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2020

Form 941P-ME

Maine Revenue Services  
Pass-Through Entity Return  
of Maine Income Tax Withheld from Members



99

Due on or Before: March 15, 2021

\*20941P0\*

Federal Identification No: 99 9999999

Period Covered: 01 01 2020 - 12 31 2020

Check here if you filed: federal Form 1065  federal Form 1120S

A. Check this box and complete Schedule 3P if you are claiming the Compliant Taxpayer or Composite Filing exemption from pass-through entity withholding for any nonresident member. See Schedule 3P instructions ...

Check here if your address changed:  Amended return

B. Total number of nonresident members. (See instructions.)..... 99999

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

1. Pass-through entity withholding for this year (from Schedule 2P, line 12).....\$ 9999999 99

Name

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

2. Estimated Payments .....\$ 9999999 99

Address

3a. Amount due with this return (line 1 minus line 2, if line 1 is greater than line 2).....\$ 9999999 99

XXXXXXXXXXXXXXXXXXXXXXXXXXXX XX 99999

3b. Overpayment to be refunded (line 2 minus line 1, if line 2 is greater than line 1).....\$ 9999999 99

City State ZIP Code

Check here if you have an ownership interest in or you received Maine source income reported on Schedule K-1 from another pass-through entity. If checked, attach a statement that includes the name and FEIN of the other pass-through entity(ies).

Schedule 1P- Entity Apportionment

If tax year is a fiscal year, enter tax year begin and end dates: 99 99 9999 99 99 9999  
MM DD YYYY MM DD YYYY

4a. Maine Sales 999999999999 .00

4b. Everywhere Sales 999999999999 .00

4c. Maine Apportionment Factor 9 .999999

5. Total Entity Income or Loss 999999999999 .00

Do you want to allow another person to discuss this return with Maine Revenue Services?  Yes (complete the following).  No.

Designee's name: XXXXXXXXXXXXXXXXXXXX Phone #: 999 999 9999 Personal identification #: 999999

Under penalties of perjury, I declare that I have examined this return and 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: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Contact Person Email: \_\_\_\_\_

For Paid Preparers Only

Paid Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Firm's Name (or yours, if self-employed): \_\_\_\_\_

Address: \_\_\_\_\_ Paid Preparer EIN: 99 9999999

See pages 3 and 5 of the instructions for electronic filing and payment requirements and options.

MAILING INSTRUCTIONS FOR THOSE NOT FILING ELECTRONICALLY

If enclosing payment, make check payable to: **Treasurer, State of Maine** and mail with return to: Maine Revenue Services, P.O. Box 1065, Augusta, ME 04332-1065.  
If not enclosing payment, mail return to: Maine Revenue Services, P.O. Box 1064, Augusta, ME 04332-1064.  
Physical location (for overnight delivery only): Maine Revenue Services, 51 Commerce Drive, Augusta, ME 04330.



**2020 FORM 941P-ME, SCHEDULE 2P**



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Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 Federal Identification No.: 99 99999999

\*20941P2\*

Period Covered: **01 01 2020 - 12 31 2020**

**Pass-through Entity Withholding Listing - File with Form 941P- ME**  
**Do not include lower-tier entity withholding or real estate withholding**

6. Name of Member (Last, First, MI if individual)	7. Social Security Number/EIN	8. Check Here if EIN	9. Distributive Share %	10. Maine Income Tax Withheld during the Year
a.	999 99 9999	X	999 . 99 %	999999 . 99
b.	999 99 9999	X	999 . 99 %	999999 . 99
c.	999 99 9999	X	999 . 99 %	999999 . 99
d.	999 99 9999	X	999 . 99 %	999999 . 99
e.	999 99 9999	X	999 . 99 %	999999 . 99
f.	999 99 9999	X	999 . 99 %	999999 . 99
g.	999 99 9999	X	999 . 99 %	999999 . 99
h.	999 99 9999	X	999 . 99 %	999999 . 99
i.	999 99 9999	X	999 . 99 %	999999 . 99
j.	999 99 9999	X	999 . 99 %	999999 . 99
k.	999 99 9999	X	999 . 99 %	999999 . 99
l.	999 99 9999	X	999 . 99 %	999999 . 99
m.	999 99 9999	X	999 . 99 %	999999 . 99
n.	999 99 9999	X	999 . 99 %	999999 . 99
o.	999 99 9999	X	999 . 99 %	999999 . 99
p.	999 99 9999	X	999 . 99 %	999999 . 99
11. Total of column 10 on this page. ....				99999999 . 99
12. Total of line 11 for <b>ALL</b> pages (Enter here and on Form 941P-ME, Line 1).....				99999999 . 99

**2020 FORM 941P-ME, SCHEDULE 3P-ME**



Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 Federal Identification No.: 99 9999999

\*20941P3\*

Period Covered: **01 01 2020 - 12 31 2020**

**List of Exempt Members - File with Form 941P- ME**

13. Partner/Shareholder Name (Last, First, MI.)	14. Social Security Number (EIN if other than an individual)	15. Check Here if EIN	16. Distributive Share %	17. Participating in Composite Return
a.	999 99 9999	X	999 . 99 %	X
b.	999 99 9999	X	999 . 99 %	X
c.	999 99 9999	X	999 . 99 %	X
d.	999 99 9999	X	999 . 99 %	X
e.	999 99 9999	X	999 . 99 %	X
f.	999 99 9999	X	999 . 99 %	X
g.	999 99 9999	X	999 . 99 %	X
h.	999 99 9999	X	999 . 99 %	X
i.	999 99 9999	X	999 . 99 %	X
j.	999 99 9999	X	999 . 99 %	X
k.	999 99 9999	X	999 . 99 %	X
l.	999 99 9999	X	999 . 99 %	X
m.	999 99 9999	X	999 . 99 %	X
n.	999 99 9999	X	999 . 99 %	X
o.	999 99 9999	X	999 . 99 %	X
p.	999 99 9999	X	999 . 99 %	X
q.	999 99 9999	X	999 . 99 %	X
r.	999 99 9999	X	999 . 99 %	X