



99 9999999
Federal EIN

2300101

Payments and credits:

7. a. Maine estimated tax paid	7a.	99 999 999 999	.00
b. Extension payment (Form 1120EXT-ME)	7b.	99 999 999 999	.00
c. Tax credits (Schedule C, line 1t plus line 2e)	7c.	99 999 999 999	.00
d. Income tax withheld (from a pass-through entity or from gambling winnings. Enclose Form 1099ME, W-2G, or other supporting documentation)	7d.	99 999 999 999	.00
e. If amended, enter payments (see instructions)	7e.	99 999 999 999	.00
f. If amended, enter overpayments (see instructions)	7f.	99 999 999 999	.00
g. Total payments and credits (add lines 7a through 7e and subtract line 7f; if the result is negative, enter a minus sign to the left of the number)	7g.	99 999 999 999	.00

Tax due or overpayment

8. a. If line 6c is greater than line 7g, subtract line 7g from line 6c and enter the TAX DUE	8a.	99 999 999 999	.00
b. If line 7g is greater than line 6c subtract line 6c from line 7g and enter the OVERPAYMENT	8b.	99 999 999 999	.00
9. Penalty for underpayment of estimated tax (attach Form 2220ME) Check here if Form 2220ME, box 5a is checked	<input checked="" type="checkbox"/> 9.	99 999 999 999	.00
10. TOTAL DUE If you completed line 8a, OR line 8b is less than line 9, enter the total due. Pay in full with return. You may be required to make payments electronically. See instructions or Rule 102	10.	99 999 999 999	.00



Overpayment Carryforward/Refund

11. OVERPAYMENT If the amount on line 8b exceeds the amount on line 9, subtract the amount on line 9 from line 8b and complete line 12	11.	99 999 999 999	.00		
12. Amount of line 11 to be:					
12a. CREDITED to next year's estimated tax	999 999 999	.00	12b. REFUNDED	99 999 999 999	.00

REFUND DEPOSITED DIRECTLY TO YOUR CHECKING ACCOUNT (\$20,000 or less). See instructions.

Check this box if this refund will go to an account outside the United States

12c. Routing Number 999999999

12d. Checking Account Number 99999999999999999999

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.



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 alternate apportionment as provided by 36 M.R.S. § 5211(17).

Table with 3 columns: (A) Within Maine, (B) Everywhere, (C) Apportionment Factor. Rows include Total Sales, Total Payroll, Total Property, Gross tax, Maine corporate income tax, and Tangible personal property.

*Note: Total Sales must exclude income claimed as a deduction on Form 1120ME, Schedule 1S, lines 5, 12, 13, and 14. Other limitations apply. See Schedule A instructions for additional information.

Paid Preparer Authorization (see instructions)

Check "Yes" to allow the paid preparer to discuss this return with Maine Revenue Services. X Yes (complete the following) X No.

XXXXXXXXXXXXXXXXXXXX 999 999 9999 99999
Paid Preparer's Name Paid Preparer's Phone Number Personal Identification #

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

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

