to the state's account.

- 56. Provide the applicant's legal name, business trade name, mailing address, and Employer Identification Number or social security number if ownership is a sole proprietor. Also, provide the name, telephone number, fax number and email address for a contact person who can address questions pertaining to EFT transactions. Please notify Taxpayer Assistance if there is a change to any of this information.
- 57. Service bureaus, tax preparers or other third parties who remit tax payments for other companies must use the ACH Credit method. If you remit taxes for multiple other companies, only one application needs to be submitted.
- 58. "Tax Type" refers to the type of tax you want to pay or file electronically. "Tax Account ID Number" refers to the identification number that is required to properly identify your taxable entity. See the Tax Type/Account Number Table below. Note: If you are a service provider, please check with the EFT Unit before providing a list of clients. The list may not be necessary.

Тах Туре	Account Number
Sales	8 digit account number
Use	8 digit account number
Service Provider	8 digit account number
Gasoline	7 digit account number
Special Fuel Supplier (SFS)	11 digit account number
Withholding (WH)	8 digit account number
Fiduciary	EIN on registration
Insurance Premium	8 digit account number
Fire Investigation and Prevention	8 digit account number
Cigarette	7 digit account number
Tobacco Products	7 digit account number
Corporate Income	8 digit account number

59. The application must be signed by an authorized person. It may be submitted by mail, email or fax. Our standard method for sending instructions is by email. If you would like EFT program and banking information sent to you by fax or mail, please note your request on the application. Otherwise, the information will be emailed to the email address provided. Please allow at least one week to receive program instructions. In certain cases, Taxpayer Assistance may request additional information.

Form 941BN-ME Maine Income Tax Withholding Business Change Notification

Complete this form to report a change in your withholding account, contact information, or to cancel your withholding account.

The Department of Administrative and Financial Services does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services or activities. This material can be made available in alternative formats by contacting the Department's ADA Coordinators at (207) 624-7800 (voice) or V/TTY: 7-1-1 (for persons who are hard of hearing)