

2020

FORM 1120ES-ME

MAINE ESTIMATED TAX
PAYMENT VOUCHER FOR

CORPORATIONS



99

VOUCHER 1 - DUE APRIL 15

1300210

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

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

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

to

MM DD YYYY MM DD YYYY

to

MM DD YYYY MM DD YYYY

Corporation Name

.00

Amount of Payment

Address

Federal Employer ID Number

City, Town, or Post Office

State

ZIP Code

Contact Phone Number

Make check payable to TREASURER, STATE OF MAINE. Mail check and this 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 FULL SHEET OF THIS FORM WITH YOUR PAYMENT.**

THIS FORM IS NOT REQUIRED IF PAYMENT WAS MADE ELECTRONICALLY.

2020

FORM 1120ES-ME

MAINE ESTIMATED TAX
PAYMENT VOUCHER FOR

CORPORATIONS



99

VOUCHER 2 - DUE JUNE 15

1300210

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

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

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

to

MM DD YYYY MM DD YYYY

to

MM DD YYYY MM DD YYYY

.00

Corporation Name

Amount of Payment

Address

Federal Employer ID Number

City, Town, or Post Office

State

ZIP Code

Contact Phone Number

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VOUCHER 3 - DUE SEPTEMBER 15

1300210

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

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

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

to

MM DD YYYY MM DD YYYY

to

MM DD YYYY MM DD YYYY

Corporation Name

.00

Amount of Payment

Address

Federal Employer ID Number

City, Town, or Post Office

State

ZIP Code

Contact Phone Number

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CORPORATIONS



99

VOUCHER 4 - DUE DECEMBER 15

1300210

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

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

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

to

MM DD YYYY MM DD YYYY

to

MM DD YYYY MM DD YYYY

Corporation Name

.00

Amount of Payment

Address

Federal Employer ID Number

City, Town, or Post Office

State

ZIP Code

Contact Phone Number

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