

HCP

Maine Revenue Services
Health Care Provider Tax
Reconciliation Return



00

0814500
Due Date

Registration No.

Fiscal Year

--	--	--

1. Entity Information

Use this area only to report changes in your business

2. **OUT OF BUSINESS?** Check here , return permit to Bureau and complete information at right. Date closed: _____
3. **OWNERSHIP CHANGE?** If you have changed ownership, indicate the date when this occurred here _____ and check the type of change below.
- Incorporated Partner added or dropped
- Other (explain on reverse)
- Sold to _____
4. **NAME CHANGE?** Attach explanation to this return.

ADDRESS CHANGE? If your address above is incorrect, please make the appropriate changes to the preprinted address.

See reverse side for instructions

- | | |
|--|--------------------------------|
| 1. Revenue thru 12/31/07 | 1. _____, _____, _____ . _____ |
| 2. Revenue for 1/1/08 thru FY end | 2. _____, _____, _____ . _____ |
| 3. Health Care Provider Tax (see reverse side for instructions) | 3. _____, _____, _____ . _____ |
| 4. Less: Monthly estimated payments made | 4. _____, _____, _____ . _____ |
| 5. Additional Amount Due
(Line 3 less line 4. Use line 6 if this is a credit amount.) | 5. _____, _____, _____ . _____ |
| 6. Credit Due
(If line 3 minus line 4 is a credit amount, enter the amount to the right.) | 6. _____, _____, _____ . _____ |

If you wish a refund rather than a carry forward to the next period, check here



Mail To:
Maine Revenue Service
P.O. Box 9119
Augusta, ME 04332-9119

Signature and Title

Print Name

Date

Phone #

Instructions:

Nursing homes – use operating revenues

Residential Treatment Facilities – use gross patient services revenues

- Line 1: Enter 0 on this line.
- Line 2: Enter revenue from January 1, 2008 through the end of the fiscal year.
- Line 3: Multiply the amount on line 2 by 5.5%.
- Line 4: Enter the total monthly estimated payments made.
- Line 5: Subtract line 4 from line 3. Use line 6 if the result is a credit.
- Line 6: Subtract line 4 from line 3. Use line 5 if there is an additional amount owed.