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## Maine Revenue Services Hospital Tax Return



\*2415010\*

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Account ID

Period Begin

Period End

Due Date

### 1. 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**

**Do Not Use Red Ink!**

ADDRESS CHANGE?: Check here and make the appropriate changes to the preprinted address. ☐

**Use this calculation for Return and Payment due November 15, 2024**

**Using the audited financial statement for the hospital's fiscal year that ended during calendar year 2020**

Net Operating Revenue **2020**

1.  .

Tax @

2.  .

Remittance (line 2 divided by 2)

3.  .

Payment Note: Tax is due in full November 15

**Use this calculation for Return and Payment due May 15, 2025**

**Using the audited financial statement for the hospital's fiscal year that ended during calendar year 2022**

Net Operating Revenue **2022**

1.  .

Tax @

2.  .

Remittance (line 2 divided by 2)

3.  .

Payment Note: Tax is due in full May 15

Make the check or money order payable to the STATE TREASURER and send your remittance with your return postmarked by the due date printed on the top of the return to **Maine Revenue Services, Sales, Fuel & Special Tax Division, 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. Please mail your return with payment. Questions? Call 624-9693.

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.

Signature and Title

Print Name

Date

Phone #