| For calendary year<br>2021 or tax year   2021<br>Mill   to   Image: Comparison   Control Provided in the second of the se |     |            | 2021                         | I               | Maine Corp             | orate Ind<br>Form 11 |              | ax Ret    | turn     |                  |                  |                                | 99   |
|---|-----|------------|------------------------------|-----------------|------------------------|----------------------|--------------|-----------|----------|------------------|------------------|--------------------------------|------|
| MAI   DD   YYY   MAI   DD   YYY   Description     Name of Coporation   Federal Employer ID Number   State of theory form set in the separation     Address   Federal Employer ID Number   State of theory form set in the separation     City, Town or Post Office   State   ZIP Code   Part Consury Employer ID Number     Contract Person's First Name   Contact Person's Last Name   Teleptone Number     Compositions with total assets of 52 million or more as to the last day of the tax year must file Form 1120/ME electronically unless the taxpayer has been granted a waiver. Taxpayers number to more tax for the address has the electronic filing requirement because of unclus handling may request a waiver from the state and the set the state of the address has the electronic filing requirement because of unclus handling may request a waiver from the state and the set tax the state tax the set tax tax the set tax tax tax tax tax tax tax tax tax ta  |     |            |                              |                 |                        |                      |              |           |          |                  | *240040          |                                |      |
| Address   Federal Emerges Cole     Address   Federal Emerges Cole     Address   Federal Emerges Cole     City, Town or Post Office   State of component in the properation     City, Town or Post Office   State     Contract Person's First Name   Contract Person's Last Name     Contract Person's First Name   Contract Person's Last Name     Corporations with brial assole of SS infilion or more as of the last day of the tax year must file Form 1120/ME electronically underses the taxpayer has been granted a waiver. Taxpayers unable to meet the electronic filing and must include the name, address, faderal employer D Number   Check this box if claiming an include the name, address, faderal employer D Number     Durnneer of the request must be in writing and must include the name, address, faderal employer D Number   Check this box if claiming an include the name, address, faderal employer D Number     Down on Post Office   Check this box if claiming an include the name, address, faderal employer D Number     For mee information on Name electronic filing requirements (Nue 104) and information on Name electronic payments (Nue 102), go to waiting opticipation to the address has in a pass-front office in a pass file for a second in the date of a more interval in the other taxpayer in the properation address in Maine (file, provide Electronic Payment), for a payment of a data file in the interval in a pass-front office in a pass file in the provide in th   |     |            | 2021 or tax year             | M               |                        |                      | MM           | DD        | YYYY     |                  |                  |                                |      |
| Address Federal Employer ID Number State of Incorporation   City, Torn or Post Office Sate ZIP Code Parent Company Employer ID Number   Contract Person's First Name Contract Person's Last Name Federal Employer ID Number   Contract Person's First Name Contract Person's Last Name Federal Employer ID Number   Contract Person's First Name Contract Person's Last Name Federal Employer ID Number   Contract Person's First Name Contract Person's Last Name Federal Employer ID Number   Contract Person's First Name Contract Person's Last Name Federal Employer ID Number   Contract Person's First Name Contract Person's Employer ID Number Cited This Dox If the address has changed.   Contract Person's Exercises, Componet Tax Unit, PO. Box 9107 Augusta, ME (Address To Mane Revenue Services, Componet Tax Unit, PO. Box 9107 Augusta, ME (Address To Mane Revenue Services, Componet Tax Unit, PO. Box 9107 Augusta, ME (Address To Mane Deferation Dayment requirements (Rule 102) on to wave maine gov/revenue (elect Laws & Rules). Check this box If claiming an enverse more than a pass-through enverse track and the deferal Form CR)   (a) Final return (a) Amonded (b) Combined return   (b) Initial return (c) Amonded return Address A Buscing Tom CR)   (c) Marged Last Inform 1120, Ines 30. If Ting a combined return return Address A Buscing Tom CR) Soutenable Infor   |     |            |                              |                 |                        |                      |              |           |          |                  | 1120-C           |                                |      |
| City, Town or Post Office   State   ZP Code   Parent Company Employer ID Number     Contract Person's First Name   Contract Person's Last Name   Telephone Number     Corporations with total assets of \$5 million or more as of the last day of the tax year must file Form 1120ME electronically unless the taxpayer has been granted a waiver. Taxpayers unable to meet the solar of the last day of the tax year must file Form 1120ME electronically unless the taxpayer has been granted a waiver. Taxpayers unable to meet the solar of the last bax of during the same encirely in the solar of the last bax of during the same encirely intervent. Mail waiver requests to: Maine Rovenue Services, Corporate Tax Unit, P.O. Box 9107 Augusta, ME (4332-9107.)   Check this tox if during the same year divide the optical and the optical a  |     | Name of C  | orporation                   |                 |                        |                      |              |           | Fec      | deral Business ( | Jode             |                                |      |
