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

99

Due on or Before: March 15, 2023

*20941P0*	

Federal Identification No:	Period Covered: 01 01 2022 - 12 31 2022		
Check here if entity filed: federal Form 1065 federal Form 1120-S	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		
Check here if: entity's address changed Amended return			
	<ul><li>B. Total number of nonresident members. (See instructions.)</li><li>1. Pass-through entity</li></ul>		
	withholding for this year (from Schedule 2P, line 12)\$		
Name of Pass-through Entity	2. Estimated Payments\$		
	3a. Amount due with this return (line 1 minus line 2, if line 1		
Address	is greater than line 2)\$  3b. Overpayment to be refunded		
	(line 2 minus line 1, if line 2 is greater than line 1)\$		
City State ZIP Code			
Check here if the pass-through entity has an ownership interest in or received pass-through entity. If checked, attach a statement that includes the name and			
Ochedule II - Elilik Abbol liolillelit	ar is a fiscal year, enter		
tax year	begin and end dates: MM DD YYYY MM DD YYYY		
4a. Maine Sales . 00 4b. E	Everywhere Sales .00		
<b>4c.</b> Maine Apportionment Factor <b>5.</b> To	otal Entity Income or Loss . 00		
Third Party Designee 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 to	axpayer) is based on all information of which preparer has any knowledge.		
Signature:	Date:		
Direct Names	Contact Parrow Free!		
Print Name: Telephone:  For Paid Prepaid Prepa	Contact Person Email:  arers Only		
B 11B 1 61 1	5.		
Paid Preparer's Signature:	Date: Telephone:		
Firm's Name (or yours, if self-employed):			
Address:	Paid Preparer EIN:		

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.