Maine Corporate Income Tax Return Form 1120ME

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For calendar year 2022 or tax year

2022 to MM DD YYYY

MM DD YYYY

2200100

N:	ame of Corporation			federal Fo 1120-C, or federal Business Code	rm 990-T,
140	ane of corporation			ederal business code	
Ad	ddress		F	ederal Employer ID Number	State of Incorporation
Ci	ity, Town or Post Office		State ZIP C	code Parent Company Em	nlover ID Number
	ity, fown of reactonice		State Zii C	r arent Company Lin	noyer ib indiliber
C	ontact Person's First Name	Contact Person's Last Name	3	Telephone Number	
	Electronic filing & pay				
1° th Ta IE ha O- F	Corporations with total assets of \$5 million or more 120ME electronically unless the taxpayer has be ne electronic filing requirement because of undue fax Assessor. The request must be in writing and more number of the corporation, a detailed explanationardship and when the taxpayer will be able to convaiver requests to: Maine Revenue Services, Convaiver requests to: Maine Revenue Services, Convaiver information on Maine electronic filing requirements information on Maine electronic payment requirements (Rule 102), go to get the applicable to the services of the servi	en granted a waiver. Taxpa hardship may request a water that include the name, addreson of why filing electronically omply with the electronic filing proporate Tax Unit, P.O. Box quirements (Rule 104) and in	yers unable to meet aiver from the State ss, federal employer y poses a significant ng requirement. Mail 9107 Augusta, ME	Check this box if the changed. Check this box if exemption from the North income tax pursuant. Check this box if during any member of the cowned or disposed in a pass-through business in Maine of pass-through entited.	claiming an Maine corporate to PL 86-272. Ing the tax year ombined group of an interest entity doing and enter EIN y below (use a
	eck applicable boxes: Initial return (2) An	nended (3) C	ombined return	separate sheet, if ne	cessary):
(1)	(-)	(-)	attach Form CR)		
(4)	Final return If final, indicate the final business date	, and check the	appropriate box below	:	
	(a) Ceased doing (b) business in Maine	Dissolved (c)	Merged, acquired, or reorganized. Succe		
(5)	Member of an affiliated (6) group filing a separate return	Based on a pro forma federal return			
A.	Federal consolidated income (federal Form 11	20, line 30)	A.		.00
В.	Tentative total tax filed on federal Form 7004.		B.		.00
1.	Federal taxable income (federal Form 1120, lin amount from Form CR, line 13). If negative, enter	0 1	,		.00
2.	Income subtraction modifications (Form 1120	ME, Schedule 1S, line 22)	2.		.00
3.	Income addition modifications (Form 1120ME	, Schedule 1A, line 13)	3.		.00
4.	Adjusted federal taxable income (line 1 minus	line 2 plus line 3)	4.		.00
Тах	c				
5.	Gross tax (from rate schedule on page 5 of instr	ructions)	5.		.00
6.	a. Maine corporate income tax (from line 5 abo	ove or Schedule A, line 5)	6a.		.00
	b. Credit recapture (see instructions)		6b.		.00
	a Total tay (add lines 6s and 6h)		0-		.00

Federal EIN

Payr	nents and credits:					
7.	a. Maine estimated tax paid		7a.		.00	
	b. Extension payment (Form 1120EXT-ME)	7b.		.00	
	c. Tax credits (Schedule C, line 1t plus line	2e)	7c.		.00	
	d. Income tax withheld (from a pass-through entity or from gambling winnings. Enclose Form 1099ME, W-2G, or other supporting documentation)				.00	
	e. If amended, enter payments (see instru	ctions)	7e.		.00	
	f. If amended, enter overpayments (see instructions)				.00	
					.00	
Tax	due or overpayment					
8.	a. If line 6c is greater than line 7g, subtract I from line 6c and enter the TAX DUE	o a		00 Maine 🛄		
	b. If line 7g is greater than line 6c subtract li from line 7g and enter the OVERPAYMEN			TAX PORTAL oo www.maine.gov/revenue/port	tal	
9.	Penalty for underpayment of estimated to Check here if Form 2220ME, box 5a is chec	,	9.		.00	
10.	Pay in full with return. You may be required to make payments electronically. See instructions or Rule 102. Make check payable to Treasurer, State of Maine					
Ove	payment Carryforward/Refund					
11.	OVERPAYMENT If the amount on line 8b exthe amount on line 9 from line 8b and compl		- /		.00	
	Amount of line 11 to be:					
12a.	CREDITED to next year's estimated tax		00 12b. REFUNDED		.00	
	REFUND DEPOSITED DIRECTLY TO	YOUR CHECKING ACC	OUNT (\$20,000 or less). S	ee instructions.		
Num refur	ber id will go to an	12c. Routing Number		12d. Checking Account		
	unt outside the ed States					

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%.

•	Round all dollar amounts to whole numbers.								
	Check if using an alternate apportionment as provided by 36 M.R.S. § 5211(17).								
		(A)			(B)			(C) Apportionment Factor	
		Within Maine			Everywhere			Line 1, Col. (A)/Col. (B) Rounded to 6 Decimals	
	Total Sales*		.00 ÷				.00	= .	
2.	Total Payroll		.00 ÷				.00		
3.	Total Property		.00 ÷				.00		
١.	Gross tax (Form 1	120ME, line 5)			4.			.00	1
5.	Maine corporate in Enter here and on l	ncome tax (line 4 x line 1 Form 1120ME, line 6a)	column C factor.		5.			.00	
6. What amount of line 3, column A is tangible personal property?					.00	1			
		st exclude income claimed		rm 1120ME	E, Schedule 1S, lines	5, 11, 12, and	d 13. O	ther limitations apply.	
				horization	(see instructions)				
CI	Paid Preparer Authorization (see instructions) Check "Yes" to allow the paid preparer to discuss this return with Maine Revenue Services. Yes (complete the following).								
Paid Preparer's Name Paid Preparer's Phone Number					hone Number	r	Personal Identification	า #	
Corporation President'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	Officer's S	ignature		Title			Social Security Number	
	Date Signature and Address of Preparer (Individual or Firm) Preparer's SSN or PTIN								
	Date	Signature a	ind Address of Prepare	i (iliulviuu	ar or Fillil)		- 1	Teparer S SSN OF PTIN	
		16	and the second s	a alle se accepted	. t If mak amalaal				



If enclosing a check, make check payable to:

Treasurer, State of Maine
and MAIL WITH RETURN TO:

MAINE DEVENUE SERVICES

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