Hos

Maine Revenue Services
Hospital Tax Return

0615010 00

Registration No.	Period Begin	Period End	Due Date

1. Entity Information

Use this area only to report changes in your business

2. *OUT OF BUSINESS?* Check here ☐ Date closed: _____

Return permit to Maine Revenue Services

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 _____

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

4. *NAME CHANGE?* Attach explanation to this return.

Do Not Use Red Ink!

Net Operating Revenue	1.	___,___,___.___
Tax @ .0223	2.	___,___,___.___
Remittance (multiply line 2 by 50%) Payment Note: (½ of tax is due November 15, the balance is due on May 15)	3.	___,___,___.___

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

Signature and Title	Print Name	Date	Phone #	
				___

For assistance in completing this form, call (207) 624-9609