2022	Maine Corporate In Form 11						9
For calendar year 2022 or tax year	99 99 <b>2022</b> to	99 99 999	9	*220	0100*		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		MM DD YYYY	0000	00	heck if you	u filed	7
			9999	1	ederal Forn 120-C, or 1	n 990-T, 2 120-H	X
Name of Corporation			Federal Business (	Code			
******************	<xxxxxxxxxxxxx< td=""><td></td><td>99</td><td>99999</td><td>999</td><td>XX</td><td>X</td></xxxxxxxxxxxxx<>		99	99999	999	XX	X
Address		F	ederal Employe	r ID Numb	er	State Incorp	of ooratio
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ζ	XX	99999		999	99999	99
City, Town or Post Office		State ZIP C	Code	Parent Corr	pany Emplo	oyer ID Num	nber
XXXXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXX	99	9	99	9 999	99
Contact Person's First Name	Contact Person's Last N	Jame	Telepho	ne Numbe	er		
Electronic	filing & payment requirements						
Corporations with total assets of \$5 mill				ck this b iged.	ox if the	address	nas
1120ME electronically unless the taxpa the electronic filing requirement because	se of undue hardship may request a	a waiver from the State				claiming	
Tax Assessor. The request must be in w ID number of the corporation, a detailed			evel			ine corpo PL 86-2	
hardship and when the taxpayer will be waiver requests to: Maine Revenue S	e able to comply with the electronic	filing requirement. Mail				g the tax	
04332-9107.			own	ed or dis	sposed o	mbined gi of an inte	erest
For more information on Maine electror electronic payment requirements (Rule 1			busi	ness in I	Maine ar	entity d nd enter	EIŇ
Check applicable boxes:		(			gh entity et, if nece	below (u essary):	se a
1) X Initial return (2)	X Amended (3) X	Combined return		99	999	9999	
4) Final return		(Attach Form CR)					
If final, indicate the final busines	s date, and check	the appropriate box below	•				
(a) X Ceased doing business in Maine	(b) X Dissolved (c)	X Merged, acquired, or reorganized. Succe		99	999	9999	
(5) X Member of an affiliated group filing a separate return	(6) X Based on a pro forma federal return						
			99	999	999	999	
A. Federal consolidated income (fede	ral Form 1120, line 30)	A.		) ) )		555	. 00
B. Tentative total tax filed on federal I	Form 7004	B.	99	999	999	999	. 00
1. Federal taxable income (federal Fo			99	999	999	999	00
amount from Form CR, line 13). If ne	gative, enter a minus sign to the left	of the number1.					. 00
2. Income subtraction modifications	(Form 1120ME, Schedule 1S, line 2	2)2.	99	999	999	999	. 00
lingeme oddikien medifications (F.	rm 1120ME Cabadula (A. Jira (A)		99	999	999	999	. 00
<ol> <li>Income addition modifications (Fo</li> </ol>	IIII 1120101E, Schedule 1A, line 13)			0.00			
4. Adjusted federal taxable income (li	ine 1 minus line 2 plus line 3)	4.	99	999	999	999	. 00
Tax:			0.0	0.00	000	0.0.0	
		5.	99	999	999	999	. 00
5. <b>Gross tax</b> (from rate schedule on pa	ige 5 of instructions)		99	999	999	999	. 00
5. Gross tax (from rate schedule on pa		5) 63		555			
		)6a.					
5. Gross tax (from rate schedule on pa	om line 5 above or Schedule A, line 5		99	999		999	. 00

01																																																																																	
00000	0 (	0	0	0	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	15	5	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	5 6	6	6	7	7	7	7	7	7 7	7 7	7	7	7	7	8	8	8	8 8	3 8	8
12345	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	9 0	1	2	3	4	5	6	7	8	9		1																		8	9	0	1	2	2.3	34	5

