99

MAINE ESTIMATED TAX PAYMENT VOUCHER FOR FINANCIAL INSTITUTIONS



| | | | | (or 1 | 5th day o | f the fourth | month for | iscal year ta | axpayers) | | 1134 | 310 | | |
|------|---------------|--------------|---------------------------|--------------------------|------------|----------------|-----------|---------------------------------|----------------------------|---------------|-------------|-----------------|------------|-----|
| Ente | er beginnin | ıg and endir | ng dates for the | e entire tax yea | r (NOT the | quarter dates) |) If t | is payment is | for a short yea | ar period, er | nter the ne | xt filing peri | od below | |
| MM | DD | Υ | YYY | ММ | DD | YYYY | MN | I DD | YYYY | to | MM | DD | YYYY | |
| Fina | ancial Insti | tution Name | Э | | | | | | | Amount of | Payment | | . (|) (|
| Add | Iress | | | | | | | | | Federal Er | mployer ID |) Number | | |
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| City | , Town, or | Post Office | | | | \$ | State | ZIP Code | | Contact Pl | none Num | ber | | |
| _ | | | Mail | Detach this check and vo | | | | | JRER,STATE 1101, August | | | | | |
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| Ente | er beginnin | g and endir | ng dates for the | e entire tax yea | | | | | for a short yea | r period, en | ter the nex | xt filing perio | od below | |
| MM | DD | YYY | to | MM I | DD Y | YYY | MN | I DD | YYYY | to | MM | DD | YYYY | |
| Fina | ancial Instit | tution Name | e | | | | | | | Amount of | Payment | | . (| 00 |
| | | | | | | | | | | | | | | |
| Add | Iress | | | | | | | | | Federal Er | mployer ID | Number | | |

City, Town, or Post Office

Detach this voucher and make check payable to TREASURER, STATE OF MAINE Mail check and voucher to: Maine Revenue Services, P.O. Box 9101, Augusta, ME 04332-9101

ZIP Code

Contact Phone Number

State

MAINE ESTIMATED TAX PAYMENT VOUCHER FOR FINANCIAL INSTITUTIONS

VOUCHER 3 - DUE SEPTEMBER 15

or 15th day of the ninth month for fiscal year taxpayers



1134310

| Enter beginning and | ending dates for | r the entire | tax year (N | IOT the quarter | dates) | If this p | ayment is | for a short yea | ır period, e | enter the r | next filing p | eriod below | |
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| Financial Institution N | Name | | | | | | | | Amount of | of Payme | nt | | |
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| Address | | | | | | | | | Federal F | -mnlover | ID Number | r | |
| 7.444.655 | | | | | | | | | | p.o, o. | | | |
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| City, Town, or Post O | Office | | | | State | ZIP | Code | | Contact F | Phone Nu | mber | | |
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| | 5 | | | voucher and i ucher to: Main | | | | | | | 1101 | | |
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