



FORM 1120B-ES/ME



99

MAINE ESTIMATED TAX PAYMENT VOUCHER FOR

FINANCIAL INSTITUTIONS

VOUCHER 1 - DUE APRIL 19 (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 ____/____/____

____/____/____ to ____/____/____

Financial Institution Name

\$ ____ , ____ , ____ .00
Amount of Payment

Address

Federal Employer ID Number

City, Town, or Post Office

State

ZIP Code

Date Installment due



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

DO NOT STAPLE OR TAPE CHECK TO YOUR FORM. DO NOT SEND PHOTOCOPIES OF FORMS.



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VOUCHER 2 - DUE JUNE 15 (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 ____/____/____

____/____/____ to ____/____/____

Financial Institution Name

\$ ____ , ____ , ____ .00
Amount of Payment

Address

Federal Employer ID Number

City, Town, or Post Office

State

ZIP Code

Date Installment due



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VOUCHER 3 - DUE SEPTEMBER 15 (or 15th day of the ninth month for fiscal year taxpayers)

1134310

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 ____/____/____

____/____/____ to ____/____/____

Financial Institution Name

\$ ____ , ____ , ____ .00
Amount of Payment

Address

____ - ____ - ____
Federal Employer ID Number

City, Town, or Post Office

State

ZIP Code

____ / ____ / ____
Date Installment due



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MAINE ESTIMATED TAX PAYMENT VOUCHER FOR

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VOUCHER 4 - DUE DECEMBER 15 (or 15th day of the twelfth month for fiscal year taxpayers)

1134310

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 ____/____/____

____/____/____ to ____/____/____

Financial Institution Name

\$ ____ , ____ , ____ .00
Amount of Payment

Address

____ - ____ - ____
Federal Employer ID Number

City, Town, or Post Office

State

ZIP Code

____ / ____ / ____
Date Installment due



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