| City, Town or Post Office   State   ZP Code   Parent Company Employer ID Number     Contract Person's First Name   Contract Person's Last Name   Telephone Number     Corporations with total assets of \$5 million or more as of the last day of the tax year must file Form 1120ME electronically unless the taxpayer has been granted a waiver. Taxpayers unable to meet the solar of the last day of the tax year must file Form 1120ME electronically unless the taxpayer has been granted a waiver. Taxpayers unable to meet the solar of the last bax of during the same encirely in the solar of the last bax of during the same encirely intervent. Mail waiver requests to: Maine Rovenue Services, Corporate Tax Unit, P.O. Box 9107 Augusta, ME (4332-9107.)   Check this tox if during the same year divide the optical and the optical a  |     | Address    |                              |                 |                        |                      |              |           | Fe       | deral Employe    | r ID Number      | State                          | of   |
| Contact Person's First Name   Contact Person's Last Name   Tetrative     Corporations with total assets of S5 million or more as of the last day of the tax year must file Form T120ME electronically unless the taxayear must end to mark the section of the address has been granted a waiver. Taxayayers unable to merit the electronic filing requirements because of undue hardship may request a waiver from the State to mark the taxayear must because of undue hardship may request a waiver from the State to mark the taxayear must be address of the address has changed.   Check this box if the address has changed.     0 number of the corporation.   Combined return (2)   Amended (3)   Combined return (Address Has 2007)   Check this box if during the stary year address a significant income tax purposes in Maine corporate Tax. Unit, PO. Box 9107 Augusta, ME electronic phyment requirements (Rule 102), go to www.maine.gov/revenue (select "Laws & Rules.")   Check this box if during the stary year address to maine electronic filing requirements (Mule 102), go to www.maine.gov/revenue (select "Laws & Rules.")   Check this box if during the stary year address to be below.   In this return (2)   Amended (3)   Combined return (Address has address in Maine (b)   Dissolved (c)   Merged.acquired stary address address address in Maine (b)   Dissolved (c)   Merged.acquired stary address addr   |     | laarooo    |                              |                 |                        |                      |              |           |          |                  |                  |                                |      |
| Electronic filing & payment requirements       Corporations with total assets of \$5 million or more as of the last day of the tax year must file Form<br>the electronically unless the taxpayer has been granted a waive. Taxpayers unable to meet<br>the electronic filing requirement because of undue hardship may request a waiver from the State<br>Tax Assessor. The request must be in writing and must include the name, address, federal employer<br>1D number of the corporation, a detailed explanation of why filing electronically poses a significant<br>mardship and when the taxpayer Mass explores. Corporate Tax, Unit, P.O. Box 9107 Augusta, ME<br>04332-9107.     Check this box if dinaming an<br>exemption from the Maine corporate<br>more information on Maine electronic filing requirements. (Rule 104) and information on Maine<br>electronic payment requirements (Rule 102), go to waw, maine gov/revenue (select "Laws & Rules").     Check this box if dinaming the xy sear<br>more information on Maine electronic filing requirements. (Rule 104) and information on Maine<br>electronic payment requirements (Rule 102), go to waw, maine gov/revenue (select "Laws & Rules").     Check this hox if dinaming the xy sear<br>more more information on Maine electronic filing requirements. (Rule 104) and information on Maine<br>electronic payment requirements (Rule 102), go to waw, maine gov/revenue (select "Laws & Rules").     Check this hox if dinaming an<br>exemption of mainerse in<br>a pass-through entity doing<br>business in Maine     Check the appropriate<br>more than a passion of the combined group<br>owned or disposed of an initiated<br>group filing a separate<br>return     Check the appropriate box below:       (a)     Casaed doing<br>group filing a separate<br>return     (b)     Dissolved<br>proferma<br>proferma<br>effection proferma filing diffiling a combined report, enter<br>amount from Form CR, li   | ,   | City, Town | or Post Office               |                 |                        |                      |              | State     | ZIP Cod  | de               | Parent Company   | Employer ID Nun                | nber |
| Electronic filing & payment requirements       Corporations with total assets of \$5 million or more as of the last day of the tax year must file Form<br>the electronically unless the taxpayer has been granted a waive. Taxpayers unable to meet<br>the electronic filing requirement because of undue hardship may request a waiver from the State<br>Tax Assessor. The request must be in writing and must include the name, address, federal employer<br>1D number of the corporation, a detailed explanation of why filing electronically poses a significant<br>mardship and when the taxpayer Mass explores. Corporate Tax, Unit, P.O. Box 9107 Augusta, ME<br>04332-9107.     Check this box if dinaming an<br>exemption from the Maine corporate<br>more information on Maine electronic filing requirements. (Rule 104) and information on Maine<br>electronic payment requirements (Rule 102), go to waw, maine gov/revenue (select "Laws & Rules").     Check this box if dinaming the xy sear<br>more information on Maine electronic filing requirements. (Rule 104) and information on Maine<br>electronic payment requirements (Rule 102), go to waw, maine gov/revenue (select "Laws & Rules").     Check this hox if dinaming the xy sear<br>more more information on Maine electronic filing requirements. (Rule 104) and information on Maine<br>electronic payment requirements (Rule 102), go to waw, maine gov/revenue (select "Laws & Rules").     Check this hox if dinaming an<br>exemption of mainerse in<br>a pass-through entity doing<br>business in Maine     Check the appropriate<br>more than a passion of the combined group<br>owned or disposed of an initiated<br>group filing a separate<br>return     Check the appropriate box below:       (a)     Casaed doing<br>group filing a separate<br>return     (b)     Dissolved<br>proferma<br>proferma<br>effection proferma filing diffiling a combined report, enter<br>amount from Form CR, li   |     |            |                              |                 |                        |                      |              |           |          |                  |                  |                                |      |
