_			2023		M	aine	Cor	•		come 20ME		x Re	turn						99
			or calendar year 023 or tax year		99	99	20	23	to		99	99	999	99		*230	0100	* *	I
Х	XXX	XXX	XXXXXXXXXXX	XXXXXX	mm XXXX	dd XXX	YYYY XXX				MM	DD	YYYY		9999	999	Check if y federal Fo	ou filed rm 990-T,	Х
N	ame of	Corpo	ration											Federal E	Business		1120-C, or	1120-Н	
Σ	XXXX	XXX	<pre><pre><pre><pre><pre><pre><pre><pre></pre></pre></pre></pre></pre></pre></pre></pre>	XXXXX	XXXX	XXX	XXX	Х							99	9999	999	Х	X
A	ddress													Federal	EIN			Stat	e of rporation
Х	XXX	XXX	XXXXXXXXXXX	XXXX								XX		999	99		99	999999	
Ci	ty, Towr	n or Po	ost Office									State	ZIP	Code		Parent Cor	mpany EIN		
Х	XXX	XXX	XXXXXXXX			Х	XXX	XXXX	XXXX	XXXX	Х				99	9	9	99 99	99
C	ontact F	Person	's First Name			Co	ontact P	Person's	Last N	ame				_	Teleph	ione Numb	er		
1 <sup>-</sup> th Ti L hi w 0. F	120ME le elect ax Asse 0 numb ardship aiver 1 4332-9 or mor	E elect ctronic essor. ber of p and reque 9107. re info	Elective with total assets of stronically unless the filing requirement to The request must be the corporation, a co when the taxpayer sts to: Maine Rever formation on Maine e ment requirements of	taxpayer because o be in writing detailed ex will be ab nue Servi	or more has be f undur g and r planati le to c cces, C ling re	e as of een gra e hard nust in on of v omply orpora	the la anted ship m clude t why fil with th te Tax	st day a waive nay req the nar ing ele ne elec c Unit, Rule 10	of the er. Tax quest a ne, ad ctronic tronic P.O. E 04) an	xpayers a waive dress, f cally po filing re Box 910 ad inforr	una r froi eder ses a equir )7 A natic	ble to m the al emp a signi ement ugusta on on N	meet State bloyer ficant . Mail a, ME	x x x	Che exe inco Che any owr in bus	eck this b inged. eck this mption fro ome tax p eck this be member ned or di a pass- iness in	box if om the M ursuant of the co sposed through Maine a	claiming laine corp to PL 86-2 ong the tax ombined g of an in entity and entel	g an oorate 272. c year group terest doing r EIN
			e boxes:	<u>,                                    </u>				-					,			ass-throu arate she			use a
(1)	Х	Initial	return	(2)	7	mende turn	d	(3)	Х	Comb (Attac		return rm CR				9	9 9 9 9	99999	
(4)			return I, indicate the final b	usiness da	ite			, and o	check	the app	ropri	iate bo	x belo	w:					
	(a)	Х	Ceased doing business in Maine	(b)	Х	Diss	solved		(c)			jed, ac		, or cessor E	INI	99	9 9 9 9	99999	
(5)			per of an affiliated filing a separate ret	(6) urn	Х		ed on na fede	a pro eral reti	urn			Janizoo							
Α.	Fede	eral co	onsolidated income	e (federal l	Form 1	120, lir	ne 30).						Α.		99	999	999	999	.00
в.	Tenta	ative	total tax filed on fe	deral Fori	n 7004	L							в		99	999	999	999	.00
1.	Fede	eral ta	xable income (fede	eral Form 1	120, lii	ne 30.	If filing	a com	bined	report,	ente	r			99	999	999	999	.00
2.			om Form CR, line 13 ubtraction modifica					-							99	999	999	999	.00
3.			ddition modificatio												99	999	999	999	.00
0.															99	999	999	999	
4.	Adju	isted	federal taxable inco	ome (line	1 minu:	s line 2	2 plus l	ine 3)					4.						.00
Тах	:																		
5.	Gros	ss tax	(from rate schedule	on page {	5 of ins	tructio	ns)						5.		99	999	999	999	.00
6.	a M	aine	corporate income ta	<b>ax</b> (from li	ne 5 ab	ove or	Sche	dule A	line 5	)		6	a		99	999	999	999	.00
Ο.			recapture (see instru												99	999	999	999	.00
															99	999	999	999	.00
	с. Тс	otal ta	<b>ix</b> (add lines 6a and	6b)								6	ic.						.00

