

2024
Form 941P-ME

Maine Revenue Services
Pass-Through Entity Return
of Maine Income Tax Withheld from Members
Due on or Before: **March 17, 2025**



99

20941P0

Federal Identification No:

Period Covered: **01 01 2024 - 12 31 2024**

Check here if entity filed: **federal Form 1065**

federal Form 1120-S

A. Check this box and complete Schedule 3P to claim the Compliant Taxpayer or Composite Filing exemption from pass-through entity withholding for any nonresident member. See Schedule 3P instructions.

Check here if: entity's **address changed**

Amended return

B. Total number of nonresident members. (See instructions.).....

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

2. Estimated Payments \$

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

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

Name of Pass-through Entity

Address

City

State

ZIP Code

Check here if the pass-through entity has an ownership interest in or received Maine source income reported on Schedule K-1 from another pass-through entity. If checked, attach a statement that includes the name and FEIN of the other pass-through entity(ies).

Schedule 1P- Entity Apportionment

If tax year is a fiscal year, enter tax year begin and end dates:

MM DD YYYY to MM DD YYYY

4a. Maine Sales .00

4b. Everywhere Sales .00

4c. Maine Apportionment Factor .

5. Total Entity Income or Loss .00

Third Party Designee

Do you want to allow another person to discuss this return with Maine Revenue Services?

Yes (complete the following).

No.

Designee's name:

Phone #:

Personal identification #:

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:

Date:

Print Name:

Telephone:

Contact Person Email:

For Paid Preparers Only

Paid Preparer's Signature:

Date:

Telephone:

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

Address:

Paid Preparer EIN: