



Account Number

Period Begin

Period End

Due Date

[Empty input boxes for Account Number, Period Begin, Period End, and Due Date]

1. Entity Information

[Large empty box for Entity Information]

2. **OUT OF BUSINESS?** Date closed: []

3. **OWNERSHIP OR NAME CHANGE?** Date []
Explanation []

4. **SOLD?** Date []

5. **Check here if this is an AMENDED return**

ADDRESS CHANGE? Make corrections above and check here

Do Not Use Red Ink!

Part 1

Nonrefillable beverage containers sold or distributed into Maine during the reporting period.

- 1. Total number of nonrefillable containers sold with .05 deposit: 1a. [] x .05 = 1b. [] **.00**
- 2. Total number of nonrefillable containers sold with .15 deposit: 2a. [] x .15 = 2b. [] **.00**
- 3. Total number of nonrefillable containers sold or distributed into Maine (1a + 2a) []
- 4. Total deposit value (1b + 2b) [] **.00**

Nonrefillable beverage containers redeemed in Maine during the reporting period (DO NOT INCLUDE HANDLING FEES).

- 5. Total number of nonrefillable containers redeemed with .05 deposit: 5a. [] x .05 = 5b. [] **.00**
- 6. Total number of nonrefillable containers redeemed with .15 deposit: 6a. [] x .15 = 6b. [] **.00**
- 7. Total number of nonrefillable beverage containers redeemed in Maine (5a + 6a) []
- 8. Total deposit value (5b + 6b) [] **.00**

WHOLE NUMBERS ONLY, NO DECIMALS

Deposit Transaction Fund Balance Amount Calculation

- 9. Beginning Deposit Transaction Fund Balance. (from last month's return) 9. [] **.00**
- 10. Deposit Transaction Fund interest earned from last month. (from last month's return) 10. [] **.00**
- 11. Abandoned Deposits due to the State last month. 11. [] **.00**
- 12. Reimbursement amount due from the State last month. 12. [] **.00**
- 13. Subtotal. (Line 9 - Line 10 - Line 11 + Line 12) 13. [] **.00**
- 14. Refund values (deposits) received this month. (Line 4 Total deposit value) 14. [] **.00**
- 15. Deposit Transaction Fund interest earned this month. 15. [] **.00**
- 16. Refund values (deposits) paid this month. Enter as a positive number (Line 8 Total deposit value) 16. [] **.00**
- 17. Ending Deposit Transaction Fund balance. (Line 13 + Line 14 + Line 15 - Line 16) 17. [] **.00**

If Line 17 is **POSITIVE**, go to Line 18. If Line 17 is **NEGATIVE**, skip to Line 23



Part 2

WHOLE NUMBERS ONLY, NO DECIMALS

ONLY COMPLETE THE ABANDONED DEPOSIT SECTION IF LINE 17 IS A POSITIVE NUMBER

Abandoned Deposits

18. Deposit Transaction Fund interest earned this month. (Line 15 from Part 1)	18.	<input type="text"/>	.00
19. Refund values received in the current and two preceding months.	19.	<input type="text"/>	.00
20. Abandoned Deposits due to the State. (Line 17 - Line 18 - Line 19) <u>IF NEGATIVE, ENTER ZERO</u>	20.	<input type="text"/>	.00
21. Credit carry forward from prior period (Credit amount from credit memo)	21.	<input type="text"/>	.00
22. Total due to the State (Line 20 - Line 21) <u>IF NEGATIVE, ENTER ZERO</u>	22.	<input type="text"/>	.00

ONLY COMPLETE THE REIMBURSEMENT SECTION IF LINE 17 IS A NEGATIVE NUMBER

AND

AT LEAST 24 MONTHS OF RECONCILIATION FORMS HAVE BEEN PREVIOUSLY FILED

Reimbursements

23. Enter the amount from Line 17 (in Part 1) as a <u>positive</u> number.	23.	<input type="text"/>	.00
24. Deposit Transaction Fund interest earned this month. (Line 15 from Part 1)	24.	<input type="text"/>	.00
25. Subtotal of Deposit Transaction Fund balance excluding interest. (Line 23 + Line 24)	25.	<input type="text"/>	.00
26. Abandoned deposits amounts payable to the State in the preceding 24 months.	26.	<input type="text"/>	.00
27. Reimbursement amounts due from the State in the preceding 24 months.	27.	<input type="text"/>	.00
28. Subtotal (Line 26 - Line 27) <u>IF NEGATIVE, ENTER ZERO</u>	28.	<input type="text"/>	.00
29. Reimbursement (The <u>SMALLER</u> of Line 25 or Line 28)	29.	<input type="text"/>	.00

If you wish a refund rather than a carry forward to the next period, check here.

Make check or money order payable to the STATE TREASURER. Send your remittance with your return postmarked by the due date printed on the front of the return to MAINE REVENUE SERVICES, PO BOX 1065, AUGUSTA, ME 04332-1065. Please record your registration number on your check. Failure to file a return on or before the due date will result in interest and penalty charges. Billings will be issued shortly after the processing of your return. If you have questions, please contact 207-624-9693. Keep a copy of this return for your records.

DECLARATION(S) UNDER THE PENALTIES OF PERJURY. I declare that I have examined this return/report/document and (if applicable) 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.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature/Title	Print Name	Date	Phone #