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.	Telecommunciations Services	, .
9.	PNMI/PHCS	, .
10.	CSS-MHD	, .
11.	CSS-IDA	, .
12.	Home Support Services	, .
13	Persons with Brain Injuries	, .

Total Services (Add lines 4-12): , .

Must agree with line 3.

X 5% = Total Tax: , .

Credit Carry Forward From a Prior Period , .

Balance Due or Amount of Refund , .

Return confirmation number: _____

Payment confirmation if using TeleDebit: _____

Period Start Date: / /20

Period End Date: / /20

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

Make checks payable to:

Treasurer, State of Maine

Mail payment to:

Maine Revenue Service
PO Box 9119
Augusta, Maine 04332-9119

TAXPAYER COPY ONLY
DO NOT MAIL THIS WORKSHEET TO MAINE REVENUE SERVICE