FORM 1120B-ES/ME

MAINE ESTIMATED TAX PAYMENT VOUCHER FOR FINANCIAL INSTITUTIONS



VOUCHER 1 - DUE APRIL 15

				(0	or 15th d	lay of the four	th month	n for fisc	al year ta	axpayers)					
Enter be	eginning a	nd ending date	s for the e	ntire tax	year (NOT	Γ the quarter date	es)	If this p	ayment is	for a short yea	r period, er	nter the r	ext filing p	eriod below	
MM	DD	YYYY	to	MM	DD	YYYY		MM	DD	YYYY	to	MM	DD	YYYY	
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Financi	al Institution	on Name									Amount o	f Paymei	nt		
Addres	s										Federal F	mplover	ID Number	r	
City, To	wn, or Pos	st Office					State	ZIP	Code		Contact P	hone Nu	mber		
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		TATIVILINI	VOUCHE	CTOIC I	17	VOUCHE				<u> </u>	1100001110	*113	4310*		
				(or 15th o	day of the sixt	th month	for fisc	al year ta	xpayers)					
Enter be	eginning a	nd ending date	s for the e	ntire tax	year (NOT	Γ the quarter date	es)	If this p	ayment is	for a short yea	r period, er	nter the r	ext filing p	eriod below	
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Financi	al Institution	on Name									Amount o	f Paymei	nt		
Addres	S										Federal E	mployer	ID Number		
City, To	wn, or Pos	st Office					State	ZIP	Code		Contact P	hone Nu	mber		

Detach this voucher and make check payable to TREASURER, STATE OF MAINE. Mail check and voucher to: Maine Revenue Services, P.O. Box 9101, Augusta, ME 04332-9101

PLEASE DO NOT STAPLE OR TAPE CHECK TO YOUR FORM. INCLUDE THE ORIGINAL DOWNLOADABLE VERSION OF THIS FORM WITH YOUR PAYMENT.

Enter beginning and ending dates for the entire tax year (NOT the quarter dates)

MAINE ESTIMATED TAX FINANCIAL INSTITUTIONS PAYMENT VOUCHER FOR FINANCIAL INSTITUTIONS

VOUCHER 3 - DUE SEPTEMBER 15

(or 15th day of the ninth month for fiscal year taxpayers)



1134310

If this payment is for a short year period, enter the next filing period below

			to								to				
MM	DD	YYYY	10	MM	DD	YYYY		ММ	DD	YYYY	10	MM	DD	YYYY	
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Financia	al Institution	n Name									Amount of	Paymen	t		
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City, Town, or Post Office							State	ZIP C	ode		Contact Phone Number				
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PLEAS	SE DO NO	T STAPLE OR 1	TAPE CH	ECK TO	YOUR FO	RM. INCLUD	E THE ORI	GINAL DO	WNLOAD	DABLE VERS	ION OF TH	IS FORM	M WITH YO	UR PAYME	ENT.
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