| Corporations with total assets of \$5 million or more as of the last day of the tax year must file Form<br>the decironically unless the taxyage in table for availed. Taxyages unable for the State<br>Tax Assesses. The request must be in writing and must include the name, address, faderal emploin from the Maine corporation<br>ID number of the corporation, a detailed explanation of why filing electronically poses a significant<br>market requests to: Maine Revenue Services, Corporate Tax Unit, P.O. Box 9107 Augusta, ME<br>04332-9107.   Check this box if during the tax year<br>member of the corporation, a detailed explanation of why filing electronically poses a significant<br>market requests to: Maine Revenue Services, Corporate Tax Unit, P.O. Box 9107 Augusta, ME<br>04332-9107.   Check this box if during the tax year<br>member of the corporation, a detailed explanation of why filing electronically poses a significant<br>market requests to: Maine Revenue Services, Corporate Tax Unit, P.O. Box 9107 Augusta, ME<br>04332-9107.   Check this box if during the tax year<br>member of the corporation, the electronic filing requirements (Rule 104) and information on Maine<br>electronic payment requirements (Rule 102), go to <u>www.maine.gov/newnule (elect 'Laws &amp; Rules')</u> .   Check this box if during the tax year<br>member of the corporation, the electronic filing requirements<br>(Rule 102), and the during the tax year<br>member of the corporation.     (4)   Final return<br>If final, indicate the final business date, and check the appropriate box below:   .     (5)   Member of an influetade<br>goop filing a separate<br>return   (b)   Dissolved<br>goo or reorganized. Successor EIN:   . <b>Subtractions from federal toxable income</b> :   .   .   .   .   .  |     | Contact Pe | erson's First Name           |                 | Contact Pe             | rson's Last N        | ame          |           |          | Telepho          | ne Number        |                                |      |
| 1120ME electronically unless the taxpayer has been granted a waiver. Taxpayers unable to meet the electronic filing requirement because of undue hardship may request a waiver from the Silver The request must be in writing and must include the name, address, federal employer ID number of the corporation, a detailed explanation of writing neglectronically poses a signification tax pursuant to the PL 86-272. Thardship and when the taxpayer will be able to comply with the electronic filing requirement. Mail waiver requests to: Maine Revenue Services, Corporate Tax Unit, P.O. Box 9107 Augusta, ME 04332-9107.   Check this box if claiming an exemption from the Maile compared any member of the combined group any member of the combined group each trave for the Silver and the tax payer will be able to comply with the electronic filing requirement. Mail waiver requests to: Maine Revenue Services, Corporate Tax Unit, P.O. Box 9107 Augusta, ME 04332-9107.   Check this box if claiming an exemption from the Maile combined group each trave for the Silver any member of the combined group each trave state the specific requirements (Rule 102), go to www.maine.gov/revenue (select 'Laws & Rules).   Check this box if claiming an exemption from the Maile combined group each trave for the Silver any member of the combined group each trave for the Silver any member of the combined group each trave for the Silver any member of the combined group each trave for the Silver any each trave for the Silver any member of the combined group each trave and maine. Silver any each trave for the Silver and the second each each each each each each each each  |     |            | Electro                      | onic filing &   | payment require        | ements               |              |           |          | Che              | ck this box if t | he address h                   | as   |
| Tax Assessor: The request must be in writing and must include the name, address, federal employer   Ib number of the corporation a detailed explanation of why filing electronically poses a significant to PL 88-572.     Check this box if during the explore the taxpayer will be able to comply with the electronic filing requirement. Mail waiver requests to: Maine Revenue Services, Corporate Tax Unit, P.O. Box 9107 Augusta, ME 04332-9107.   Check this box if during the tax year any member of the composition of Maine electronic filing requirements (Rule 104) and information on Maine electronic filing requirements (Rule 102) or to www.maine.gov/revenue (select' Laws & Rules).     Check applicable boxes:   (1)   Initial return   (2)   Amended   (3)   Combined return (Attach Form CR)     (4)   Final return   (1)   Dissolved   (c)   Merged, acquired or reorganized. Successor EIN:     (5)   Member of an affiliated   (b)   Dissolved   (c)   Merged, acquired or reorganized. Successor EIN:     (5)   Member of an affiliated   (6)   Based on a proforma federal return   A.   .000     1.   Federal consolidated income (federal Form 7004  |     | 1120ME     | electronically unless the t  | taxpayer has    | been granted a         | waiver. Tax          | payers un    | able to r | neet     |                  | 0                |                                |      |
| Distribution of the composition of with might electronic filing requirement. Mail watter requests to: Maine Revenue Services, Corporate Tax Unit, P.O. Box 9107 Augusta, ME (4332-9107.)   Check this box if during the tax year any member of the combined group of 4332-9107.     For more information on Maine electronic filing requirements (Rule 104) and information on Maine electronic payment requirements (Rule 102), go to www.maine.gov/revenue (select 'Laws & Rules').   Check this box:     (1)   Initial return   (2)   Amended   (3)   Combined return (Attach Form CR)     (4)   Final return   (b)   Dissolved   (c)   Merged, acquired or reorganized. Successor EIN:     (5)   Member of an affiliated   (6)   Based on a federal return federal return   A.   .000     1.   Foreign dividend groups.   A.   .000   .000   .000   .000     2.   A Nortaxable income (federal Form 7004  |     | Tax Asse   | ssor. The request must be    | in writing an   | d must include th      | ne name, ad          | dress, fede  | eral empl | oyer     | exer             | nption from the  | e Maine corp                   |      |
