



VOLUNTARY DISCLOSURE APPLICATION

**MAINE REVENUE SERVICES
VOLUNTARY DISCLOSURE PROGRAM
PO BOX 1060
AUGUSTA, ME 04330-1060**

Email questions or the completed application to audit.tax@maine.gov.

All sections of this application must be completed for Maine Revenue Services to process the application.

I. Contact Person

Name	Title	Phone
Address	Email	

II. Taxpayer Information

Taxpayer Entity Type:	Individual Partnership LLC Taxed as a: Partnership Corporation Single Member LLC (disregarded)	Sole Proprietorship S Corporation C Corporation Other (describe):
If applicable, provide a detailed description of the taxpayer's activities in Maine and information on any products sold or services provided:		
Is the taxpayer requesting participation due to Underreporting or Non-filing?		
Has the taxpayer been contacted by Maine Revenue Services concerning its tax status, any tax liability, or any tax audit with respect to any tax type(s) disclosed on this application? Yes No		
Is the taxpayer registered to remit Sales/Use taxes in Maine? Yes No		
Is the taxpayer registered to remit Withholding taxes in Maine? Yes No		
Has the taxpayer ever filed tax returns in Maine?	Individual Income Tax Corporate Income Tax Withholding Tax	Sales/Use Tax Service Provider Tax Other (describe):

What is the reason the taxpayer failed to report and pay taxes? (attach additional pages, if needed):

	Period(s) of Non-Compliance (list CY or FYE)	Estimated Tax Liability	Tax Collected	Requested Lookback Period(s)	Estimated Tax Liability for Lookback Period(s)
Individual Income Tax Joint Return Composite Filing					
Corporate Income Tax					
Income Tax Withholding					
Pass-through Withholding					
Estate Tax					
Sales Tax					
Use Tax					
Service Provider Tax					
Other (list tax type):					

If applicable, on what basis is the taxpayer requesting a limited lookback period? Provide basis for each tax type for which a limited lookback is request. Attach additional pages if needed.

III. Signature and Verification

Under penalties of perjury, I declare that I have examined this application, including the accompanying statements, and to the best of my knowledge and belief it is true, correct, and complete.

Signature: _____ Date: _____