

2024 Form 941P-ME

Maine Revenue Services Pass-Through Entity Return of Maine Income Tax Withheld from Members Due on or Before: March 17, 2025



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20941P0

Federal Identification No: 99 9999999

Period Covered: 01 01 2024 - 12 31 2024

Check here if entity filed: federal Form 1065 [X] federal Form 1120-S [X]

A. Check this box and complete Schedule 3P to claim the Compliant Taxpayer or Composite Filing exemption from pass-through entity withholding for any nonresident member. See Schedule 3P instructions. [X]

Check here if: entity's address changed [X] Amended return [X]

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

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Name of Pass-through Entity

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

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Address

2. Estimated Payments\$ 9999999 . 99

XXXXXXXXXXXXXXXXXXXXXXXXXXXX XX 99999

City State ZIP Code

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

3b. Overpayment to be refunded (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 interest in or 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). [X]

Schedule 1P- Entity Apportionment

If tax year is a fiscal year, enter tax year begin and end dates: 99 99 9999 to 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

Third Party Designee

Do you want to allow another person to discuss this return with Maine Revenue Services? [X] Yes (complete the following). [X] 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 4 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.