| waver requests for.   Maine Revenue Services, Corporate Tax Unit, PO. Box 9107 Augusta, ME     For more information on Maine electronic filing requirements (Rule 104) and information on Maine electronic payment requirements (Rule 102), go to www.maine.gov/revenue (select "Laws & Rules").   any member of the combined group owned or disposed of an inferest in a pass-through entity (ding business in Maine. 'If so, provide EIN of pass-through entity (use a separate sheet, if necessary):     (4)   Final return (2)   Amended (3)   Combined return (Attach Form CR)     (4)   Final return if final, indicate the final business date, and check the appropriate box below:   (a)   Ceased doig (b)   Dissolved (c)   Merged, acquired or reorganized. Successor EIN:   (b)     (5)   group filing a separate return   federal return   Federal consolidated income (federal Form 1120, line 30)  |     | hardship   | and when the taxpayer w      | vill be able to | comply with the        | electronic           | filing requi | irement.  | Mail     |                  | ·                |                                |      |
| electronic payment requirements (Rule 102); go to www.maine.gov/revenue (select "Laws & Rules").   business in Maine: (f so, provide EN of pass-through entity (use a separate sheet, if necessary):     (1)   Initial return   (2)   Amended   (3)   Combined return (Attach Form CR)     (4)   Final return   (b)   Dissolved   (c)   Merged, acquired or reorganized. Successor EIN:     (5)   Geased doing   (b)   Dissolved   (c)   Merged, acquired or reorganized. Successor EIN:     (5)   Member of an affiliated return federal Form 1120, line 30)   |     |            | •                            | ue Services,    | Corporate Tax          | Unit, P.O. E         | Box 9107 /   | Augusta,  | ME       | any<br>own       | member of the    | e combined g<br>d of an intere | roup |
| Check applicable boxes:   separate sheet, if frecessary):     (1)   Initial return   (2)   Amended   (3)   Combined return<br>(Attach Form CR)     (4)   Final return   (2)   Amended   (3)   Combined return<br>(Attach Form CR)     (4)   Final return   (f)   Dissolved   (c)   Merged, acquired<br>or reorganized. Successor EIN:     (5)   Member of an affiliated<br>return   (6)   Based on a<br>proforma<br>federal return  |     |            |                              |                 |                        |                      |              |           |          | busi             | ness in Maine    | : If so, provid                |      |
| (4)   Final return<br>If final, indicate the final business date  , and check the appropriate box below:     (a)   Ceased doing<br>Dusiness in Maine   (b)   Dissolved   (c)   Merged, acquired<br>or reorganized. Successor EIN:     (5)   Mermor of an affiniated<br>group filing a separate<br>return   (6)   Based on a<br>pro forma<br>federal return   .   .     A.   Federal consolidated income (federal Form 1120, line 30)   A.   .   .   .   .   .     A.   Federal taxible income (federal Form 1120, line 30)   B.     |     |            |                              |                 |                        |                      |              |           |          |                  |                  |                                | а    |
| If final, indicate the final business date  | (1) | ) Ir       | nitial return                | (2)             |                        | (3)                  |              |           |          |                  |                  |                                |      |
| (5)   Member of an affiliated<br>group filing a separate<br>return   (6)   Based on a<br>proforma<br>federal return     A.   Federal consolidated income (federal Form 1120, line 30)   A.   A.     B.   Tentative total tax filed on federal Form 7004.   B.   000     1.   Federal return   .000     2.   a.   .000     3.   Subtractions from federal Form 7004.   B.     2.   a.   .000     3.   .000   .000     3.   Subtractions from federal taxable income:   .000     2.   a.   Nontaxable interest.   .200     3.   .000   .000   .000     c.   Work Opportunity Credit and Empowerment Zone Credit deductions<br>(attach federal Form 5884 and/or Form 8844, as appropriate)   .200   .000     d.   Income not taxable under the Constitution of Maine or the United States   .200   .000     e.   Dividends from certain affiliated corporations<br>(limitations - see instructions)   .21   .000     f.   Net operating loss recapture (see instructions)   .21   .000     g.   Income from ownership interest in pass-through entity financial institutions<br>(subject to Maine franchise t  | (4) |            |                              | siness date _   |                        | and check            | the approp   | riate box | below:   |                  |                  |                                |      |
| (5)   Member of an affiliated group filing a separate return   (6)   Based on a pro forma federal return     A.   Federal consolidated income (federal Form 1120, line 30)   A.   A.   00     B.   Tentative total tax filed on federal Form 7004.   B.   00     1.   Federal toxone (federal Form 1120, line 30. If filing a combined report, enter amount from Form CR, line 11). If negative, enter a minus sign to the left of the number1.   .00     Subtractions from federal taxable income:   .00   .00     c.   a.   Nontaxable interest.   .00     b.   Foreign dividend gross-up.   .2b.   .00     c.   Work Opportunity Credit and Empowerment Zone Credit deductions (attach federal Form 5884 and/or Form 8844, as appropriate)   .2c.   .00     d.   Income not taxable under the Constitution of Maine or the United States   .2d.   .00     e.   Dividends from certain affiliated corporations (limitations - see instructions)   .2f.   .00     g.   Income from ownership interest in pass-through entity financial institutions (subject to Maine franchise tax)   .2f.   .00  |     | (a)        | 0                            | (b)             | Dissolved              | (c)                  |              | •         | •        |                  |                  |                                |      |
