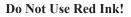
Hos	Maine Revenue Services Hospital Tax Return		*1115010*	00
Registration No.	Period Begin	Period End	Due Date	
1. Entity Information	2.	OUT OF BUSINESS	Date closed:	
	3.	OWNERSHIP OR NAME	ME CHANGE? Date	
	4.	<i>SOLD?</i> Date		
ADDRESS CHANGE?: Check here and make the				



Net Operating Revenue	1.	· · · · · · · · · · · · · · · · · · ·
Tax @ .0223	2.	L , L , L L
Remittance (multiply line 2 by 50%) Payment Note: (¹ / ₂ of tax is due November 15, the balance is due on May 15)	3.	· · · · · · · · · · · · · · · · · · ·

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

Signature and Title

Print Name

Date

Phone #

For assistance in completing this form, call (207) 624-9609