F		<b>2024</b> n 1120B-ME	Maine Revenue Maine Franchise For Financial In	Tax R	eturn		99
Fo	r tax	c period 01/01/24 to 12/31/24 or	99 99	2024	to	* <b>2108410</b> * 99 99 9999	
		APPLICABLE BOXES: (1) X Initial	return (2) X Fir	nal return	(3)	X Change of name/address Check here if an amended return: X	
ľ	XX	«XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X			99 9999999 Federal EIN	
,		<pre> (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</pre>	K			999999 XX Business Code State o	
	XX City	*****			XX State	99999 ZIP Code	
			XXXXXXXXXXXX tact Person Last Name			999 999 9999 Telephone Number	
C	Chec	k here and enclose Form CRB if this is a cor	nbined return: X			99 9999999 Parent Company Federal EIN	
1.	Ma	aine net income:	Maine Tax Con	nputa	tion		
		Net income per books (from federal Form 1	120, 1120-S or 1065)		1a.	.0 999999999999	0
	b.	Maine net income (from line 1a above or pa	ge 2, Schedule A, line 13).		1b.	999999999999999999999999999999	0
2.		s <b>sets:</b> Total end-of-year assets (from federal Form	1120. 1120-S or 1065)		2a.	9999999999999999999999	0
		Maine assets (from line 2a above or page 2				9999999999	-
3.	Та	x and nonrefundable credits:	X Option 1	3.7	otion 2		Ŭ
		elect a rate option (see instructions) Tax on Maine net income. Do not enter an a			3a.	.0 פפפפפפפפפ	0
	b.	Leave this line blank if option 2 is electe Tax on Maine assets			3b.	9999999999999999999999	0
	C.	Total tax (add lines 3a and 3b)				0000000000	0
						0000000000	-
	d.	Nonrefundable tax credits (see instructions)					-
	e.	Net operating loss credit (see instructions). Leave this line blank if option 2 is electe	d.			000000000	-
	f.	Net tax. Line 3c minus lines 3d and 3e (if ne	egative, enter 0)		3f.	.0	U
4.		yments and refundable credits: Estimated tax paid and deposit with extensi	on payment voucher		4a.	9999999999999999999999999999	0
	b.	Withholding			4b.	.0	0
	C.	Paid with original return (if this is an amend	ed return)		4c	99999999999999999999999999999	0
	d.	Refundable tax credits (see instructions)				99999999999	
		Total payments and credits (add lines 4a th				99999999999	-
	e.	notar payments and credits (add lines 4a th	ougn 4u)		4e.		

•			rm 1120	B-ME, Page 2				99						
	Federal EIN: 99	99999999				*21084	<b>                                     </b>							
	penalty, and payment greater than line 4e, ent						99999999	.00						
	<b>Ilty</b> for Underpayment o					9999	99999999	.00						
c. Payment d	lue with return (add line with return	s 5a and 5b)					99999999							
6. Overpayment:							99999999							
7. Amount on line	e 6 to be:						99999999							
	) to next year's estimate						99999999							
b. REFUNDE	D					99993	99999999	.00						
Affidavit and Signature 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 information of which preparer has any knowledge.														
Ditt				O'un atum at O	<b>r</b>									
Date				Signature of Of		er 999 99 9999								
		Title	9			ocial Security								
Date		ndividual or Firm	Ciana atuma la	(5)				_						
Dato			Signature o	f Preparer	Prepa	rer's SSN or I	PTIN							
Mair TAX		Ра	ayment a If enclosin ayable to: <u>Tre</u> Mail ref MAINE RE P.O. BOX	nd Submission ng a check, make check asurer, State of Maine turn and check to: VENUE SERVICES	If no M/ P.C	ot enclosing a cl Mail return to: AINE REVENUE D. BOX 1064	neck, SERVICES							
Mair TAX	ne PORTAL Je.maine.gov	Pa Pa	Ayment a If enclosin ayable to: <u>Tre</u> Mail ret MAINE RE P.O. BOX AUGUSTA	nd Submission ng a check, make check asurer, State of Maine turn and check to: VENUE SERVICES 1065	If no M/ P.( AL	ot enclosing a cl Mail return to: AINE REVENUE	neck, SERVICES							
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Mair TAX revenu • Do • All	PORTAL PORTAL Je.maine.gov	Pa Pi Schedule A - Iule A if 100% o te Schedule A a	Ayment a If enclosin ayable to: <u>Tre</u> Mail ret MAINE RE P.O. BOX AUGUSTA AUGUSTA AUGUSTA AUGUSTA AUGUSTA MICHAE	nd Submission ag a check, make check <u>asurer, State of Maine</u> turn and check to: VENUE SERVICES 1065 , ME 04332-1065 <b>ionment of Tax &amp;</b> iness activity is attribution mounts in columns A ine apportionment factor	If no P.C AL AL Litable to Maine. and B, even if those	ot enclosing a cl Mail return to: AINE REVENUE D. BOX 1064 JGUSTA, ME 043 Se amounts	neck, SERVICES 132-1064 are zero.							
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