MAINE STATE DUE PAYMENT INSTRUCTIONS

Step 1: Please click on the below link https://www.maine.gov/revenue/

Step 2: Please click on File and Pay

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DEPARTMENT OF ADMIN MAINE REVEX STATE OF MAINE	ISTRATIVE AND FINANCIAL SERVICES NUE SERVICES	Conta	LI US News Frequently Asked Questions Sitemap Search MRS SEARCH
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File and Pay	MAINE REVENUE Welco What can we help you find? ? Where is my Refund?	SERVICES DME Q Q Tax Registration	Taxpayer Relief
Individuals	Busines	ses	Tax Professionals
Individual Income Tax (1040)	> Sales Tax	> F	orms >
www.maine.gov Fiduciary Income Tax	> Withholding	> F	OA > .

Step 3: Please click on EZ Pay



Step 4: Please click on the Register Tab

	EZ Pay Intern Welcome	et Payment System o Maine EZ Pay!	
AS OF August 1, 2010, Millo telephon	e assistance is available monday in	ought neay between cookin a	a 4.00 m, state recognized nondays excepted.
Welcome to Maine Revenue Service's "EZ Pay". Maine your bank account. This application will not accept fina application. Click here for more Information	taxpayers now have the option to particle institution banking information fo	various tax payments online, quic an account located outside the U.	kty and easily. Payments are electronically withdrawn right from 8. and its territories. You will need to register before using the
Online payments including estimate payments can be	nade for any of the following applicab	e taxes:	
*WTHHOLDING TAX *AMENDED SALES TAX *DORPORATE INCOME TAX *CORPORATE INCOME TAX *CORPORATE INCOME TAX *CASCULE*TAX *MAHOGANY QUAHOG TAX *MAENDED REGISTERED BUSINESS USE TAX *AMENDED REGISTERED BUSINESS USE TAX *SPECIAL FUEL SUPPLIER ANNUAL SHRINKAGE *SURPLUS LINES PREMIUM TAX *JOD TAX	*PASS-THROUGH ENTITY W *BILL PAYNENT *BLUBERRY TAX *EGTATE TAX *FUEL FLOOR STOCK TAX *HEALTH CARE PROVIDER T *MARIJUANA EXCISE TAX *RAILCOAD TAX *SERVICE PROVIDER TAX *SPECIAL FUEL SUPPLIER *TOBACCO TAX	rhholding N	*SALES TAX *INDIVIDUAL INCOME TAX *ICIGARETTE TAX *IDUCIARY TAX *GASOLINE DISTRIBUTORS ANNUAL SHRINKAGE HOSPITAL TAX *POTATO TAX *REGISTERED BUSINESS USE TAX *AMENDED SERVICE PROVIDER TAX *SPECIAL FUEL USER *MILK HANDLING TAX
	New users must register and set up	a user ID and password here	Register
	Existing users, please enter	our Username and Password be	low:
	Enter a Username: User N	ime	
	Enter Password: Passwo	rd	I Forgot my password
	Svete	nInformation	

Step 5: Please fill the required details & click on continue to make the Payment of Maine Due Amount

Maine.gov	STATE OF MAINE - Maine Revenue Services EZ Pay Internet Payment System Registration Form	
Password must be b Password must con Password must con Password must con Password must con Passwords can only	Passwords must meet the following criteria: between 12 and 32 characters long. tain at least 1 numeric character. tain at least one special character (@ [\]^_\!"#\$%&`()*+,/:;{< =}>~?}. tain at least one uppercase and at least one lowercase letter. be changed once every 24 hours.	
* Indicates a Required Field		
Taxpayer's / Business Name: <i>(Last First MI)</i>	Taxpayer's / Business Name	
SSN or Federal ID #:	* SSN or Fed ID #	
ID Type: Composite Filers use SSN	* Federal ID *	
Spouse's Name: (Last First MI)	Spouse's Name	
Spouse's Social Security #:	Spouse's SSN #	
User ID:	Alphanumeric Characters only	
Password:	* Password	
Re-enter Password:	* Re-enter Password	•

Maine.g	OV	STATE OF MAINE - Maine Re EZ Pay Internet Paymer Registration Forr	evenue Services nt System m	
Re-er	nter Password:	* Re-enter Password		
Addr	ess:	Address		
City:	5	City		
State	: 4	Maine •	Zip: * Zip	
Phon	e #:	• 207 - 123 - 4567	Extension:	
Emai	I Address:	* Email Address		
Co	ntact informatior	1		
Cont	act Person's Name:	Contact Person's Name		
Phon	e #:	• 207 - 123 • 4567	Extension:	
Bai	nk information			
Bank	Routing #:	Bank Routing #		

Step 6: Enter the bank details and proceed for further process.

laine.gov	STATE OF MAINE - Maine Revenue Services EZ Pay Internet Payment System Registration Form	
Contact informat	ion	
Contact Person's Name:	Contact Person's Name	
Phone #:	* 207 - 123 - 4567 Extension: Ext	
Bank information		
Bank Routing #:	* Bank Routing #	
Bank Account #:	Bank Account #	
Re-enter Bank Account #:	Re-enter Bank Account	
Account Type:	* Checking *	
Is this payment coming fro	m a financial institution located outside the U.S. and its territories? * [©] Yes [®] No	
	Continue Exit	

