### 2019

### For calendar year 2019 or tax year

### MAINE CORPORATE INCOME TAX RETURN FORM 1120ME

\*1900100\*

to

MM DD YYYY

MM DD

YYYY

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

Name of Corporation Federal Business Code

Address Federal Employer ID Number

State of Incorporation

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

City, Town or Post Office State ZIP Code Parent Company Employer ID Number

Contact Person's First Name 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 of	date	and che	ck the appropriate box below:				
	(a)	Ceased doing business in Maine	(b)	Dissolved	(c)	morgea, acquirea	cessor EIN			
(5)		Member of an affiliated group filing a separate return	(6)	Based on a pro	-forma					
A.	FEDER	RAL CONSOLIDATED IN	COME (fe	deral Form 1120, lin	e 30)	A.				
B. 1.	<b>FEDER</b> amount	ATIVE TOTAL TAX FILED AL TAXABLE INCOME (feder from Form CR, line 11). If note TIONS FROM FEDERAL	eral Form 11 egative, ente	20, line 30. If filing a certain a minus sign to the l	combined r	eport, enter				
2.		NTAXABLE INTEREST				2a.				
	b. FOF	REIGN DIVIDEND GROS	S-UP			2b.				
		RK OPPORTUNITY CREDIT ch federal Form 5884 and/or								
	d. INC	OME NOT TAXABLE UN	IDER THE	CONSTITUTION O	F MAINE	OR THE U.S2d.				
		e. DIVIDENDS FROM CERTAIN AFFILIATED CORPORATIONS								
	(limit	ations - see instructions)				2e.				
	Net Op	perating Losses								
	f. NET	OPERATING LOSS RE	CAPTURE	(see instructions)		2f.				
		OPERATING LOSS (IR	. , ,	<u> </u>		,				
	h. INC	OME FROM OWNERSH	IP INTERE	ST IN PASS-THRO	UGH EN	TITY				
	FINA	ANCIAL INSTITUTIONS	(subject to	Maine franchise tax	<)	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:

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SUPTRACTIONS cont:	
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

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#### **PAYMENTS AND CREDITS:**

8.	a. MAINE ESTIMATED TA	X PAID	8a	a.			.00	
	b. EXTENSION PAYMENT	Г (Form 1120EXT-ME)	8t	).			.00	
	c. TAX CREDITS (Schedu	le C, line 1u plus line 2c)	8c	D.			.00	
		(from a pass-through entity or from gambling win 2G, or other supporting documentation)		d.			.00	
	e. If amended, enter paye	ments (see instructions)	8e	9.			.00	
	f. If amended, enter over	rpayments (see instructions)	8	f.			.00	
		CREDITS (add lines 8a through 8e and subtract linns to the left of the number)		<b>j</b> .			.00	
9.	TAX AND CREDITS - TAX D	UE OR OVERPAYMENT			AZA KAS	Use EZ Pay at		
	a. If line 7c is greater than line line 7c and enter the TAX [	e 8g, subtract line 8g from DUE9a.		.00	N. E. S.	maine.gov/revenue Check here if Form 2220ME		
	b. If line 8g is greater than line line 8g and enter the OVER	e 7c subtract line 7c from RPAYMENT9b.		.00		block 5a is checked.		
10.	Enter PENALTY for underpa	yment of estimated tax (attach Form 2220ME)		10.			.00	
11.	Pay in full with return. You may	line 9a, OR line 9b is less than line 10, enter the y be required to make payments electronically. Se urer, State of Maine	e instructions or Rule 10				.00	
12.		nt on line 9b exceeds the amount on line 10, subt					.00	
13.	Amount of line 12 to be:							
13a.	CREDITED to next year's esting	mated tax	•00 13b	REFUNDED			.00	
REI	FUND DEPOSITED DIRECT	TLY TO YOUR CHECKING ACCOUNT (\$20	0,000 or less). SEE	INSTRUCTIO	ONS.			
Che	eck this box if this	<b>13c.</b> Routing Number						
refu	ınd will go to an	-						
acc	ount outside the							
Unit	ted States	13d. Checking Account Number						
	CORPORATION PRESIDENT'S NAME SOCIAL SECURITY NUMBER							
	TREASURER'S NAME		SOCIAL SE	CURITY NUM	BER			
	COMPANY'S WEB SITE ADD	RESS						

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



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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 Maine		(B)		(C) Apportionment Factor Line 1, Col. (A)/Col. (B) Rounded to 6 Decimals
1.	Total				
	Sales*	•00 ÷		.00	= .
2.	Total				
	Payroll	.00		.00	
3.	Total				
	Property	.00		.00	
4.	GROSS TAX (Form 1120ME, line 6)		4.		.00
5.	MAINE CORPORATE INCOME TAX (line 4 x line line Enter here and on Form 1120ME, line 7a)		5.		.00
6.	What amount of line 3, column A is TANGIBLE PERS	SONAL PROPERTY?	6.		.00
	te:Total Sales must exclude income claimed as a deductions for additional information.	uction on Form 1120ME, I	ines 2e, 2l, 2m and 2n. Other lir	nitations	s apply. See Schedule A

## 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)	.00

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

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

		(Attach worksheets. To get worksheets, see www.mame.gt	ov/revenue/ronns.)	
No 1.	n-rei a.	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	10	.00
		WORLTH OTHER DAKE INVESTIGATION CHARLES	10.	.00
	d.	EMPLOYER-PROVIDED LONG-TERM CARE BENEFITS CREDIT CARRYFORWARD	1d.	.00
	e.	PINE TREE DEVELOPMENT ZONE REGULAR TAX CREDIT	10	.00
	е.	FINE TREE DEVELOPMENT ZONE REGULAR TAX GREDIT	16.	•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
		OPERIT FOR EDUCATIONAL OPPORTUNITY	41	.00
	I.	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
	_	TOTAL NON DECLINDABLE CREDITS: (add lines to through 1r)	10	.00
	S.	TOTAL NON-REFUNDABLE CREDITS: (add lines 1a through 1r)	15.	•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.		
	۵.	Add this line to line 2c and enter result on Form 1120ME, line 8c)	1u.	.00
		able Credits	•	• •
2.	a.	HISTORIC REHABILITATION CREDIT	2a.	.00
	b.	NEW MARKETS CAPITAL INVESTMENT CREDIT	2h	.00
	ν.	NET IN THE 17 ON THE INTESTINENT STEET	<b>-</b> ₩.	•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

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# 2019 MAINE CORPORATE INCOME TAX RETURN



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I.

m.

n.

Ο.

p.

q.

### **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.										