



Federal Identification No:

Period Covered: **01 01 2021 - 12 31 2021**

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.).....

Name

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

Address

2. Estimated Payments .....\$

City

State ZIP Code

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

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

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:

MM DD YYYY MM DD YYYY

4a. Maine Sales . 00 4b. Everywhere Sales . 00

4c. Maine Apportionment Factor . 5. Total Entity Income or Loss . 00

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

Designee's name: Phone #: Personal identification #:

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:

Print Name:

Telephone:

Contact Person Email:

**For Paid Preparers Only**

Paid Preparer's Signature:

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

Address:

Paid Preparer EIN:

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.





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

2021 FORM 941P-ME, SCHEDULE 3P-ME



\*20941P3\*

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

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