

# MAINE INITIATOR OF DEPOSIT RETURN INSTRUCTIONS

## ROUND ALL AMOUNTS TO THE NEAREST WHOLE DOLLAR

### Part 1

**Line 1a. Total number of nonrefillable containers sold with .05 deposit:** Enter the total number of registered nonrefillable beverage containers sold and/or distributed into Maine requiring a .05 deposit in the month that you are filing for.

**Line 1b:** Enter the result of Line 1a multiplied by the deposit value (.05).

**Line 2a. Total number of nonrefillable containers sold with .15 deposit:** Enter the total number of registered nonrefillable beverage containers sold and/or distributed into Maine requiring a .15 deposit in the month that you are filing for.

**Line 2b:** Enter the result of Line 2a multiplied by the deposit value (.15).

**Line 3. Total number of nonrefillable containers sold or distributed into Maine:** Enter the sum of Line 1a and Line 2a.

**Line 4. Total deposit value:** Enter the sum of Line 1b. and Line 2b.

**Line 5a. Total number of nonrefillable containers redeemed with .05 deposit:** Enter the total number of nonrefillable beverage containers redeemed in Maine requiring a .05 deposit in the month that you are filing for. The number of bottles redeemed can be found on the itemized invoice(s) provided by your registered pick-up agent. Redeemed containers are the bottles that were returned by consumers to be recycled.

**Line 5b:** Enter the result of Line 5a multiplied by the deposit value (.05)

**Line 6a. Total number of nonrefillable containers redeemed with .15 deposit:** Enter the total number of nonrefillable beverage containers redeemed in Maine requiring a .15 deposit in the month that you are filing for. The number of bottles redeemed can be found on the itemized invoice(s) provided by your registered pick-up agent. Redeemed containers are the bottles that were returned by consumers to be recycled.

**Line 6b:** Enter the result of Line 6a multiplied by the deposit value (.15)

**Line 7. Total number of nonrefillable beverage containers redeemed in Maine:** Enter the sum of Line 5a and Line 6a.

**Line 8. Total deposit value:** Enter the sum of Line 5b and Line 6b.

**Line 9. Beginning Deposit Transaction Fund balance:** For the initial return, the beginning Deposit Transaction Fund balance is zero. For subsequent returns, the beginning Deposit Transaction Fund balance is the Ending Deposit Transaction Fund Balance from the prior month.

**Line 10. Deposit Transaction Fund interest earned from last month:** For the initial return, the Deposit Transaction Fund interest earned from last month is zero. For subsequent returns, enter amount from the Deposit Transaction Fund interest earned this month line of last months' reconciliation form.

**Line 11. Abandoned Deposits due to the State last month:** For the initial return, the abandoned deposits due to the State last month is zero. For subsequent returns, the Abandoned deposits due to the State last month is the amount on the Abandoned Deposits due to the State line of the prior months' reconciliation form.

**Line 12. Reimbursement amount due from the State last month:** For the initial return, the reimbursement amount due from the State last month is zero. For subsequent returns, the reimbursement amount due from the State last month is the amount on the Reimbursement line of the prior months' reconciliation form.

**Line 13. Subtotal:** Enter the result of Line 9 less Line 10, less Line 11, plus Line 12.

**Line 14. Refund values (deposits) received this month.** Enter the amount from Line 4.

**Line 15. Deposit Transaction Fund interest earned this month:** Enter (if applicable) the total amount of interest income as identified on bank statements received on the Deposit Transaction Fund account during the reporting month.

**Line 16. Refund values (deposits) paid this month:** Enter the amount from Line 8.

**Line 17. Ending Deposit Transaction Fund balance:** Enter the result of the sum of Line 13, Line 14 and Line 15, less Line 16.

## **Part 2**

### **Abandoned Deposits**

This section is to be completed if the amount on **Line 17** is a **positive** amount.

If the amount on Line 17 is negative, skip to REIMBURSEMENTS.

**Line 18. Deposit Transaction Fund interest earned this month:** Enter the amount from Line 15.

**Line 19. Refund values received in the current and two preceding months:** For the initial return, you will only enter the amount of refund values received in the current month (Line 14). For subsequent returns, enter the sum of the amount of refund values received as reported on the current and two preceding reconciliation forms.

**Line 20. Abandoned Deposits due the State:** Enter the result of Line 17 less Line 18, less Line 19.

**Line 21. Credit carry forward from prior period:** If your prior return resulted in a credit balance and you have received a notice from Maine Revenue Services confirming this credit, enter the amount of your credit here.

**Line 22. Total due to the State:** Enter the result of Line 20 less Line 21. If the result is negative, enter zero.

### **Reimbursements**

ONLY COMPLETE THE REIMBURSEMENT SECTION IF LINE 17 IS A NEGATIVE NUMBER  
AND  
AT LEAST 24 MONTHS OF RECONCILIATION FORMS HAVE BEEN PREVIOUSLY FILED

**Line 23. Enter the amount from Line 17 as a positive number:** For example, a Deposit Transaction Fund ending balance of -1,000 should be entered as 1,000 on Line 23.

**Line 24. Deposit Transaction Fund interest earned this month:** Enter the amount from Line 15.

**Line 25. Subtotal:** Enter the sum of Line 23 and Line 24.

**Line 26. Abandoned deposits amounts payable to the State in the preceding 24 months:**

Enter the sum of the Abandoned deposits amounts payable to the State line of the preceding 24 monthly returns. The amounts must be included even if they have not been paid.

**Line 27. Reimbursement amounts due from the State in the preceding 24 months:** Enter

the sum of the Reimbursement amounts due from the State line of the preceding 24 monthly returns. The amounts must be included even if they have not been received.

**Line 28. Subtotal:** Enter the result of Line 26 less Line 27.

**Line 29. Reimbursement:** Enter the **smaller** of Line 25 or Line 28.