## 2019

## For calendar year 2019 or tax year

# MAINE CORPORATE INCOME TAX RETURN FORM 1120ME

\*1900100\*

to

MM DD YYYY

MM DD

YYYY

ZIP Code

Check if you filed federal Form 990-T, 1120-C or 1120-H

Name of Corporation

Federal Business Code

Federal Employer ID Number

State of Incorporation

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

City, Town or Post Office State

Parent Company Employer ID Number

Contact Person's First Name

Address

Contact Person's Last Name

#### **ELECTRONIC FILING & PAYMENT REQUIREMENTS**

Corporations with total assets of \$5 million or more as of the last day of the tax year must file Form 1120ME electronically unless the taxpayer has been granted a waiver. Taxpayers unable to meet the electronic filing requirement because of undue hardship may request a waiver from the State Tax Assessor. The request must be in writing and must include the name, address, federal employer ID number of the corporation, a detailed explanation of why filing electronically poses a significant hardship and when the taxpayer will be able to comply with the electronic filing requirement. Mail waiver requests to: Maine Revenue Services, Corporate Tax Unit, P.O. Box 1060, Augusta, ME 04332-1060.

For more information on Maine electronic filing requirements (Rule 104) and information on Maine electronic payment requirements (Rule 102), go to www.maine.gov/revenue (select "Laws & Rules").

#### CHECK APPLICABLE BOXES:

(1)		Initial Return	(2)	Amended Return	(3)	Combined return (Attach Form CR)	through entity:			
(4)		Final return If final, indicate the final	business da	ate	_ and chec	the appropriate box below:				
	(a)	Ceased doing business in Maine	(b)	Dissolved	(c)	Merged, acquired or reorganized Suc	ccessor EIN			
(5)		Member of an affiliated group filing a separate return	(6)	Based on a pro	o-forma					
A.	FEDER	RAL CONSOLIDATED IN	COME (fed	eral Form 1120, lii	ne 30)	A.				
B. 1.	FEDER.	ATIVE TOTAL TAX FILED AL TAXABLE INCOME (fedi from Form CR, line 11). If ne	eral Form 112 egative, enter	0, line 30. If filing a a minus sign to the	combined re	port, enter				
		TIONS FROM FEDERAL				•				
2.	a. NO	NTAXABLE INTEREST				2a.				
	b. FOF	REIGN DIVIDEND GROS	S-UP			2b.				
		RK OPPORTUNITY CREDIT ch federal Form 5884 and/or								
	d. INCOME NOT TAXABLE UNDER THE CONSTITUTION OF MAINE OR THE U.S2d.									
		DENDS FROM CERTAIN AF								
	(limit	ations - see instructions)				2e.				
	Net Op	perating Losses								
	f. NET	OPERATING LOSS RE	CAPTURE	(see instructions	s)	2f.				
	_	OPERATING LOSS (IR	. , , ,			,				
		OME FROM OWNERSH								
	FINA	ANCIAL INSTITUTIONS	(subject to I	Maine franchise ta	ıx)	2h.				

#### Telephone Number

Check this box if your address has changed.

Check this box if you are claiming an exemption from the Maine corporate income tax pursuant to PL 86-272.

Check this box if during the tax year any member of the combined group disposed of an interest in a passthrough entity doing business in Maine.

Check this box if any member of the combined group owned an interest in a pass-through entity doing business in Maine. If so, provide EIN of pass-through entity:

# 2019 MAINE CORPORATE INCOME TAX RETURN



Federal EIN

SUPERACTIONS contr	
i. STATE INCOME TAX REFUNDS (included in line 1 above)	.00
j. BONUS DEPRECIATION/SECTION 179 EXPENSE RECAPTURE2j.	.00
k. MEDICAL MARIJUANA BUSINESS EXPENSES (see instructions)2k.	.00
I. 50% OF APPORTIONABLE SUBPART F INCOME (see instructions)2I.	.00
m.80% OF APPORTIONABLE DEFERRED FOREIGN INCOME (see instructions)2m.	.00
n. 50% OF GLOBAL INTANGIBLE LOW-TAXED INCOME (see instructions)2n.	.00
o. OTHER (see instructions)	.00
p. <b>TOTAL SUBTRACTIONS</b> (add lines 2a through 2o)2p.	.00
3. LINE 1 MINUS 2p. If negative, enter a minus sign in the box to the left of the number3.	.00
ADDITIONS TO FEDERAL TAXABLE INCOME:	
4. a. INCOME TAXES (imposed by Maine or any other state, attach schedule)4a.	.00
b. <b>DEFERRED FOREIGN INCOME</b> (see instructions)4b.	.00
c. PARTICIPATION EXEMPTION DEDUCTION ADD-BACK (see instructions)4c. d. GLOBAL INTANGIBLE LOW-TAXED INCOME DEDUCTION ADD-BACK	.00
(see instructions)4d.	.00
e. INTEREST FROM STATE AND MUNICIPAL BONDS (other than Maine)4e.	.00
f. <b>NET OPERATING LOSS ADJUSTMENT</b> (see instructions)4f.	.00
g. MAINE CAPITAL INVESTMENT CREDIT BONUS DEPRECIATION ADD-BACK4g.	.00
h. BONUS DEPRECIATION ADD-BACK4h.	.00
i. OTHER (see instructions)4i.	.00
j. TOTAL ADDITIONS (add lines 4a through 4i)4j.	.00
5. ADJUSTED FEDERAL TAXABLE INCOME (add lines 3 and 4j)	.00
TAX:	
6. <b>GROSS TAX</b> (from rate schedule on page 7 of instructions)	.00
7. a. MAINE CORPORATE INCOME TAX (from line 6 above or Schedule A, line 5)7a.	.00
b. CREDIT RECAPTURE: (see instructions)	.00
c. TOTAL TAX (add lines 7a and 7b)7c.	.00

