## Form 941P-ME

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

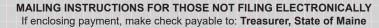
Due on or Before: March 15, 2024



1 ()		Period Covered: U1 U1 2	023 - 12 31 2023
10 Check here if entity filed: <b>federal Form 1065</b> X <b>federal</b>	l Form 1120-S X	or Composite Filing exemption fro	lule 3P to claim the Compliant Taxpayer m pass-through entity withholding for nedule 3P instructionsX
14	nended return X	<ul><li>B. Total number of nonresident mem</li><li>1. Pass-through entity</li></ul>	bers. (See instructions.) 99999
1.5 1.6 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		withholding for this year (from Schedule 2P, line 12)\$	9999999. 99
18		2. Estimated Payments\$ 3a. Amount due with this return	9999999 . 99
19 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		(line 1 minus line 2, if line 1 is greater than line 2)\$  3b. Overpayment to be refunded	9999999. 99
22 XXXXXXXXXXXXXXXXXXX XX	99999 <b>ZIP Code</b>	(line 2 minus line 1, if line 2 is greater than line 1)	9999999. 99
Check here if the pass-through entity has an ownership in pass-through entity. If checked, attach a statement that in	terest in or received M		
Schedule 1P- Entity Apportionment		is a fiscal year, enter egin and end dates:	99 9999 to 99 99 <b>2023</b> DD YYYY MM DD YYYY
28 <b>4a</b> . Maine Sales 999999999999999999999999999999999999	00 4b. Ev	erywhere Sales	99999999999.00
30 <b>4c.</b> Maine Apportionment Factor 9 <b>.</b> 999999	<b>5</b> . Tota	al Entity Income or Loss	999999999999.00
Third Party Designee Do you want to allow another person to discuss this return w	vith Maine Revenue Se	ervices? X Yes (com	plete the following). X No.
3 4 Designee's name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Phone #: 99	9 999 9999 Per	
35			sonal identification #: 999999
3 5 Under penalties of perjury, I declare that I have examined the 6 belief, they are true, correct and complete. Declaration of pr 3 7	nis return and accomp reparer (other than tax	anying schedules and statement	s, and to the best of my knowledge and
Under penalties of perjury, I declare that I have examined the belief, they are true, correct and complete. Declaration of prince and Signature:	nis return and accomp eparer (other than tax	anying schedules and statement	s, and to the best of my knowledge and of which preparer has any knowledge.
Obelief, they are true, correct and complete. Declaration of pr	eparer (other than tax	anying schedules and statement: payer) is based on all informatior Date Contact Person E	s, and to the best of my knowledge and of which preparer has any knowledge.
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Declaration of print Name:  Print Name:  Paid Preparer's Signature:	Telephone: For Paid Prepar	anying schedules and statement: payer) is based on all informatior  Date  Contact Person Electric Cont	s, and to the best of my knowledge and of which preparer has any knowledge.
Debelief, they are true, correct and complete. Declaration of print Rame:  Print Name:  Print Name:  Paid Preparer's Signature:  Prim's Name (or yours, if self-employed):  Address:  Address:	Telephone: For Paid Prepar	anying schedules and statement: payer) is based on all information  Date  Contact Person Elements  Telephone:	s, and to the best of my knowledge and of which preparer has any knowledge.
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Sobelief, they are true, correct and complete. Declaration of print Rame:  40 Print Name:  41 Paid Preparer's Signature:  45 Firm's Name (or yours, if self-employed):  46 Firm's Address:  49 50 51 52 53	Telephone: For Paid Prepar	anying schedules and statement: payer) is based on all information  Date  Contact Person Elements  Telephone:	s, and to the best of my knowledge and of which preparer has any knowledge.
Sobelief, they are true, correct and complete. Declaration of print and a signature:  Print Name:  Print Name:  Paid Preparer's Signature:  Firm's Name (or yours, if self-employed):  Address:  Address:	Telephone: For Paid Prepar	anying schedules and statement: payer) is based on all information  Date  Contact Person Elements  Telephone:	s, and to the best of my knowledge and of which preparer has any knowledge.



See pages 3 and 4 of the instructions for electronic filing and payment requirements and options.



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.