

2018

MAINE REVENUE SERVICES
MAINE FRANCHISE TAX RETURN
FOR FINANCIAL INSTITUTIONS



99

FORM 1120B-ME

For tax period 01/01/18 to 12/31/18 or

2018

to

CHECK APPLICABLE BOXES: (1)

Initial return

(2)

Final return

(3)

Change of name/address

Check here if an amended return:

Name

Federal Employer ID Number

Address

Business Code

State of Inc.

City

State

ZIP Code

Contact Person First Name

Contact Person Last Name

Telephone Number

Check here and enclose Form CRB if this is a combined return:

Parent Company Federal ID Number

Principal Place of Activity in Maine

City Where Records are Maintained

State

Maine Tax Computation

1. MAINE NET INCOME:

a. NET INCOME PER BOOKS (from federal Form 1120, 1120S or 1065) 1a.

.00

b. MAINE NET INCOME (from line 1a above or page 2, Schedule A, line 13)1b.

.00

2. ASSETS:

a. TOTAL END-OF-YEAR ASSETS (from federal Form 1120, 1120S or 1065).....2a.

.00

b. MAINE ASSETS (from line 2a above or page 2, Schedule A, line 15).....2b.

.00

3. TAX: Select a rate option (see instructions)

OPTION 1

OPTION 1

OPTION 2

OPTION 2

a. TAX ON MAINE NET INCOME3a.

.00

Leave this line blank if option 2 is elected.

b. TAX ON MAINE ASSETS3b.

.00

c. TOTAL TAX (add lines 3a and 3b)3c.

.00

4. PREPAYMENTS AND CREDITS:

a. ESTIMATED TAX PAID AND DEPOSIT WITH EXTENSION PAYMENT VOUCHER4a.

.00

b. WITHHOLDING4b.

.00

c. PAID WITH ORIGINAL RETURN (if this is an amended return).....4c.

.00

d. NET OPERATING LOSS CREDIT (see instructions).....4d.

.00

e. TAX CREDITS (see instructions)4e.

.00

f. TOTAL PREPAYMENTS AND CREDITS (add lines 4a through 4e).....4f.

.00



1208411

Federal Employer ID Number: []

5. BALANCE DUE, PENALTY, PAYMENT DUE WITH RETURN:

- a. If line 3c is greater than line 4f, enter line 3c minus line 4f5a. [] .00
- b. Enter **PENALTY** for Underpayment of Estimated Tax (attach Form 2220ME).....5b. [] .00
- c. **PAYMENT DUE** with return (add lines 5a and 5b)
Pay in full with return (make check payable to Treasurer, State of Maine).....5c. [] .00

6. OVERPAYMENT:

If line 4f is greater than line 3c plus line 5b, enter line 4f minus lines 3c and 5b..... 6. [] .00

7. AMOUNT ON LINE 6 TO BE:

- a. **CREDITED** to next year's estimated tax 7a. [] .00
- b. **REFUNDED** 7b. [] .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.

<input type="text"/>	<input type="text"/>
Date	Signature of Officer
<input type="text"/>	<input type="text"/>
Title	Officer's Social Security Number
<input type="text"/>	<input type="text"/>
Date	Preparer's Federal ID Number

PAYMENT AND SUBMISSION



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

SCHEDULE A - APPORTIONMENT OF INCOME & ASSETS

Do not complete this schedule if 100% of your business activity is conducted in Maine.
All others must complete this schedule and enter amount in columns A and B, even if those amounts are zero.

See instructions on page 4.

If this schedule is left blank or excluded, your Maine apportionment factor will be set at 100%.

	(A) Within <u>Maine</u>	÷	(B) <u>Everywhere in U.S.</u>	×	(C) Maine Factors Col. (A) divided by Col. (B) x Statutory Weighting <u>Rounded to 6 Decimals</u>
8. Total Receipts:	[]	.00 ÷	[]	.00 × .50 =	[]
9. Total Payroll:	[]	.00 ÷	[]	.00 × .25 =	[]
10. Total Property:	[]	.00 ÷	[]	.00 × .25 =	[]
11. Maine Apportionment Factor (add column (C) lines 8 through 10)	11. []				
12. Net Income per books (from line 1a.)	12. [] .00				
13. Income Apportioned to Maine (line 12 multiplied by line 11). Enter here and on line 1b.....	13. [] .00				
14. Total end-of-year assets (from line 2a)	14. [] .00				
15. Assets Apportioned to Maine (line 14 multiplied by line 11). Enter here and on line 2b.....	15. [] .00				


FORM CRB - Page 1 of 2
MAINE FRANCHISE TAX
COMBINED REPORT FOR UNITARY MEMBERS

2018

Federal EIN : _____

Important: The Combined Report must be accompanied by a legible copy of the parent company's federal Consolidated Tax Return, pages 1 through 5 (or equivalent).

This report must be attached to Form 1120B-ME.

Col. 1 Nexus with Maine	Column 2 Name and Federal ID Number of Unitary Business Member	Column 3 Net Income per Books of Unitary Member Participating in a Federal Consolidated Filing	Column 4 Net Income per Books of Unitary Member Filing Separate Federal Return	Column 5 Allowable Adjustments	Column 6 (A) Adjusted Separate Net Income per Books of Unitary Member (Combine Cols 3, 4, & 5)	Column 6 (B) Total End-of-year Assets	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.	Adjustments and eliminations for columns 6 (B) through 9 (Attach schedule showing origin of any amount entered on this line)						
18.	TOTALS						