| return   federal return     A. Federal consolidated income (federal Form 1120, line 30)A.   .00     B. Tentative total tax filed on federal Form 7004B.   .00     1. Federal taxable income (federal Form 1120, line 30filing a combined report, enter amount from Form CR, line 11). If negative, enter a minus sign to the left of the number1.   .00     Subtractions from federal taxable income:   .00     2. a. Nontaxable interest   | (5) | ) N        |                              | (6)             | Based on a             |                      | OF           | eorganiz  | eu. Succ | ESSOI EIN.       |                  |                                |      |
| B. Tentative total tax filed on federal Form 7004   |     | -          |                              |                 |                        |                      |              |           |          |                  |                  |                                |      |
| B. Tentative total tax filed on federal Form 7004   |     | Eador      | al concolidated income       | (fodoral Form   | 1120 line 20)          |                      |              | ٨         |          |                  |                  |                                | 00   |
| 1. Federal taxable income (federal Form 1120, line 30. If filing a combined report, enter amount from Form CR, line 11). If negative, enter a minus sign to the left of the number1.   .00     Subtractions from federal taxable income:   .2a.   .00     2. a. Nontaxable interest   .2a.   .00     b. Foreign dividend gross-up.   .2b.   .00     c. Work Opportunity Credit and Empowerment Zone Credit deductions (attach federal Form 5884 and/or Form 8844, as appropriate)   | ~   | . reuer    |                              | (lederal Polli  | i i i i zo, ii i e so) |                      |              | A.        |          |                  |                  |                                |      |
| amount from Form CR, line 11). If negative, enter a minus sign to the left of the number1.   .00     Subtractions from federal taxable income:   .00     2. a. Nontaxable interest  |     |            |                              |                 |                        |                      |              |           |          |                  |                  |                                | .00  |
| 2. a. Nontaxable interest   |     |            |                              |                 |                        |                      |              |           |          |                  |                  |                                | .00  |
| 2. a. Nontaxable interest   | Sı  | ubtractio  | ns from federal taxable i    | income:         |                        |                      |              |           |          |                  |                  |                                | 0.0  |
| b. Foreign dividend gross-up  | 2.  | a. No      | ntaxable interest            |                 |                        |                      |              | 2a.       |          |                  |                  |                                | .00  |
| (attach federal Form 5884 and/or Form 8844, as appropriate)   |     | b. For     | eign dividend gross-up.      |                 |                        |                      |              | 2b.       |          |                  |                  |                                | .00  |
| e. Dividends from certain affiliated corporations<br>(limitations - see instructions)   .00     f. Net operating loss recapture (see instructions)   .2f.     g. Income from ownership interest in pass-through entity financial institutions<br>(subject to Maine franchise tax)   .00   |     |            |                              |                 |                        |                      |              | 2c.       |          |                  |                  |                                | .00  |
| e. Dividends from certain affiliated corporations<br>(limitations - see instructions)   .00     f. Net operating loss recapture (see instructions)   .2f.     g. Income from ownership interest in pass-through entity financial institutions<br>(subject to Maine franchise tax)   .00   |     | d Inc      | ome not taxable under ti     | he Constitut    | ion of Maine or        | the United           | Statos       | 2d        |          |                  |                  |                                | .00  |
| f. Net operating loss recapture (see instructions)  |     | e. Div     | idends from certain affil    | iated corpor    | ations                 |                      |              |           |          |                  |                  |                                | 0.0  |
| g. Income from ownership interest in pass-through entity financial institutions<br>(subject to Maine franchise tax)   |     | (lim       | itations - see instructions) | )               |                        |                      |              | 2e.       |          |                  |                  |                                |      |
| (subject to Maine franchise tax)  |     |            |                              |                 |                        |                      |              |           |          |                  |                  |                                | .00  |
| h. State income tax refunds (included in line 1 above)2h.   |     |            |                              |                 |                        |                      |              |           |          |                  |                  |                                | .00  |
|   |     | h. Sta     | te income tax refunds (in    | ncluded in lin  | e 1 above)             |                      |              | 2h.       |          |                  |                  |                                | .00  |

