

**SCHEDULE 3P (FORM 941P- ME) 2014**



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Name:  
Federal  
Identification  
No.:

[Redacted Name and Federal Identification Number]

\*13941P3\*

Period Covered: **01 01 2014 - 12 31 2014**

**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.		<input type="checkbox"/>	. %	<input type="checkbox"/>
b.		<input type="checkbox"/>	. %	<input type="checkbox"/>
c.		<input type="checkbox"/>	. %	<input type="checkbox"/>
d.		<input type="checkbox"/>	. %	<input type="checkbox"/>
e.		<input type="checkbox"/>	. %	<input type="checkbox"/>
f.		<input type="checkbox"/>	. %	<input type="checkbox"/>
g.		<input type="checkbox"/>	. %	<input type="checkbox"/>
h.		<input type="checkbox"/>	. %	<input type="checkbox"/>
i.		<input type="checkbox"/>	. %	<input type="checkbox"/>
j.		<input type="checkbox"/>	. %	<input type="checkbox"/>
k.		<input type="checkbox"/>	. %	<input type="checkbox"/>
l.		<input type="checkbox"/>	. %	<input type="checkbox"/>
m.		<input type="checkbox"/>	. %	<input type="checkbox"/>
n.		<input type="checkbox"/>	. %	<input type="checkbox"/>
o.		<input type="checkbox"/>	. %	<input type="checkbox"/>
p.		<input type="checkbox"/>	. %	<input type="checkbox"/>
q.		<input type="checkbox"/>	. %	<input type="checkbox"/>
r.		<input type="checkbox"/>	. %	<input type="checkbox"/>