## 2023

## **Maine Corporate Income Tax Return Form 1120ME**

99

For calendar year

2023 to

\*2300100\*

	2023 Of tax year	2023				2300	7100	
		MM DD YYYY	MM	I DD YYY	<i>(</i>	fec	neck if you filed deral Form 990-T, 20-C, or 1120-H	
N	ame of Corporation				Federal Busin	ess Code		
Ad	ddress				Federal EIN		State Incor	e of rporation
Ci	ty, Town or Post Office			State ZII	Code	Parent Comp	any EIN	
C	ontact Person's First Name	Contact Person's L	ast Name		Tel	ephone Number		
		& payment requirements		. 51 - 5			x if the address	s has
1	orporations with total assets of \$5 million of 120ME electronically unless the taxpayer	has been granted a waiver	r. Taxpayers un	able to meet		changed.		
	ne electronic filing requirement because of ax Assessor. The request must be in writing					exemption fron	oox if claiming n the Maine corp	orate
	O number of the corporation, a detailed expands and when the taxpayer will be able					·	suant to PL 86-2	
W	aiver requests to: Maine Revenue Service 4332-9107.		0 1			any member o	t if during the tax f the combined o	group
F	or more information on Maine electronic fil				i	n a pass-th	posed of an int Prough entity of Maine and enter	doing
	lectronic payment requirements (Rule 102),	go to www.maine.gov/reve	nue (select "La	ws & Rules").		of pass-throug	h entity below (ι	
ااد 1)	ck applicable boxes:  Initial return (2)	Amended (3)	Combine	d return	· ·	верагате ѕпее	t, if necessary):	
1)		return	(Attach F	form CR)				
4)	Final return  If final, indicate the final business da	te , and ch	neck the approp	oriate box belo	ow:			
	(a) Ceased doing (b) business in Maine	Dissolved (	` '	rged, acquired rganized. Suc				
5)	Member of an affiliated (6) group filing a separate return	Based on a pro forma federal retur	'n					
Α.	Federal consolidated income (federal F	form 1120, line 30)		A.				.00
В.	Tentative total tax filed on federal Forn	า 7004		B.				.00
1.	Federal taxable income (federal Form 1 amount from Form CR, line 13). If negative	120, line 30. If filing a comb	ined report, en	ter				.00
2.	Income subtraction modifications (For	m 1120ME, Schedule 1S, lir	ne 23)	2.				.00
3.	Income addition modifications (Form 1	120ME, Schedule 1A, line 1	12)	3.				.00
4.	Adjusted federal taxable income (line 1	minus line 2 plus line 3)		4.				.00
Terr								
Tax -		-fin-tun-ti-n-		F				.00
5.	Gross tax (from rate schedule on page 5	of instructions)		5.				
6.	a. Maine corporate income tax (from lin	e 5 above or Schedule A, li	ne 5)	6a.				.00
	b. Credit recapture (see instructions)			6b.				.00
	c Total tay (add lines 6a and 6b)			60				.00

Federal EIN

Payı	ments and credits:							
7.	a. Maine estimated tax paid			7a.				.00
	b. Extension payment (Form 1120EXT-N	1E)		7b.				.00
	c. Tax credits (Schedule C, line 1t plus li	ne 2e)		7c.				.00
	d. <b>Income tax withheld</b> (from a pass-through Enclose Form 1099ME, W-2G, or other							.00
	e. If amended, enter payments (see inst	ructions)		7e.				.00
	f. If amended, enter overpayments (see	e instructions)		7f.				.00
	g. <b>Total payments and credits</b> (add lines if the result is negative, enter a minus s							.00
Tax	due or overpayment					N4 ·		٦ .
8.	a. If line 6c is greater than line 7g, subtraction from line 6c and enter the <b>TAX DUE</b>	<u> </u>			.00		1e <u> </u>	
	b. If line 7g is greater than line 6c subtraction from line 7g and enter the <b>OVERPAYM</b>				.00		PORTA le.maine.gov	\L
9.	Penalty for underpayment of estimated Check here if Form 2220ME, box 5a is ch	,		9	9.			.00
10.	TOTAL DUE If you completed line 8a, Of Pay in full with return. You may be require See instructions or Rule 102	d to make payments ele	ctronicall	y.	).			.00
Ove	erpayment Carryforward/Refund							
11.	<b>OVERPAYMENT</b> If the amount on line 8b the amount on line 9 from line 8b and con				1.			.00
	Amount of line 11 to be:		0.0	401 DEFUNDE				0.0
12a.	. CREDITED to next year's estimated tax		.00	12b. REFUNDEI	J			.00
	REFUND DEPOSITED DIRI	ECTLY TO YOUR CHEC	KING AC	COUNT (\$20,000	or less).	See instructions	<b>.</b>	
refur acco	eck this box if this ind will go to an ount outside the ied States	<b>12c.</b> Routing Number			<b>12d</b> . C	hecking Account	. Number	