Federal EIN



.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

|   |  |     | 2100 |
|---|--|-----|------|
| S | ubtractions, continued:  |     |      |
|   | i. Bonus depreciation/Section 179 expense recapture (see instructions)   | 2i. |      |
|   | j. Medical marijuana business expenses (see instructions)                | 2j. |      |
|   | k. 50% of apportionable subpart F income (see instructions)              | 2k. |      |
|   | I. 80% of apportionable deferred foreign income (see instructions)       | 21. |      |
|   | m. 50% of Global Intangible Low-Taxed Income (GILTI) (see instructions)  | 2m. |      |
|   | n. Northern Maine Transmission Corporation adjustment (see instructions) | 2n. |      |
|   | o. Gain on sale of multifamily affordable housing (see instructions)     | 20. |      |
|   | p. Seed capital investment tax credit (see instructions)                 | 2р. |      |
|   | q. Gains from sale of timberlands (see instructions)                     | 2q. |      |
|   | r. New markets capital investment credit (see instructions)              | 2r. |      |
|   | s. Charitable contributions recapture (see instructions)                 | 2s. |      |
|   | t. Business interest deduction recapture (see instructions)              | 2t. |      |
|   | u. Other   | 2u. |      |
|   | v. Total subtractions (add lines 2a through 2u)                          | 2v. |      |
|   |  |     |      |

#### Additions to federal taxable income:

| 3. | a. Income taxes (imposed by Maine or any other state, attach schedule)                                     | .00 |
|----|--|-----|
|    | b. Deferred foreign income (see instructions)  | .00 |
|    | c. Participation exemption deduction add-back (see instructions)3c.  | .00 |
|    | d. Foreign-derived intangible income (FDII) deduction add-back (see instructions) 3d.                      | .00 |
|    | e. Global Intangible Low-Taxed Income (GILTI) deduction add-back (see instructions). 3e.                   | .00 |
|    | f. Interest from state and municipal bonds (other than Maine)  | .00 |
|    | g. Net operating loss adjustment (see instructions)  | .00 |
|    | h. Maine capital investment credit bonus depreciation add-back (see instructions) 3h.                      | .00 |
|    | i. Bonus depreciation add-back (see instructions)  | .00 |
|    | j. Losses, expenses, or deductions from ownership interest<br>in financial institutions (see instructions) | .00 |

Federal EIN



Additions, continued: .00 k. Wellness programs credit add-back (see instructions)......3k. .00 .00 .00 .00 4. Adjusted federal taxable income (line 1 minus line 2v plus line 3n)......4. Tax: .00 5. .00 6. .00 c. Total tax (add lines 6a and 6b).....6c. .00 Payments and credits: .00 a. Maine estimated tax paid ......7a. 7. .00 b. Extension payment (Form 1120EXT-ME) ......7b. .00 c. Tax credits (Schedule C, line 1u plus line 2e).....7c. d. Income tax withheld (from a pass-through entity or from gambling winnings. .00 .00 .00 g. Total payments and credits (add lines 7a through 7e and subtract line 7f; .00 if the result is negative, enter a minus sign to the left of the number)......7g. Tax due or overpayment 8. a. If line 6c is greater than line 7g, subtract line 7g Use EZ Pay at .00 from line 6c and enter the TAX DUE......8a. maine.gov/revenue b. If line 7g is greater than line 6c subtract line 6c .00 from line 7g and enter the OVERPAYMENT......8b. Penalty for underpayment of estimated tax (attach Form 2220ME) 9. .00 Check here if Form 2220ME box 5a is checked..... .....9. 10. TOTAL DUE If you completed line 8a, OR line 8b is less than line 9, enter the total due. Pay in full with return. You may be required to make payments electronically. .00 See instructions or Rule 102. Make check payable to Treasurer, State of Maine...... 10.

