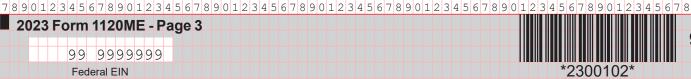
	0 0 0 0 0 1 1 1 1 1 1 1 1 1 1 2 2 2 2 2		4 4 4 4 4 4 1 2 3 4 5 6		5 5 5 6 6 6 6 6 6 7 8 9 0 1 2 3 4 5	56666677777	7 7 7 7 7 8 8 8 8 5 6 7 8 9 0 1 2 3
04	2023	Maine Corpora		ne Tax Return	709012343		99
06 07 08	2023 or tax year	99 99 2023	to	99 99 999 MM PP YYYY	9	2300100*	
09	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXX		F	999999 Federal Business Cod	1120-C, or 1120-H	- T , X
11 12 13	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXX			99 99	99999	XX
14 15	Addiess				Federal EIN		State of ncorporation 9 9 9 9 9
16 17	City, Town or Post Office			State ZIP C		ent Company EIN	0.000
18 19 20	Contact Person's First Name	Contact Person's	XXXXXX s Last Name	XXX	999 Telephone		9999
21 22 23 24 25 26 27 28 29	Electronic filin Corporations with total assets of \$5 million 1120ME electronically unless the taxpayer the electronic filing requirement because of Tax Assessor. The request must be in writin ID number of the corporation, a detailed extended by hardship and when the taxpayer will be ab waiver requests to: Maine Revenue Servi 04332-9107. For more information on Maine electronic felectronic payment requirements (Rule 102)	has been granted a wais f undue hardship may re g and must include the na cplanation of why filing ele ele to comply with the ele ces, Corporate Tax Unit, illing requirements (Rule 1)	of the tax ver. Taxpay quest a wa me, addres ectronically ctronic filing P.O. Box	ers unable to meet iver from the State is, federal employer poses a significant g requirement. Mail 9107 Augusta, ME	X change X Check exempt income X Check any me owned in a busines	this box if the address. this box if clain ion from the Maine contax pursuant to PL 8 this box if during the ember of the combine or disposed of an pass-through entity so in Maine and einthrough entity below	ning an corporate 36-272. tax year ed group interest y doing nter EIN
30 31 32 33	Check applicable boxes: (1) X Initial return (2)	Amended (3 return		mbined return tach Form CR)		te sheet, if necessar	y):`
34 35 36 37	(a) X Ceased doing (b)		check the a	Merged, acquired, or reorganized. Succe	or	99 999999	99
39 40	A Federal consolidated income (federal	forma federal re		А	99 9	99 999 999	9 .00
41 42 43	B Tontative total tay filed on federal For				99 9	99 999 999	9 .00
44 45	Federal taxable income (federal Form amount from Form CR, line 13). If negations	1120, line 30. If filing a corve, enter a minus sign to	nbined repo the left of th	ort, enter ne number1.		99 999 999	.00
46 47 48	2. Income subtraction modifications (FO					99 999 999	.00
49 50 51	Adjusted federal taxable income (line)					99 999 999	.00
54 55	Tax: 5. Gross tax (from rate schedule on page s	5 of instructions)		5.		99 999 999	.00
56 57	6. a. Maine corporate income tax (from li	ne 5 above or Schedule A	, line 5)	6a.		99 999 999	.00
58 59 60	b. Credit recapture (see instructions)					999 999 999	.00
61 62 63				6c.		Continue on pag	
64 65						, 19	

