### Maine Revenue Services Hospital Tax Return

#### 1. Entity Information

<table>
<thead>
<tr>
<th>Registration No.</th>
<th>Period Begin</th>
<th>Period End</th>
<th>Due Date</th>
</tr>
</thead>
</table>

2. **OUT OF BUSINESS?** Date closed: 

3. **OWNERSHIP OR NAME CHANGE?** Date 

   Explanation 

4. **SOLD?** Date 

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ADDRESS CHANGE?: Check here and make the appropriate changes to the preprinted address. 

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Do Not Use Red Ink!

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### Net Operating Revenue

1. 

### Tax @ .0223

2. 

### Remittance (multiply line 2 by 50%)

3. 

Payment Note: (½ of tax is due November 15, the balance is due on May 15)

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Mail To:  
Maine Revenue Service  
P.O. Box 1065  
Augusta, ME 04332-1065

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Signature and Title  
Print Name  
Date  
Phone #

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HOS-1, Revised 11/2011  
For assistance in completing this form, call (207) 624-9609