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## Maine Revenue Services Hospital Tax Return



Registration No.

Period Begin

Period End

Due Date

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### 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
- Other (explain on reverse)
- Sold to \_\_\_\_\_
- Partner added or dropped

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.

**Do Not Use Red Ink!**

Net Operating Revenue	1. _____, _____, _____ . _____
Tax @ .0223	2. _____, _____, _____ . _____
Remittance (multiply line 2 by 50%)	3. _____, _____, _____ . _____

Payment Note: (1/2 of tax is due November 15, the balance is due on May 15)



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

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone #

_____
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