01															
00000	0 0 0 0 1 1 1 1 1 1 1 1 6 7 8 9 0 1 2 3 4 5 6 7										6666	67777	77777	7778	88888
04				. 2 3 4 3 6 7 6 3	012	3436	1090.	1234	0 / 0 :				4 3 6	090	1 2 3 4 3
05			ugo _											99	
06	99 9 Federal	9999999 FIN									*2200	101*			
07	Payments and credits										*2300	7101			
09								7-		99	999	999	999	.00	
10	7. a. Maine estimati	eu tax paid						/a.		0.0				. 00	
11	b. Extension pay	ment (Form 11	20EXT-ME)					7b.		99	999	999	999	. 00	
13	Tanada (Ca		44 -1 1: 0-)	,				7-		99	999	999	999	.00	
14	c. Tax credits (So							7G.		0.0				. 00	
15 16	Enclose Form 1			orting documen				7d.		95	999	999	999	. 00	
17	e. If amended, er		(aga inatruatio	,,,,,				70		99	999	999	999	.00	
18		iter payments	(See Instructio	JIIS)				/e.		90	999	999		. 00	
19	f. If amended, er	nter overpaym	ents (see instr	ructions)				7f.		93	999	999	999	.00	
21	g. Total payment							7		99	999	999	999	. 00	
22			a minus sign to	the left of the n	umber).			/g.						. 00	
23	Tax due or overpayme	ent								Ma					
25	8. a. If line 6c is great from line 6c and	ater than line 7g	g, subtract line	7g 8a.	99	999	999	999	.00	IAIC	<u>nir</u>	3 <u>1</u>			
26 27	b. If line 7g is grea								.00	TA	X P	OR'	ΤΔΙ		
28	from line 7g and				99	999	999	999	.00		venue.r				
29	9. Penalty for unde	rpayment of es	stimated tax (a	attach Form 222	OME)										
30	Check here if Forr	m 2220ME, box	5a is checked	d		X.		9.		99	999	999	999	. 00	
31	10. TOTAL DUE If yo	u completed lin	o e OP line	Oh ia losa than li	no O on	tor the t	etal due								
33	Pay in full with ret						otal due								
34	See instructions o					1 1		10.		99	999	999	999	. 00	
35 36	Overpayment Carryfo	rward/Refund													
38	the amount on line		and complete	line 12				11.		99	999	999	999	.00	
	12. Amount of line 1112a. CREDITED to nex		ited tax 99	9 9 9 9 9 9	9 00	12	b. REFU	INDED		99	999	999	999	00	
41														.00	
42	REF	UND DEPOSIT	ED DIRECTLY	Y TO YOUR CH	ECKING	ACCO	UNT (\$2	0,000 oı	r less). S	See instru	ctions.				
	Check this box if this		120	c. Routing Numb	er				12d . C	hecking A	count Nu	mber			
10	refund will go to an account outside the	X		99999999						999999			999		
46	United States														
48															
49															
50 51															
	This return MUST BE consolidated return),	ACCOMPANIE for the same to	D BY a legible ax period.	e copy of the c	orporat	ion's fe	deral ret	turn (i.e.	. federa	l Form 112	0, federa	ıl pro foı	rma, or 1	ederal	
53															
54 55	Ple			ollowing order:		20.45									
56		1. 2.		rough 3 of For 1S, 1A, C, an			ole.								
57		3.	Form CR, i	if required, inc	luding a	affiliatio	n sched								
58 59		4. 5.		ements for the federal Form 1					leral co	nsolidate	d return.				
60															
61															
62											Con	tinue on	nage 3		

 99 9999999

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 alte	ernate ann	ortionmo	ent as n	rovide	ed by :	36 M R S	8 5211	(17)										
Check if using an alternate apportionment as provided by 36 (A) Within Maine									(B) Everywhere						(C) Apportionment Factor Line 1, Col. (A)/Col. (B) Rounded to 6 Decimals					
1.	Total Sales*	999	999	999	999	.00	÷		99	9	999	999	999	.00	=	. 9	. 999	999		
2.	Total Payroll	999	999	999	999	.00	÷		99	9	999	999	999	.00						
3.	Total Property	999	999	999	999	.00	÷		99	9	999	999	999	.00						
	Gross tax (Form										4			9 9	99	999	999	.00		
5. Maine corporate income tax (line 4 x line 1, column C factor. Enter here and on Form 1120ME, line 6a)										5.			9	99	999	999	.00			
6.	What amount of	line 3, colum	n A is tan	gible pe	rsonal	prope	rty?.				6.		99	9 9	99	999	999	.00		
	ote: Total Sales m					uction	on Fo	orm 1120I	ME, Sch	edule	e 1S, lin	es 5, 12,	13, an	d 14.	Other	limitation	ons app	ly.		
								thorizatio												
С	check "Yes" to allow	w the paid pr	eparer to	discuss	this retu	ırn with	n Maiı	ne Rever	iue Servi	ces.		Х	'es (co	nplete	the f	ollowing	_{J).} X	No.		
Χ	XXXXXXXXX	XXXXXX							999	99	9 9 9	999			9	9999	9			
		Paid F	reparer's	Name					Pai	d Pr	eparer's	Phone	Numbe	r	Personal Identification #					
Corporation President's Name							Social Security Number 999999						99 9	999						

Social Security Number Treasurer's Name 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.

999 99 9999 Officer's Signature Date Title Social Security Number 999 99 9999 Date Signature and Address of Preparer (Individual or Firm) Preparer's SSN or PTIN

If enclosing a check, make check payable to:

Treasurer, State of Maine and MAIL WITH RETURN TO: 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

