

HCP

Maine Revenue Services Health Care Provider Tax Reconciliation Return



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1114500

Registration No.

Fiscal Year

Due Date

1. Entity Information		
2. <input type="checkbox"/> OUT OF BUSINESS? Date closed: _____ 3. <input type="checkbox"/> OWNERSHIP OR NAME CHANGE? Date _____ Explanation _____ 4. <input type="checkbox"/> SOLD? Date _____		
ADDRESS CHANGE? Make corrections above and check here <input type="checkbox"/>		

See reverse side for instructions

1. Revenue thru 09/30/2011	1. _____, _____, _____ . _____
2. Revenue for 10/01/2011 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 1065
Augusta, ME 04332-1065

Signature and Title

Print Name

Date

Phone #

Instructions:

Nursing homes – use operating revenues

Residential Treatment Facilities – use gross patient services revenues

Line 1: Enter revenue from the beginning of the fiscal year through September 30, 2011.

Line 2: Enter revenue from October 1, 2011 through the end of the fiscal year.

Line 3: Multiply the amount on line 1 by 5.5%. Enter the result here _____

Multiply the amount on line 2 by 6%. Enter the result here _____

Add these two amounts together and enter on line 3. This is the net tax due.

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.