| _ | | | 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 ⁻ 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 | ax (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 | ix (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 TAX DUE | | 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 OVERPAYM | EN I OD. | | | | | | rev | enue.n | naine.g | jov | |
| 9. | Penalty for underpayment of estimated Check here if Form 2220ME, box 5a is che | ` | , | 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. | OVERPAYMENT 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 | CREDITED to next year's estimated tax | 999 999 99 | ⁹ .00 | 12 | b. REFU | NDED | | 99 | 999 | 999 | 999 | .00 |
| | REFUND DEPOSITED DIRE | CTLY TO YOUR CHE | | ACCO | UNT (\$2 | 0,000 oi | [,] 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 | 12c. 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 | ax (Form 1120) | ME, line | 5) | | | | | | | 4. | | | 99 | 99 9 | 999 | 999 | .00 | | |
| 5. | Maine co Enter her | orporate incor re and on Forn | me tax 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 tan | 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 | Surer, S MAIL 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 | | | | | | | |