

2012 941P-ME ATS Testing Draft 10/03/2012

The following 4 scenarios are required for 2012 941P-ME testing. The 941P is to be submitted through the profile affiliated with the type of federal return included in the submission. For example, if the federal return is an 1120S, then use the 1120 profile. If the federal return is a 1065, then use the 1065 profile. ATS testing will include both profiles.

See ATS test scenario descriptions below. Please use the following specific data provided for each scenario. Vendors must bundle both test scenarios for each profile in one single transmission without any errors.

****Important – For vendors submitting test scenarios in MeF format, please email the business e-file helpdesk at MRSMefCorp@maine.gov to obtain your test ein and or ssn series. Please provide your Software ID and ETIN indicating both test and production regions. **Warning, if you submit your test scenarios using the test eins in this document, your submissions will be rejected for duplicate entity.****

941P-ME ATS Test Scenario #1

1065 profile

Pass Thru Test 1A

One Test Ln

Jay, ME 04239

EIN: 204009379 (use delegated series numbers provided)

Calendar year: 01-01-2012 to 12-31-2012

Correspondence Indicator in XML checked

Attachment included (anything can be used as an attachment)

Address change box: checked

Line A Sch 3P box: checked

Line 1 entity withholding: \$200

Line 2 estimated pymts: \$260

Line 3b overpayment: \$60

Line 4a Maine sales: \$5,000

Line 4b everywhere sales: \$9,000

Line 4c apportionment factor: .555556

Line 5 entity income or loss: \$3,000

Business Representative data

Please fill the following fields:

Business Representative Name

Date signed (yesterday's date)

Telephone #

Email address

Preparer data

Please fill in the following fields:

Preparer's Signature

Date (please use current date)

Telephone

Business name

Address

Preparer's ID#

Schedule 2P

Business Name: Pass Thru Test 1A

EIN: 204009379 (use delegated series numbers provided)

1st Member:

Line 6 member: Bounty Hunter

Line 7 SSN or EIN: EIN 20-4009211 (use delegated series numbers provided)

Line 9 Distributive Share %: 25%

Line 10 Maine Tax Withheld: \$100

2nd Member:

Line 6 member: Jack Rabbit

Line 7 SSN or EIN: SSN: 204-00-4034 (use delegated series numbers provided)

Line 9 Distributive Share %: 25%

Line 10 Maine Tax Withheld: \$100

Schedule 3P

Business Name: Pass Thru Test 1A

EIN: 204009379 (use delegated series numbers provided)

1st Member:

Line 13 Partner/Shareholder Name: Betty Snowbird

Line 14 SSN or EIN: SSN 204-00-4050 (use delegated series numbers provided)

Line 16 Distributive Share: 25%

Line 17 Participating in Composite Return: check

2nd Member

Line 13 Partner/Shareholder Name: Forgotten Path

Line 14 SSN or EIN: EIN 20-4003020 (use delegated series numbers provided)

Line 16 Distributive Share: 25%

Line 17 Participating in Composite Return: check

941P-ME ATS Test Scenario #2

1065 profile

Pass Thru Test 2A

Two Test Ln

Jay, ME 04239

EIN: 204009380 (use delegated series numbers provided)

Calendar year: 01-01-2012 to 12-31-2012

Amended return box: checked
Line A Sch 3P box: checked
Line 1 entity withholding: \$800
Line 2 estimated pymts: \$300
Line 3a amount due: \$500
Line 4a Maine sales: \$345,000
Line 4b everywhere sales: \$850,456
Line 4c apportionment factor: .405665
Line 5 entity income or loss: \$750,789.33

Business Representative data

Please fill the following fields:
Business Representative Name
Date signed (yesterday's date)
Telephone #
Email address

Preparer data

Please fill in the following fields:
Preparer's Signature
Date (please use current date)
Telephone
Business name
Address
Preparer's ID#

Schedule 2P

Business Name: Pass Thru Test 2A
EIN: 204009380 (use delegated series numbers provided)

1st Member:

Line 6 member: Buddy Inc
Line 7 SSN or EIN: EIN: 20-4009101 (use delegated series numbers provided)
Line 9 Distributive Share %: 25%
Line 10 Maine Tax Withheld: \$400

2nd Member:

Line 6 member: George Lion
Line 7 SSN or EIN: SSN: 204-00-9402 (use delegated series numbers provided)
Line 9 Distributive Share %: 25%
Line 10 Maine Tax Withheld: \$400

Schedule 3P

Business Name: Pass Thru Test 2A
EIN: 204009380 (use delegated series numbers provided)

1st Member:

Line 13 Partner/Shareholder Name: Red Ryder

Line 14 SSN or EIN: SSN 204-00-7002 (use delegated series numbers provided)
Line 16 Distributive Share: 25%
Line 17 Participating in Composite Return: check