| 2021 Form 112  | 20ME - Page 4   |  |                            |   |                          |                       | 99           |
|--|---|--|----------------------------|---|--------------------------|-----------------------|--------------|
| Federal  | EIN   |  |                            |   |                          | *2100103*             |              |
|  |   |  |                            |   |                          |                       |              |
|  |   |  |                            |   |                          |                       | .00          |
|  |   |  |                            |   |                          |                       |              |
|  |   |  |                            |   |                          |                       | .00          |
|  | DEPOSITED DIRECT  |  | NG ACCO                    | UNT (\$20,000 or le                     | ·                        |                       |              |
| Check this box if this<br>refund will go to an<br>account outside the<br>United States |   | 12c. Routing Number  |                            |   | 12d. Checking            | Account Number        |              |
|  | ise submit forms in th                                      | ne following order:  |                            |   | ages 1-6, for th         | e same tax period.    |              |
|  | 2.Form (3.Other s   | CR, if required, incluc statements for the Ma  | ling affilia<br>aine incoi | tion schedule.<br>me tax return.        |                          |                       |              |
| Check "Yes" to allow th  | e paid preparer to discu                                    |  |                            | . , , , , , , , , , , , , , , , , , , , | Yes (com                 | plete the following). | No.          |
|  |   |  |                            |   |                          |                       |              |
|  | Paid Preparer's Nan   | le   |                            | Paid Preparer's                         | Phone Number             | Personal Iden         | tification # |
| Corporation Presider   | nt's Name   |  |                            | Social Securit                          | ty Number                |                       |              |
| Treasurer's Name   |   |  |                            | Social Securit                          | ty Number                |                       |              |
| Company's Website  | Address   |  |                            |   |                          |                       |              |
|  | Federal EIN   *2100103*     strapsyment Carryforward/Refund |  |                            |   |                          |                       |              |
| Date   | Officer's S   | Signature  |                            | Title                                   |                          | Social Security N     | umber        |
| Date   | Signature   | and Address of Prepare   | r (Individu                | al or Firm)                             |                          | Preparer's SSN o      | r PTIN       |
|  |   | Treasurer, State of Maine<br>and MAIL WITH RETUR<br>MAINE REVENUE SER<br>P.O. BOX 1065 | N TO:<br>/ICES             | MAIL RE<br>MAINE REVEN<br>P.O. BOX 1064 | TURN TO:<br>NUE SERVICES |                       |              |

**Schedule A - Apportionment of Tax** 



Federal EIN

- Do not complete Schedule A if 100% of the business activity is attributable to Maine. Note that Schedules C and D may still be required.
- All others must complete Schedule A and enter amounts in columns A and B, even if those amounts are zero. If this schedule is left blank or excluded, the Maine apportionment factor will be set at 100%.
- Round all dollar amounts to whole numbers.

Check if using an alternate apportionment as provided by 36 M.R.S. § 5211(17).

|    | (A)<br>Within<br>Maine  |                   | (B)<br>Everywhere | (C)<br>Apportionment Factor<br>Line 1, Col. (A)/Col. (B)<br>Rounded to 6 Decimals |
|----|---|-------------------|-------------------|---|
| 1. | Total<br>Sales*   | .00 ÷             |                   | .00 = .   |
| 2. | Total<br>Payroll  | .00 ÷             |                   | .00   |
| 3. | Total<br>Property   | .00 ÷             |                   | .00   |
|    |   |                   |                   |   |
| 4. | Gross tax (Form 1120ME, line 5)   |                   | 4.                | .00   |
| 5. | Maine corporate income tax (line 4 x line 1 co<br>Enter here and on Form 1120ME, line 6a) | olumn c factor.   | 5.                | .00   |
| 6. | What amount of line 3, column A is <b>tangible pe</b>                                     | ersonal property? | 6.                | .00   |

\*Note: Total Sales must exclude income claimed as a deduction on Form 1120ME, lines 2e, 2k, 2l, and 2m. Other limitations apply. See Schedule A instructions for additional information.

#### Schedule B - Alternative Minimum Tax Repealed for tax years beginning on or after January 1, 2018

### Schedule C - See page 6

### Schedule D - Minimum Tax Credit

| 1. | a. | Minimum tax credit carryover from 2020 (2020 Form 1120ME, Schedule D, line 1d)1a.                                      | .00 |
|----|----|--|-----|
|    | b. | Regular income tax liability for 2021 (Form 1120ME, line 6a minus all Schedule C credits except minimum tax credit)1b. | .00 |
|    | c. | Minimum tax credit: enter the smaller of line 1a or line 1b here and on Schedule C, line 1i 1c.                        | .00 |
|    | d. | Minimum tax credit carryover to 2022 (line 1a minus line 1c)1d.  | .00 |

