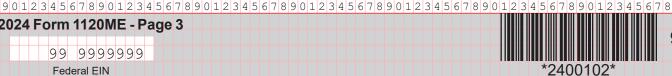
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05	2024	Maine Corpora For	te Inco m 1120		'n			99
06 07 08	For calendar year 2024 or tax year	99 99 <b>2024</b>	to	99 99 99 MM DD YY	999		0100*	
09	XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX			9999	99 fe 11	heck if you filed deral Form 990 20-C, or 1120-F	<b>-т</b> , Х
11	Name of Corporation				Federal Business			
12	Address	XXXXXXXXX			99 Federal EIN	99999		XX State of
14 15	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			XX	99999			Incorporation
16	City, Town or Post Office					Parent Comp		
17 18	XXXXXXXXXXXXXXXX	XXXXXXX	XXXXX	XXX	99			9999
19	Contact Person's First Name	Contact Person	's Last Name			one Numbe		
20 <b>-</b> 21		ing & payment requirements						
22	MRS Rule 104 (Filing of Maine Tax Returns) reparers, that are subject to federal electron					ck this bo nged.	x if the add	ress has
23	MRS Rule 102 (Electronic Funds Transfer) all Maine taxes that is \$10,000 or more to			annual tax liability fo	V 0		box if clair n the Maine c	
25	Taxpayers unable to meet the electronic fili	ng and payment requireme	nts becaus		p inco		rsuant to PL	
26 27	may submit a written waiver request to the address, and account numbers of the bus	siness, a detailed explana	tion of wh	y filing electronicall	y X any	member c	x if during the of the combin	ed group
28	poses a significant hardship, and the length requests to: Maine Revenue Services, Corp				7. in	a pass-th	posed of an prough entit	y doing
30	For more information, see the General Inst	ructions for Form 1120ME			of pa	ass-throug	Maine and e the control of the control the	w (use a
31	Check applicable boxes:  1) X Initial return (2)	X Amended (3		ombined return	sepa	grate snee	et, if necessar	
33	4) Final return	return	(A	ttach Form CR)				
34	X If final, indicate the final business of	late, and	check the	appropriate box be	low:			
36	(a) X Ceased doing (business in Maine	o) X Dissolved	(c) X	Merged, acquire reorganized. Su		99	99999	99
37 38	5) X Member of an affiliated (6 group filing a separate return	Based on a pro	aturn					
39	group ming a separate return	Ioillia lederal le	turri		99	999	999 99	9
41	A. Federal consolidated income (federal	Form 1120, line 30)		A.				.00
42 43	3. Tentative total tax filed on federal Fo	rm 7004		B.	99	999	999 999	9.00
44	I. Federal taxable income (federal Form amount from Form CR, line 12). If nega	1120, line 30. If filing a coltive, enter a minus sign to	mbined rep	oort, enter he number1.	99	999	999 999	9 .00
45					99	999	999 999	9 00
47	2. Income subtraction modifications (Fo	orm 1120ME, Schedule 1S	, line 23)	2.				.00
48 49	3. Income addition modifications (Form	1120ME, Schedule 1A, lin	e 12)	3.	99	999	999 999	9 .00
50	1. Adjusted federal taxable income (line	1 minus line 2 plus line 3)		4.	99	999	999 99	9 .00
51 52								
53 <b>T</b>	Гах:				00	000	000 000	0
54 55	5. Gross tax (from rate schedule on page	5 of instructions)		5.	99	999	999 999	9 .00
56 57	5. a. Maine corporate income tax (from	line 5 above or Schedule A	, line 5)	6a.	99	999	999 999	9 .00
58					99	999	999 99	9 .00
5 9 6 0	b. Credit recapture (see instructions)			6b.	99	999	999 99	
61	c. Total tax (add lines 6a and 6b)			6c.	99			9.00
						Cor	ntinue on pag	
62 63						COI	Illilue oil pau	je z
62 63 64 65						COI	illiue on pag	je Z