## 2023 Form 1120ME - Page 2

99	9999999
Federa	al EIN



\*2300101\*

									2000	101		
-	ments and credits:							99	999	999	999	
7.	a. Maine estimated tax paid		7a.					_	.00			
	b. Extension payment (Form 1120EXT-M	7b.		99	999	999	999	.00				
	c. Tax credits (Schedule C, line 1t plus lir	7c.		99	999	999	999	.00				
	d. Income tax withheld (from a pass-thro			99	999	999	999					
	Enclose Form 1099ME, W-2G, or other	7d.		0.0	000	999		.00				
	e. If amended, enter payments (see inst	ructions)				7e.		99				.00
	f. If amended, enter overpayments (see	e instructions)				7f.		99	999	999	999	.00
	g. Total payments and credits (add lines					7		99	999	999	999	. 00
	if the result is negative, enter a minus s	ign to the left of the hu	imber)			/g.				_		.00
Тах	due or overpayment								ind			
8.	a. If line 6c is greater than line 7g, subtraction from line 6c and enter the <b>TAX DUE</b>		99 9	999	999	999	.00		ine			<u>}</u>
	b. If line 7g is greater than line 6c subtract		99 9	999	999	999	00			OR		-
	from line 7g and enter the <b>OVERPAYM</b>	<b>EN I</b> OD.						rev	enue.n	naine.g	jov	
9.	Penalty for underpayment of estimated Check here if Form 2220ME, box 5a is che	<b>`</b>	,	Χ.		9.		99	999	999	999	.00
10	TOTAL DUE If you completed line 8a, OR	line 8h is less than lir	ne 9 ente	or the t	otal due							
10.	Pay in full with return. You may be required					•						
	See instructions or Rule 102					10.		99	999	999	999	.00
Ove	rpayment Carryforward/Refund											
11.	<b>OVERPAYMENT</b> If the amount on line 8b the amount on line 9 from line 8b and com					11.		99	999	999	999	00
12.	Amount of line 11 to be:											
12a	<b>CREDITED</b> to next year's estimated tax	999 999 99	<sup>9</sup> .00	12	b. REFU	NDED		99	999	999	999	.00
	REFUND DEPOSITED DIRE	CTLY TO YOUR CHE		ACCO	UNT (\$2	0,000 oi	<sup>,</sup> less). See	instruct	ions.			
Che	ck this box if this		12d. Check		ount Nu	mher						
refu acco	nd will go to an Xount outside the	<b>12c.</b> Routing Numbe						•		99999	999	
Unit	ed States											

This return MUST BE ACCOMPANIED BY a legible copy of the corporation's federal return (i.e. federal Form 1120, federal pro forma, or federal consolidated return), for the same tax period.

Please submit forms in the following order:

- 1. Pages 1 through 3 of Form 1120ME.
- 2. Schedules 1S, 1A, C, and X, if applicable.
- 3. Form CR, if required, including affiliation schedule.
- 4. Other statements for the Maine income tax return.
- 5. A copy of federal Form 1120, federal pro forma, or federal consolidated return.

## 2023 Form 1120ME - Page 3

99	99999999

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.

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

	(A) Within Maine								(B) Everywhere							(C) Apportionment Factor Line 1, Col. (A)/Col. (B) Rounded to 6 Decimals				
1.	Total Sales*		999	999	999	999	.00	÷		999	999	999	999	.00	= ,	9	.999	999		
2.	Total Payroll		999	999	999	999	.00	÷		999	999	999	999	.00						
3.	Total Property		999	999	999	999	.00	÷		999	999	999	999	.00						
4.	Gross ta	<b>ax</b> (Form 1120)	ME, line	5)							4.			99	99 9	999	999	.00		
5.	Maine co Enter her	orporate incor re and on Forn	<b>me tax</b> n 1120N	(line 4 x 1E, line 6	line 1, co 3a)	olumn (	C factor	r.			5.			9	99 9	999	999	.00		
6.	What am	ount of line 3,	column	A is <b>tan</b>	gible pe	rsonal	prope	rty?			6.		99	99	99 9	999	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)																			
CI	neck "Yes'	" to allow the p	aid prep	parer to o	discuss t	this retu	urn with	Main	e Revenu	le Services	5.	X	/es (cor	nplete	the fol	lowing	I). X	No.		
Х	XXXXX	XXXXXXXX	XX							999 999 9999					99999					
			Paid Pre	eparer's	Name					Paid Preparer's Phone Number						rsona	l Identi	fication #		
	Corporati	on President's	Name							Soc	ial Secur	ity Numl	ber		99	999	999	999		
	Treasure	r's Name								Soc	ial Secur	ity Numł	ber		99	999	999	999		
	Company	ı's Tax Departn	nent Err	nail Addr	ess															
		ties of perjury, I re true, correct																		
bei	ier tricy ar			inpiete. E	colaratic	n or pr	oparon	(ounci				1 miorine		WINCH		999	,	9999		
	Date			Office	er's Signa	ature				Title						Secu	rity Nu	mber		
															(	999	99	9999		
Date Signature and Address of Prepare								epare	r (Individu	ual or Firm)	)				Prepar	er's S	SN or I	PTIN		
					<u>Treas</u> and MA P.O	<b>Surer, S</b> <b>MAIL</b> INE RE	tate of I WITH R VENUE	<u>Maine</u> ETURI SERV	ICES	MAI P.O.	not enclo MAIL RE NE REVE BOX 106 GUSTA, M	TURN TO NUE SEF 4	0: RVICES							