2nd Member

Line 13 Partner/Shareholder Name: Sidney Inc
Line 14 SSN or EIN: EIN 20-4009107 (use delegated series numbers provided)
Line 16 Distributive Share: 25%
Line 17 Participating in Composite Return: check

Financial Transaction

State Payment:
Checking account chosen
Routing number 011200608
Account number 258258
Payment amount: \$500
Requested payment date: (current date)
Not an IAT transaction

941P-ME ATS Test Scenario #3

1120 profile

Pass Thru Test 3
Three Test Ln
Jay, ME 04239
EIN: 204009377 (use delegated series numbers provided)
Calendar year: 01-01-2012 to 12-31-2012
Correspondence Indicator in XML checked
Attachment included (anything as attachment)
Address change box: checked
Line A Sch 3P box: checked
Line 1 entity withholding: \$4,400
Line 2 estimated pymts: \$5,000
Line 3b overpayment: \$600
Line 4a Maine sales: \$76,000
Line 4b everywhere sales: \$98,000
Line 4c apportionment factor: .775510
Line 5 entity income or loss: \$42,555

Business Representative data

Please fill the following fields:
Business Representative Name
Date signed (yesterday's date)
Telephone #
Email address

Preparer data

Please fill in the following fields:

Preparer's Signature

Date (please use current date)

Telephone

Business name

Address

Preparer's ID#

Schedule 2P

Business Name: Pass Thru Test 3

EIN: 204009377 (use delegated series numbers provided)

1st Member:

Line 6 member: Fireball Inc

Line 7 SSN or EIN: EIN: 20-4009219 (use delegated series numbers provided)

Line 9 Distributive Share %: 35%

Line 10 Maine Tax Withheld: \$3,300

2nd Member:

Line 6 member: Ray Sun

Line 7 SSN or EIN: SSN: 204-00-4029 (use delegated series numbers provided)

Line 9 Distributive Share %: 15%

Line 10 Maine Tax Withheld: \$1,100

Schedule 3P

Business Name: Pass Thru Test 3

EIN: 204009377 (use delegated series numbers provided)

1st Member:

Line 13 Partner/Shareholder Name: Brook Trout

Line 14 SSN or EIN: SSN 204-00-4010 (use delegated series numbers provided)

Line 16 Distributive Share: 25%

Line 17 Participating in Composite Return: check

2nd Member

Line 13 Partner/Shareholder Name: Due Date Inc

Line 14 SSN or EIN: EIN 20-4009214 (use delegated series numbers provided)

Line 16 Distributive Share: 25%

Line 17 Participating in Composite Return: check

941P-ME ATS Test Scenario #4

1120 profile

Pass Thru Test 4

Four Test Ln

Jay, ME 04239
EIN: 204009378 (use delegated series numbers provided)
Calendar year: 01-01-2012 to 12-31-2012
Amended change box: checked
Line A Sch 3P box: checked
Line 1 entity withholding: \$8,400
Line 2 estimated pymts: \$8,100
Line 3a amount due: \$300
Line 4a Maine sales: \$845,000
Line 4b everywhere sales: \$951000
Line 4c apportionment factor: .888538
Line 5 entity income or loss: \$450,646

Business Representative data

Please fill the following fields:
Business Representative Name
Date signed (yesterday's date)
Telephone #
Email address

Preparer data

Please fill in the following fields:
Preparer's Signature
Date (please use current date)
Telephone
Business name
Address
Preparer's ID#

Schedule 2P

Business Name: Pass Thru Test 4
EIN: 204009378 (use delegated series numbers provided)

1st Member:

Line 6 member: Bear Inc
Line 7 SSN or EIN: EIN: 20-4009109 (use delegated series numbers provided)
Line 9 Distributive Share %: 25%
Line 10 Maine Tax Withheld: \$4200

2nd Member:

Line 6 member: Mary Seasonal
Line 7 SSN or EIN: SSN: 204-00-8004 (use delegated series numbers provided)
Line 9 Distributive Share %: 25%
Line 10 Maine Tax Withheld: \$4200

Schedule 3P

Business Name: Pass Thru Test 4
EIN: 204009378 (use delegated series numbers provided)

1st Member:

Line 13 Partner/Shareholder Name: Easy Test

Line 14 SSN or EIN: SSN 204-00-5002 (use delegated series numbers provided)

Line 16 Distributive Share: 25%

Line 17 Participating in Composite Return: check

2nd Member

Line 13 Partner/Shareholder Name: Keywest Sunset

Line 14 SSN or EIN: EIN 20-4003016 (use delegated series numbers provided)

Line 16 Distributive Share: 25%

Line 17 Participating in Composite Return: check

Financial Transaction

State Payment:

Checking account chosen

Routing number 011200608

Account number 258258

Payment amount: \$300

Requested payment date: (current date)

Not an IAT transaction