04		2022 Form 1120ME - Page 2									99
05		99 9999999									33
07		Federal EIN						*2200	101*		
08		ments and credits:					9	9 999	999	999	
10	1	a. Maine estimated tax paid				7a.					.00
11		b. Extension payment (Form 1120EXT-ME)				7b.	9	9 999	999	999	. 00
12 13							9	9 999	999	999	
14		c. Tax credits (Schedule C, line 1t plus line 2e)				7c.				555	. 00
15		<ul> <li>Income tax withheld (from a pass-through en Enclose Form 1099ME, W-2G, or other support</li> </ul>				. 7d.	9	9 999	999	999	. 00
16 17							9	9 999	999	999	
18		e. If amended, enter payments (see instructions	S)	••••••		7e.					.00
19		f. If amended, enter overpayments (see instruct	ctions)			7f.	9	9 999	999	999	. 00
20 21		g. Total payments and credits (add lines 7a thro					9	9 9 9 9	999	999	0.0
22		if the result is negative, enter a minus sign to t	he left of the numb	er)		7g.					.00
23		due or overpayment									
24 25		a. If line 6c is greater than line 7g, subtract line 7		9 9 9 9 9	999	999	M	aine		]	
26		from line 6c and enter the <b>TAX DUE</b> b. If line 7g is greater than line 6c subtract line 6c	8a.			.00	′ —	AX PC			
27 28		from line 7g and enter the OVERPAYMENT		9999	999	999.00	www.ma				tal
29		Penalty for underpayment of estimated tax (at		=)							
30	-	Check here if Form 2220ME, box 5a is checked				9.	9	9 999	999	999	.00
31											
32 33		TOTAL DUE If you completed line 8a, OR line 8b			otal due.						
34		Pay in full with return. You may be required to ma See instructions or Rule 102. Make check payabl			•	10	9	9 999	999	999	00
35					<b>G</b>	10.					.00
36		rpayment Carryforward/Refund									
37	11.	<b>OVERPAYMENT</b> If the amount on line 8b exceed the amount on line 9 from line 8b and complete li	s the amount on li ne 12.	ne 9, subtra	ct		9	9 999	999	999	.00
		Amount of line 11 to be:									
	12a	<b>CREDITED</b> to next year's estimated tax 999	999 999	. 00 12	b. REFU	NDED	9	9 9 9 9	999	999	. 00
41 42					0.000 0		instructions				
43		REFUND DEPOSITED DIRECTLY TO YOU	IR CHECKING AC	COUNT (\$2	.0,000 01	liess). See	instructions.				
			Routing Number			120	<b>d</b> . Checking A				
45 46	Nun refu	nd will go to an	9999999999				999999	999999	99999	99	
46	acco	ount outside the ed States									
48											
49											
50 51											
	This	return MUST BE ACCOMPANIED BY a legible solidated return), for the same tax period.	copy of the corpo	oration's fe	deral ret	urn (i.e. fed	eral Form 11	20, federa	l pro for	ma, or f	federal
53	0011										
54		Please submit forms in the foll									
55 56			ough 3 of Form 1 S, 1A, C, and X,								
57			required, includi			lule.					
58		4. Other staten	nents for the Mai	ine income	tax retu	urn.					
59		5. A copy of fe	deral Form 1120	, federal pr	o forma	i, or tederal	consolidate	a return.			
60 61											
62											
63								Cont	inue on l	page 3	
64				+ + + + + +		+ + + + + + + + + + + + + + + + + + +				+	+++
65 66											+

00000	) (	0 0 0 0 1 1 1 1 1 1 1 1 1 2 2 2 2 2 2 2	4 4 4 4 4 4 4 5 5 5 5 5 5 5 5 5 5 6 6 6 6
12345	5 6	6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1	
04		2022 Form 1120ME - Page 3	99
06		99 9999999 Federal EIN	*2200102*
08			
09		Schedule A - Appo	
11		Do not complete Schedule A if 100% of the business activity is attributed at the second	
13		All others must complete Schedule A and enter amounts in columns excluded, the Maine apportionment factor will be set at 100%.	A and B, even if those amounts are zero. If this schedule is left blank or
14		Round all dollar amounts to whole numbers.	
16	;		
17 18		X Check if using an alternate apportionment as provided by 36	M.R.S. § 5211(17).
19 20		(A)	(B) (C) Apportionment Factor
21		Within Maine	Line 1, Col. (A)/Col. (B) Everywhere Rounded to 6 Decimals
22		1. Total Sales* 999 999 999 999 .00 ÷	999 999 999 999 .00 = 9.999999
24		2. Total	999 999 999 999 00
26	5		
27		3. Total Property 999 999 999 999 .00 ÷	999 999 999 999.00
29	)		⊿ 9 999 999 999.00
30 31		<ol> <li>Gross tax (Form 1120ME, line 5)</li> <li>Maine corporate income tax (line 4 x line 1 column C factor.</li> </ol>	
32		5. <b>Maine corporate income tax</b> (line 4 x line 1 column C factor. Enter here and on Form 1120ME, line 6a)	5. 999 999 999 .00
34	: (	6. What amount of line 3, column A is tangible personal property?	
35 36		*Note: Total Sales must exclude income claimed as a deduction on Form	1120ME, Schedule 1S, lines 5, 11, 12, and 13. Other limitations apply.
37		See Schedule A instructions for additional information.	
39	)	Paid Preparer Author Check "Yes" to allow the paid preparer to discuss this return with Maine	Prization (see instructions)
40		Check res to allow the paid preparer to discuss this return with Maine	Revenue Services. X Yes (complete the following). X No.
42		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999     999     9999     99999       Paid Preparer's Phone Number     Personal Identification #
44			
45	1	Corporation President's Name	Social Security Number
47	'	Treasurer's Name	Social Security Number 999 99 9999
49	)	Company's Tax Department Email Address	
50 51		Under penalties of perjury, I declare that I have examined this return and a	accompanying schedules and statements and to the best of my knowledge and
52	•	belief they are true, correct and complete. Declaration of preparer (other th	han taxpayer) is based on all information of which preparer has any knowledge.
53 54		Date Officer's Signature	Title Social Security Number
55 56			999 99 999
57	ľ	Date Signature and Address of Preparer (	
58 59		If enclosing a check, make chec Treasurer, State of Maine	k payable to: If not enclosing a check, MAIL RETURN TO:
60 61		and MAIL WITH RETURN	TO:
62	2	MAINE REVENUE SERVIC P.O. BOX 1065	P.O. BOX 1064
63 64		AUGUSTA, ME 04332-106	
65 66	-		
63 64			
66	;		