			2022			Ма	ine	-			com 20Mi		x Re	turn							99
			For calendar yea 2022 or tax year			99	99	202	22	to		99	99	999	99			*220	0100	* *	
Х	XXX	XXX	XXXXXXXXXX	XXXX	XXXX	мм XXX	DD XXX	ΥΥΥΥ ΧΧΧΧ	X			MM	DD	YYYY		99	99	99 f	Check if y ederal Fo	ou filed rm 990-T,	Х
Na	ime of	Corpo	oration												Feder	al Busi		1	120-C, or		
Х	XXX	XXX	XXXXXXXXXXX	XXXX	XXX	XXX	XXX	XXXX	X							ç)9	9999	999	Х	X
Ac	dress														Fede	ral Err	ploye	r ID Numl	ber		e of
Х	XXX	XXX	XXXXXXXXXX	XXXX	Х								XX		99	999)		99	999999	rporatior) 9 9
Ci	y, Tow	/n or F	Post Office										State	ZIP	Code		f	Parent Cor	npany Em	ployer ID Nu	umber
Х	XXX	XXX	XXXXXXXXX				X	XXXX	XXXX	XXXX	XXXX	XΧ					999	9	9	99 99	99
Co	ontact	Perso	n's First Name				Co	ntact Pe	erson's	Last N	lame				_	Te	elepho	ne Numb	er		
11 th Ta ID ha 04 Fo el	20MI e ele ax Ass num ardshi aiver 1332- or mo ectroi	E elec ctroni sesso ber c p and reque 9107. re inf nic pa blicab Initia	with total assets of ctronically unless th c filing requiremen r. The request musi of the corporation, a d when the taxpaye ests to: Maine Rev	he taxp t becau t be in v a detaile er will b venue \$ e electro (2) (2) busine	llion or ayer hause of u writing a ed expl be able Service onic filir 102), g	more as be undue and m lanatic to co es, Co ng req go to <u>v</u> Am ret	as of en gra hards ust ind on of v mply v rporat	the las anted a ship m clude th vhy filin with th a Tax ents (F <u>naine.g</u>	st day a waive ay req he nan ng ele e elec Unit, Rule 10 <u>iov/rev</u> (3)	of the er. Tax quest a me, ad ctronic tronic P.O. E 04) an <u>venue</u>	xpayers a waive Idress, cally po filing r Box 91 nd infor (select Coml	s una er fro feder oses : requir 107 A matic "Law bined ch Fo propri	ble to m the ral emp a signi ement ugusta on on N s & Ru return rm CR	meet State oloyer ficant . Mail a, ME Maine iles").) x belo quired	w: , or	X X X	chan Chec exen incor Chec any r owne tin a busir of pa sepa	ged. sk this aption from the tax p sk this bo member ed or dia a pass- in ass-throu rate she 9 9	box if om the M ursuant ox if duri of the cr sposed through Maine agh entit et, if nea	e address claiming laine corp to PL 86-2 ombined of an in entity and ente y below (cessary): 999999	g an borate 272. k year group terest doing doing r EIN use a
(5)	Х		iber of an affiliated p filing a separate r	eturn	(6)	Х		ed on a la fede		urn							99	999	999	999	
Α.	Fed	eral o	consolidated incor	ne (fed	eral Fo	orm 11	20, lin	e 30)						Α.			99			999	.00
в.	Ten	tative	e total tax filed on	federal	Form	7004.								В.			99	999	999	999	.00
1.			axable income (fe rom Form CR, line											1.			99	999	999	999	.00
2.	Inco	ome s	subtraction modifi	cations	ء (Form	n 1120	ME, S	chedu	le 1S,	line 22	2)			2.			99	999	999	999	.00
3.	Inco	ome a	addition modificati	ions (F	orm 11	20ME	. Sche	edule 1	A. line	9 13)				3.			99	999	999	999	.00
4.			l federal taxable in														99	999	999	999	.00
					,			prote in													
Тах	:																0.0	0.0.0	000	0.0.0	
5.	Gro	ss ta	x (from rate schedu	ile on p	age 5 d	of insti	ructior	ıs)						5.			99	999	999	999	.00
6.	a. N	laine	corporate income	tax (fro	om line	e 5 abo	ove or	Sched	lule A,	line 5)		6	a.			99	999	999	999	.00
	b. C	redit	recapture (see ins	structior	າຣ)								6	b.			99	999	999	999	.00
	c. T	otal t	ax (add lines 6a an	id 6b)									6	ic.			99	999	999	999	.00

