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2018
FORM 941P-ME OF MAINE INCOME TAX WITHHELD FROM MEMBERS

MAINE REVENUE SERVICES
PASS-THROUGH ENTITY RETURN
Due on or Before: March 15, 2019



Federal Identification No: 99 9999999 **Period Covered:** 01 01 2018 - 12 31 2018

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 non-resident member. See Schedule 3P instructions

Check here if your address changed: Amended return: B. Total number of non-resident members (see instructions) 99999

XXXXXXXXXXXXXXXXXXXXXXXXXXXX		1. Pass-through entity withholding for this year (from Schedule 2P, line 12) \$	99999999	99
Name		2. Estimated Payments	99999999	99
XXXXXXXXXXXXXXXXXXXXXXXXXXXX		3a. Amount due with this return (line 1 minus line 2, if line 1 is greater than line 2)..... \$	99999999	99
Address		3b. Overpayment to be refunded (line 2 minus line 1, if line 2 is greater than line 1)..... \$	99999999	99
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	99999		
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			

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.

SCHEDULE 2P (FORM 941P- ME) 2018



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Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Federal Identification No.: 99 99999999

Period Covered: 01 01 2018 - 12 31 2018

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 ALL pages (Enter here and on Form 941P-ME, Line 1).....				99999999 . 99

SCHEDULE 3P (FORM 941P- ME) 2018



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Name: XXXXXXXXXXXXXXXXXXXXXXXX
Federal Identification No.: 99 9999999

Period Covered: 01 01 2018 - 12 31 2018

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