#### 2019

#### MAINE CORPORATE INCOME TAX RETURN



Federal EIN

**PAYMENTS AND CREDITS:** 

.00 a. MAINE ESTIMATED TAX PAID.......8a. .00 b. EXTENSION PAYMENT (Form 1120EXT-ME) ......8b. .00 d. INCOME TAX WITHHELD (from a pass-through entity or from gambling winnings. .00 e. If amended, enter payments (see instructions)......8e. .00 .00 g. TOTAL PAYMENTS AND CREDITS (add lines 8a through 8e and subtract line 8f; if the result is .00 TAX AND CREDITS - TAX DUE OR OVERPAYMENT Use EZ Pav at maine.gov/revenue a. If line 7c is greater than line 8g, subtract line 8g from Check here if line 7c and enter the TAX DUE......9a. .00 Form 2220ME block 5a is checked. b. If line 8g is greater than line 7c subtract line 7c from .00 line 8g and enter the OVERPAYMENT......9b. .00 TOTAL DUE If you completed line 9a, OR line 9b is less than line 10, enter the total due. Pay in full with return. You may be required to make payments electronically. See instructions or Rule 102. .00 OVERPAYMENT If the amount on line 9b exceeds the amount on line 10, subtract the amount on line 10 from .00 line 9b and complete line 13 Amount of line 12 to be: .00 13a. CREDITED to next year's estimated tax 13b. REFUNDED .00 REFUND DEPOSITED DIRECTLY TO YOUR CHECKING ACCOUNT (\$20,000 or less). SEE INSTRUCTIONS. Check this box if this 13c. Routing Number refund will go to an account outside the United States 13d. Checking Account Number CORPORATION PRESIDENT'S NAME SOCIAL SECURITY NUMBER TREASURER'S NAME SOCIAL SECURITY NUMBER COMPANY'S WEB SITE 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

THIS RETURN MUST BE ACCOMPANIED BY A LEGIBLE COPY OF THE U.S. CORPORATE INCOME TAX RETURN, FEDERAL FORM 1120, PAGES 1-6, FOR THE SAME TAXABLE PERIOD.

SIGNATURE AND ADDRESS OF PREPARER (INDIVIDUAL OR FIRM)

PREPARER'S SSN OR PTIN

If not enclosing a check,

MAIL RETURN TO:

Please submit forms in the following order:

- 1. Pages 1 through 6 of Form 1120ME, as required.
- 2. Form CR, if required, including affiliation schedule.
- 3. Other statements for the Maine income tax return.
- 4. A copy of federal Form 1120, pages 1 through 6.



Treasurer, State of Maine and MAIL WITH RETURN TO:

If enclosing a check, make check payable to:

MAINE REVENUE SERVICES P.O. BOX 1065 AUGUSTA, ME 04332-1065

MAINE REVENUE SERVICES P.O. BOX 1064

AUGUSTA, ME 04332-1064

#### 2019

# MAINE CORPORATE INCOME TAX RETURN SCHEDULE A - APPORTIONMENT OF TAX



Federal EIN

1

Do not complete this schedule if 100% of your business activity is attributable to Maine. Schedules C and D may still be required.

All others must complete this schedule and enter amounts in columns A and B, even if those amounts are zero.

If this schedule is left blank or excluded, your Maine apportionment factor will be set at 100%. Round all dollar amounts to whole numbers.

Check if using an alternate apportionment as provided by 36 M.R.S. § 5211(17).

	(A) Within		(B)	(C) Apportionment I Line 1, Col. (A)/0					
1.	Maine Total		Everywhere	Rounded to 6 De					
1.	Sales*	•00 ÷		•00 = .					
2.	Total Payroll	.00		.00					
3.	Total	•00		•00					
	Property	.00		.00					
4.	GROSS TAX (Form 1120ME, line 6)		4.		.00				
5.	MAINE CORPORATE INCOME TAX (line 4 x line li Enter here and on Form 1120ME, line 7a)		5.		.00				
6.	6. What amount of line 3, column A is TANGIBLE PERSONAL PROPERTY?								
	*Note:Total Sales must exclude income claimed as a deduction on Form 1120ME, lines 2e, 2l, 2m and 2n. Other limitations apply. See Schedule A instructions for additional information.								