2022 Form 1120ME - Page 2

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Federal EIN

Pay	ments and credits:							99	999	999	999	
7.	a. Maine estimated tax paid					7a.		5.5				.00
	b. Extension payment (Form 1120EXT-M	ЛЕ)				7b.		99	999	999	999	.00
	-					_		99	999	999	999	. 00
	c. Tax credits (Schedule C, line 1t plus lin	ne 2e)				/C.						.00
	d. Income tax withheld (from a pass-thro Enclose Form 1099ME, W-2G, or other					7d.		99	999	999	999	.00
	e. If amended, enter payments (see inst	ructions)				7e.		99	999	999	999	.00
	f. If amended, enter overpayments (see	e instructions)				7f		99	999	999	999	.00
						/ 1.		0.0	000	000	000	
	g. Total payments and credits (add lines if the result is negative, enter a minus s					7g.		99	999	999	999	.00
Тах	due or overpayment											
0	a If line Co is greater than line 7g, subtra	at line Za							•		ר	
8.	a. If line 6c is greater than line 7g, subtract from line 6c and enter the TAX DUE		99	999	999	999	.00		aine			
	b. If line 7g is greater than line 6c subtract	t line 6c	99	999	999	999		TA	X PC	ORTA	۱L	
	from line 7g and enter the OVERPAYM	ENT8b.		555	555	555	.00 w	ww.main	e.gov/	revenu	le/por	tal
9.	Penalty for underpayment of estimated	tax (attach Form 222)	OME)									
	Check here if Form 2220ME, box 5a is ch	`		Х		9.		99	999	999	999	.00
10.	TOTAL DUE If you completed line 8a, OF				total due							
	Pay in full with return. You may be require See instructions or Rule 102. Make check			-	•	10		99	999	999	999	~~
		payable to measurer ,	otate		.	10.						.00
Ονε	rpayment Carryforward/Refund											
11.	OVERPAYMENT If the amount on line 8b			·				0.0	000	000	000	
4.0	the amount on line 9 from line 8b and com	plete line 12				11.		99	999	999	999	.00
	Amount of line 11 to be:	999 999 99	9 00					99	999	999	999	00
12a	CREDITED to next year's estimated tax	333 333 33	.00) 12	b. REFU	NDED		55	555	555	555	.00
	REFUND DEPOSITED DIRECTLY	TO YOUR CHECKING	ACCO	UNT (\$2	20,000 o	r less). \$	See instr	uctions.				
Che	ck this box if this	12c. Routing Number	er				12d Ch	ecking Acc	ount			
Nun	iber X	99999999						9999999		99999	999	
	nd will go to an financial for the second											
	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.

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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.

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

		(A) With Mair	in					(B Everyv					Apportio Line 1, C Roundeo	ol. (A)	/Col. ((B)
1.	Total Sales*	999	999	999	999	.00	÷	999	999	999	999	.00	= .	9.9	999	99
2.	Total Payroll	999	999	999	999	.00	÷	999	999	999	999	.00				
3.	Total Property	999	999	999	999	.00	÷	999	999	999	999	.00				
4.	Gross ta	x (Form 1120ME, line	9 5)						4.			99	99 99	99	99.	00
5.	Maine co Enter her	erporate income tax e and on Form 1120	(line 4 x ME, line 6	line 1 cc 5a)	olumn C	C factor	r.		5.			9	99 99	99	99.	00
6.	What am	ount of line 3, columr	n A is tan	gible pe	rsonal	prope	erty?.		6.		99	99	99 99	99	99.	00
		Sales must exclude ir e A instructions for a				uction	on Fo	orm 1120ME, Schedu	lle 1S, lin	es 5, 11	, 12, and	13.0	Other limit	ations	apply.	
					Paid P	repare	er Au	thorization (see inst	ructions)							
С	neck "Yes"	to allow the paid pre	parer to	discuss	this retu	urn with	h Mai	ne Revenue Services	ŝ.	Х	Yes (con	nplete	the follow	ing).	Х	No.
Х	XXXXX	XXXXXXXXX						999 9	99 99	999			999	99		
		Paid Pr	eparer's	Name				Paid P	reparer's	Phone	Number		Perso	nal Ide	entifica	ation #
	Corporatio	on President's Name						Soc	ial Secur	ity Num	ber		999	99	99	99
	Treasurer	's Name						Soc	ial Secur	ity Num	ber		999	99	99	99
	Company	's Tax Department Er	nail Addr	ress												
								d accompanying sche r than taxpayer) is ba								
													99	9 9	99	999
	Date		Office	er's Sign	ature				Title				Social Se	curity	Numb	er
	Date		Office	er's Sign	ature				Title				Social Se			er 999

If enclosing a check, make check payable to: <u>Treasurer, State of Maine</u> and MAIL WITH RETURN TO:	If not enclosing a check, MAIL RETURN TO:
MAINE REVENUE SERVICES P.O. BOX 1065 AUGUSTA, ME 04332-1065	MAINE REVENUE SERVICES P.O. BOX 1064 AUGUSTA, ME 04332-1064