

Maine Service Provider Tax Telefile Worksheet

Registration Number: _____

1.	Gross Services	,	.	
2.	Exempt Services	,	.	
3.	Taxable Services	,	.	
4.	Extended Cable/Satellite TV	,	.	
5.	Fabrication Services	,	.	
6.	Video Rentals	,	.	
7.	Rent-To-Own	,	.	
8.	Telecommunications Services	,	.	
9.	PNMI	,	.	
10.	CSS-MHD	,	.	
11.	CSS-MRA	,	.	
12.	Home Support Services	,	.	

Period Start Date: _____ / _____ /20_____

Period End Date: _____ / _____ /20_____

Total Services (Add lines 4-12): _____

Must agree with line 3.

X 6% = Total Tax: _____

Credit Carry Forward From a Prior Period _____

Balance Due or Amount of Refund _____

Return confirmation number: _____

Payment confirmation if using TeleDebit: _____

**This worksheet should be kept in your files for
future reference.**

**DO NOT SEND THIS WORKSHEET WITH
YOUR PAYMENT.**

**Make checks payable to:
Treasurer, State of Maine**

**Mail payment to:
Maine Revenue Service
PO Box 9119
Augusta, Maine 04332-9119**