# SCHEDULE B - ALTERNATIVE MINIMUM TAX REPEALED FOR TAX YEARS BEGINNING ON OR AFTER JANUARY 1, 2018

### SCHEDULE C - See page 5

#### **SCHEDULE D - MINIMUM TAX CREDIT**

1.	a.	MINIMUM TAX CREDIT CARRYOVER FROM 2018 (2018 Form 1120ME, Schedule D, line 1f)1a.	.00
	b.	REGULAR INCOME TAX LIABILITY FOR 2019 (Form 1120ME, line 7a minus all Schedule C credits except minimum tax credit)	.00
	c.	MINIMUM TAX CREDIT: enter the smaller of line 1a or line 1b here and on Schedule C, line 1j1c.	.00
	d.	Maine minimum tax credit CARRYOVER TO 2020 (line 1a minus line 1c)1d.	.00

### FORM 1120ME - Page 5

### 2019

### MAINE CORPORATE INCOME TAX RETURN



Federal EIN

### **SCHEDULE C - TAX CREDITS**

(Attach worksheets. To get worksheets, see www.maine.gov/revenue/forms.)

		Attach worksheets. To get worksheets, see www.mame.g	jov/reveriue/rorills.)	
<b>N</b> 1.		fundable Credits SEED CAPITAL INVESTMENT TAX CREDIT	1a.	.00
	b.	JOBS AND INVESTMENT TAX CREDIT CARRYFORWARD	1b.	.00
	c.	EMPLOYER-ASSISTED DAY CARE CREDIT AND		
		QUALITY CHILD CARE INVESTMENT CREDIT CARRYFORWARD	1c.	.00
	d.	EMPLOYER-PROVIDED LONG-TERM CARE BENEFITS CREDIT CARRYFORWARD	1d.	.00
	e.	PINE TREE DEVELOPMENT ZONE REGULAR TAX CREDIT	1e.	.00
	f.	MAINE CAPITAL INVESTMENT CREDIT	1f.	.00
	g.	RESEARCH EXPENSE TAX CREDIT	1g.	.00
	h.	SUPER CREDIT FOR SUBSTANTIALLY INCREASED		
		RESEARCH AND DEVELOPMENT CARRYFORWARD	1h.	.00
	i.	HIGH-TECHNOLOGY INVESTMENT TAX CREDIT CARRYFORWARD	1i.	.00
	j.	MINIMUM TAX CREDIT (from Schedule D, line 1c)	1j.	.00
	k.	EMPLOYER FAMILY AND MEDICAL LEAVE CREDIT	1k.	.00
	l.	CREDIT FOR EDUCATIONAL OPPORTUNITY	11.	.00
	m.	WELLNESS PROGRAM CREDIT	.1m.	.00
	n.	CERTIFIED VISUAL MEDIA PRODUCTION CREDIT	1n.	.00
	0.	BIOFUEL PRODUCTION TAX CREDIT CARRYFORWARD	10.	.00
	p.	RESERVED	1p.	.00
	q.	CREDIT FOR DISABILITY INCOME PROTECTION PLANS	1q.	.00
	r.	OTHER CREDITS (see instructions)	1r.	.00
	s.	TOTAL NON-REFUNDABLE CREDITS: (add lines 1a through 1r)	1s.	.00
	t.	TOTAL TAX (from Form 1120ME, line 7c)	1t.	.00
	u.	ALLOWABLE NONREFUNDABLE CREDITS (Enter amount from line 1s or 1t, whichever is less.  Add this line to line 2c and enter result on Form 1120ME, line 8c)	1u.	.00
D.	ofusal	able Credits		
2.	etuna a.	ADIE CREDITS  HISTORIC REHABILITATION CREDIT	.2a.	.00
	b.	NEW MARKETS CAPITAL INVESTMENT CREDIT	.2b.	.00
	C.	TOTAL REFUNDABLE CREDITS: (Add lines 2a and 2b. Add this line to line 1u and enter result on Form 1120ME, line 8c)	. 2c.	.00

## FORM 1120ME - Page 6

# 2019 MAINE CORPORATE INCOME TAX RETURN



Federal EIN

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### **SCHEDULE X - AMENDED RETURN ADJUSTMENTS**

1.	Reason fo	or ch	nange:								
		a.	IRS change	I	o. Net operating loss	ł	C.	Federal amended 1120X	d.	Accounting change	
		e.	Other (attach explanation)		Member of ar affiliated grou a separate re	p filing	g.	Combined return (attach Form CR)			
		Lin	(A) ne Adjusted	As Most	(B) Recently Filed or	Adjusted		(C) Adjustment			(D) Correct Amount
2.	a.										
	b.										
	C.										
	d.										
	e.										
	f.										
	g.										
	h.										
	i.										
	j.										
	k.										