#### Schedule C - Tax Credits (Attach worksheets. To get worksheets, see <u>www.maine.gov/revenue/tax-return-forms</u>)



Federal EIN

| No | nref | undable Credits  | 2100100 |     |
|----|------|--|---------|-----|
| 1. | а.   | Seed capital investment tax credit   | 1a.     | .00 |
|    | b.   | Jobs and investment tax credit carryforward  | 1b.     | .00 |
|    | C.   | Employer-assisted day care credit and<br>Quality child care investment credit carryforward   | 1c.     | .00 |
|    | d.   | Employer-provided long-term care benefits credit carryforward  | 1d.     | .00 |
|    | e.   | Pine Tree Development Zone regular tax credit  | 1e.     | .00 |
|    | f.   | Maine capital investment credit  | 1f.     | .00 |
|    | g.   | Research expense tax credit  | 1g.     | .00 |
|    | h.   | Super credit for substantially increased research and development carryforward   | 1h.     | .00 |
|    | i.   | Minimum tax credit (from Schedule D, line 1c)  | 1i.     | .00 |
|    | j.   | Employer family and medical leave credit   | 1j.     | .00 |
|    | k.   | Credit for educational opportunity   | 1k.     | .00 |
|    | I.   | Wellness program credit  | 11.     | .00 |
|    | m.   | Certified visual media production credit   | 1m.     | .00 |
|    | n.   | Biofuel commercial production tax credit   | 1n.     | .00 |
|    | о.   | Renewable chemicals tax credit   | 10.     | .00 |
|    | p.   | Credit for disability income protection plans  | 1p.     | .00 |
|    | q.   | Maine Life and Health Insurance Guaranty Association credit (see instructions)   | 1q.     | .00 |
|    | r.   | Other nonrefundable credits (see instructions)   | 1r.     | .00 |
|    | s.   | Total nonrefundable credits (add lines 1a through 1r)  | 1s.     | .00 |
|    | t.   | Total tax (from Form 1120ME, line 6c)  | 1t.     | .00 |
|    | u.   | Allowable nonrefundable credits (Enter amount from line 1s or 1t, whichever is less.<br>Also enter the sum of this line and line 2e below on Form 1120ME, line 7c) | 1u.     | .00 |
| Re | fund | able Credits   |         |     |
| 2. | a.   | Historic rehabilitation credit   | 2a.     | .00 |
|    | b.   | New markets capital investment credit  | 2b.     | .00 |
|    | c.   | Credit for affordable housing  | 2c.     | .00 |
|    | d.   | Other refundable credits (see instructions)  | 2d.     | .00 |
|    | e.   | <b>Total refundable credits:</b> (Add lines 2a through 2d. Also enter the sum of this line and line 1u above on Form 1120ME, line 7c)                              | 2e.     | .00 |
|    |      |  |         |     |

|    | 2021     | Form 1120ME                      | - Page 7        |   |       |                                  |         |                    |                       | 99 |
|----|----------|----------------------------------|-----------------|---|-------|----------------------------------|---------|--------------------|-----------------------|----|
|    |          | Federal EIN                      |                 |   |       |                                  |         | *                  | 2100106*              |    |
|    |          |                                  |                 |   |       |                                  |         | 4                  | 2100100               |    |
|    |          |                                  | S               | chedule X - Ar                            | nende | ed Return Adju                   | stments |                    |                       |    |
| 1. | Reason f | for change (check all a          | pplicable boxes | ):  |       |                                  |         |                    |                       |    |
|    |          | a. IRS                           | b.              | Net operating<br>loss                     | c.    | Federal                          | d. Ad   | ccounting<br>lange |                       |    |
|    |          | change                           | f.              | Member of an                              |       | amended 1120X                    | cr      | lange              |                       |    |
|    |          | e. Other<br>(attach explanation) | on)             | affiliated group filing a separate return | g.    | Combined return (attach Form CR) |         |                    |                       |    |
|    |          | (A)<br>Line Adjusted             | As Most Rec     | (B)<br>ently Filed or Adjusted            |       | (C)<br>Adjustment                |         |                    | (D)<br>Correct Amount |    |
| 2. | a.       |                                  |                 |   |       |                                  |         |                    |                       |    |
|    | b.       |                                  |                 |   |       |                                  |         |                    |                       |    |
|    | C.       |                                  |                 |   |       |                                  |         |                    |                       |    |
|    |          |                                  |                 |   |       |                                  |         |                    |                       |    |
|    | d.       |                                  |                 |   |       |                                  |         |                    |                       |    |
|    | e.       |                                  |                 |   |       |                                  |         |                    |                       |    |
|    | f.       |                                  |                 |   |       |                                  |         |                    |                       |    |
|    | g.       |                                  |                 |   |       |                                  |         |                    |                       |    |
|    | h.       |                                  |                 |   |       |                                  |         |                    |                       |    |
|    | i.       |                                  |                 |   |       |                                  |         |                    |                       |    |
|    |          |                                  |                 |   |       |                                  |         |                    |                       |    |
|    | j.       |                                  |                 |   |       |                                  |         |                    |                       |    |
|    | k.       |                                  |                 |   |       |                                  |         |                    |                       |    |
|    | I.       |                                  |                 |   |       |                                  |         |                    |                       |    |
|    | m.       |                                  |                 |   |       |                                  |         |                    |                       |    |
|    | n.       |                                  |                 |   |       |                                  |         |                    |                       |    |
|    | 0.       |                                  |                 |   |       |                                  |         |                    |                       |    |
|    |          |                                  |                 |   |       |                                  |         |                    |                       |    |
|    | р.       |                                  |                 |   |       |                                  |         |                    |                       |    |
|    | q.       |                                  |                 |   |       |                                  |         |                    |                       |    |
|    | r.       |                                  |                 |   |       |                                  |         |                    |                       |    |
|    | s.       |                                  |                 |   |       |                                  |         |                    |                       |    |
|    | t.       |                                  |                 |   |       |                                  |         |                    |                       |    |
|    |          |                                  |                 |   |       |                                  |         |                    |                       |    |