This return MUST BE ACCOMPANIED BY a legible copy of the corporation's federal return (i.e. federal Form 1120, federal pro forma, or federal consolidated return), for the same tax period.

Please submit forms in the following order:

- 1. Pages 1 through 3 of Form 1120ME.
- 2. Schedules 1S, 1A, C, and X, if applicable.
- 3. Form CR, if required, including affiliation schedule.
- 4. Other statements for the Maine income tax return.
- 5. A copy of federal Form 1120, federal pro forma, or federal consolidated return.



Federal EIN

## **Schedule A - Apportionment of Tax**

- Do not complete Schedule A if 100% of the business activity is attributable to Maine. Note that Schedule C 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%.

	Choladoa, tilo ividi	no apportioninont it	actor will be set at 1	0075.						
•	Round all dollar a	mounts to whole nu	mbers.							
	Check if us	sing an alternate ap	portionment as pro	vided by	36 M.R.S.	§ 5211(17).				
		(A)				(B)			(C)	Factor
		Within Maine				Everywhere		ı	Line 1, Col. (A)/0 Rounded to 6 De	Col. (B)
١.	Total Sales*		. (	00 ÷				.00	= .	
2.	Total Payroll		. (	00 ÷				.00		
3.	Total Property		. (	00 ÷				.00		
										0.0
١.	Gross tax (Form 1	1120ME, line 5)				4.				.00
5.	Maine corporate in Enter here and on	income tax (line 4 : Form 1120ME, line	x line 1, column C fa 6a)	actor.		5.				.00
ŝ.	What amount of lin	ne 3, column A is <b>ta</b>	ngible personal pr	operty?		6.				.00
No	ote: Total Sales mus	st exclude income o	claimed as a deduct	tion on F	orm 1120M	E, Schedule 1S, lines	5, 12, 13, an	d 14. Ot	her limitations a	pply.
Se	ee Schedule A instru	ictions for additiona	l information.							
				-		(see instructions)				
Cł	heck "Yes" to allow t	the paid preparer to	discuss this return	with Mai	ine Revenu	e Services.	Yes (cor	mplete th	ne following).	No.
_		Paid Preparer's	s Name			Paid Preparer's P	hone Numbe	r	Personal Ider	ntification #
	Corporation President	ent's Name				Social Security	Number			
	Treasurer's Name					Social Security	Number			
Company's Tax Department Email Address										
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.										
	Date	Offic	cer's Signature			Title		8	Social Security N	lumber
	Date	Sign	ature and Address o	of Prepar	er (Individu	al or Firm)		Р	reparer's SSN o	r PTIN
			If enclosing a check	c. make c	heck navah	le to: If not enclosi	ng a check.			

and MAII P.O.

enclosing a check, make check payable to:

<u>Treasurer, State of Maine</u>

and MAIL WITH RETURN TO:

MAINER PROFESSIONERS

MAINE REVENUE SERVICES P.O. BOX 1065 AUGUSTA, ME 04332-1065 If not enclosing a check MAIL RETURN TO:

MAINE REVENUE SERVICES P.O. BOX 1064 AUGUSTA, ME 04332-1064