	0	1													
-	-		0 1 1 1 1 1 1 1 1 1 2 2 2 2 2 2								66666	5 7 7 7 7	7 7 7 7 7	7 7 8	8
12	3 4		390123456789012345 <b>2024 Form 1120ME - Pa</b>		012	3 4 5 6	7890.	12345	06/89	901234	56/89	0123	456	/ 8 9 0	/ <u> </u>
	0			ge 2										99	)
	0		99 9999999												L
	0.		Federal EIN								*2400	101*			H
	0:	a	nents and credits:							99	999	999	999		H
	1		a. Maine estimated tax paid					7a.						.00	
	1		b. Extension payment (Form 1120	DEXT-ME)				7b.		99	999	999	999	. 00	L
_	1; 1;	4								99	999	999	999		H
	1	4	c. Tax credits (Schedule C, line 1s					7c.		99	999	999	999	. 00	
	1	5 (	<li>d. Income tax withheld (from a pa Enclose Form 1099ME, W-2G, o</li>					7d		99	999	999	999	.00	
	1		Eliciose i olili 1030WE, W-20, 0	outer supporting document	ation)			/ u.		0.0	000	000	000	. 00	
	1		e. <b>If amended, enter payments</b> (s	ee instructions)				7e.		99	999	999	999	. 00	H
	1	a	£ 16	4- (				75		99	999	999	999	.00	
	2	J	f. If amended, enter overpaymen					/1.		0.0	0.00	0.00		. 00	
	22	_	<li>g. Total payments and credits (ac if the result is negative, enter a negative.)</li>					7g.		99	999	999	999	. 00	
	2		due or overpayment												H
	2	4								Mo	iina	_			
	-		a. If line 6c is greater than line 7g, s from line 6c and enter the <b>TAX</b> D	Subtract line /g	99	999	999	999	.00	IVIC	11116	<del>-</del>			
_	2		b. If line 7g is greater than line 6c s		aa	999	999	999		<b>TA</b>	K P	OR'	TAL		H
	2		from line 7g and enter the <b>OVER</b>	PAYMENT8b.	99	999	999	999	.00	rev	enue.r	naine.ç	gov		
		9. I	Penalty for underpayment of esti	mated tax (attach Form 222)	OME)										
	3:	) (	Check here if Form 2220ME, box 5	a is checked		Χ.		9.		99	999	999	999	. 00	H
	3		TOTAL DUE If you completed line	On OR line Oh is less than li	20 0 0	ntor the t	estal dua								H
	3		TOTAL DUE If you completed line Pay in full with return. You may be r				otal due								
	3	4 ,	See instructions or Rule 102					10.		99	999	999	999	. 00	L
_	3!		payment Carryforward/Refund												H
	-	9	OVERPAYMENT If the amount on I	ine 8b exceeds the amount o	n line s	9. subtra	ct								
	3	3 1	the amount on line 9 from line 8b ar	nd complete line 12				11.		99	999	999	999	.00	
			Amount of line 11 to be:	d tax 999 999 99	0 -					99	999	000	000		H
	4		CREDITED to next year's estimated	d tax	٠.0	0 12	b. REFU	INDED		99	999	999	999	.00	
	42		REFUND DEPOSITE	D DIRECTLY TO YOUR CHE	CKING	G ACCO	UNT (\$2	0,000 oı	r less). S	See instruc	tions.				
	4														L
+	4		k this box if this d will go to an	<b>12c.</b> Routing Number 99999999						hecking Acc			999		+
	4	accou	unt outside the												
	4	7 Unite	d States												
	4														H
	4 : 5 (														H
	5	1	return MUST BE ACCOMPANIED	BY a legible copy of the co	rnorat	tion's fo	deral ref	turn (i e	fodoral	L Form 1120	fodora	l pro for	ma or i	odora	
	52	cons	olidated return), for the same tax	period.	, poru		ucrui re		loudiu		, rodora	i pio ioi	ma, or	Cuciu	L
	5 i		Diago submit for	no in the following order:											H
	5			ns in the following order: Pages 1 through 3 of For	m 112	0ME									t
	5	6	2.	Schedules 1S, 1A, C, and	X, if	applicat									
+	5			Form CR, if required, incl Other statements for the											1
+	5 i			A copy of federal Form 11					leral co	nsolidated	return.				-
	6														t
	6														
+	62										Cont	inue on	page 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.

Χ	Check if using an alternate apportionment as provid	ed by 36 M.R.S. § 5211(17).	
	(A)	(B)	(C)

	Within Maine	Everywhere	Apportionment Factor Line 1, Col. (A)/Col. (B) Rounded to 6 Decimals
1. Total Sales*	999 999 999 999 . <b>00</b> ÷	999 999 999 999.00	= . 9.999999

- 2. 999.00 999 999.00 ÷ Payroll
- 3. Total 999 999.00 ÷ Property
- 999.00 4. Gross tax (Form 1120ME, line 5) ......
- Maine corporate income tax (line 4 x line 1, column C factor. 999.00
- 999.00

\*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.

Χ Yes (complete the following). No.

999 9999 XXXXXXXXXXXXXXX Paid Preparer's Name Paid Preparer's Phone Number

Personal Identification #

Social Security Number Corporation President's Name

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.

999 99 Date Officer's Signature Title Social Security Number

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

