2024

Maine Corporate Income Tax Return Form 1120ME

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For calendar year 2024 or tax year

2024 to

*2400100

		MM DD	YYYY	MM I	DD YYYY		Check if you filed federal Form 990-T, 1120-C, or 1120-H
Na	ame of Corporation					Federal Business Code	
٨٥	ddress					Federal EIN	State of
Α.	101655					rederal Eliv	Incorporation
Ci	ity, Town or Post Office			St	ate ZIP	Code Pare	nt Company EIN
Co	ontact Person's First Name	Co	ntact Person's Last N	Name		Telephone N	Number
pr M al	Electronic filing IRS Rule 104 (Filing of Maine Tax Returns) requ reparers, that are subject to federal electronic f IRS Rule 102 (Electronic Funds Transfer) req Il Maine taxes that is \$10,000 or more to pay axpayers unable to meet the electronic filing a	ires corpora iling require uires taxpa all Maine ta	ations, and Maine coments to File Form yers with a combinaxes electronically.	1120ME electroned annual tax	onically. liability for	changed Check exemption	this box if the address has d. this box if claiming an on from the Maine corporate tax pursuant to PL 86-272.
m ac po re	axpayers unable to meet the electronic hilling a hay submit a written waiver request to the Sta ddress, and account numbers of the busine oses a significant hardship, and the length of equests to: Maine Revenue Services, Corpora or more information, see the General Instruc- tock applicable boxes:	ate Tax Ass ss, a detai time for whi ate Tax Unit	essor. The request led explanation of ch you are request , P.O. Box 9107, A	t must include t why filing electing a waiver. M	the name, ctronically lail waiver	any mer owned o in a p business of pass-	his box if during the tax year mber of the combined group or disposed of an interest bass-through entity doing in Maine and enter EIN through entity below (use a e sheet, if necessary):
1)	Initial return (2)	Amende return	d (3)	Combined re			
4)	Final return If final, indicate the final business date		, and check	the appropriat	,	w:	
	(a) Ceased doing (b) business in Maine	Diss	olved (c)		d, acquired nized. Succ	, or cessor EIN:	
5)	Member of an affiliated (6) group filing a separate return		ed on a pro na federal return				
Α.	Federal consolidated income (federal Fo	rm 1120, lir	ne 30)		A.		.00
В.	Tentative total tax filed on federal Form	7004			B.		.00
1.	Federal taxable income (federal Form 112 amount from Form CR, line 12). If negative				· 1.		.00
2.	Income subtraction modifications (Form	1120ME, S	Schedule 1S, line 2	23)	2.		.00
3.	Income addition modifications (Form 112	20ME, Sche	edule 1A, line 12)		3.		.00
4.	Adjusted federal taxable income (line 1 r	ninus line 2	plus line 3)		4.		.00
Tax	:						
5.	Gross tax (from rate schedule on page 5 c	f instructior	าร)		5.		.00
6.	a. Maine corporate income tax (from line	5 above or	Schedule A, line 5	5)	6a.		.00
	b. Credit recapture (see instructions)				6b.		.00
	Total tay (add lines 6s and 6h)				60		.00

Federal EIN

Pay	me	nts and credits:								
7.	a.	Maine estimated tax	paid			7a.				.00
	b.	Extension payment (Form 1120EXT-ME	i)		7b.				.00
	C.	Tax credits (Schedule	C, line 1s plus line	e 2e)		7c.				.00
	d.	Income tax withheld Enclose Form 1099ME	•	•	_					.00
	e.	If amended, enter pay	yments (see instru	ctions)		7e.				.00
	f.	If amended, enter over	erpayments (see i	nstructions)		7f.				.00
	g.	Total payments and o if the result is negative								.00
Тах	du	e or overpayment					_)
8.	a.	If line 6c is greater that from line 6c and enter					.00	Main		<u> </u>
	b.	If line 7g is greater tha							ORTAI	L
		from line 7g and enter	the OVERPAYME	NT 8b.			.00	revenue.i	maine.gov	
9.		enalty for underpaymeneck here if Form 2220		•		9.				.00
10.	TC	OTAL DUE If you comp	oleted line 8a, OR I	ine 8b is less than line	9, enter t	the total due.				
		ay in full with return. You								
		ee instructions or Rule 1				10.				.00
Ove	rpa	ayment Carryforward/l	Refund							
11.		VERPAYMENT If the ar e amount on line 9 from								.00
12.	Ar	mount of line 11 to be:								
12a.	CI	REDITED to next year's	s estimated tax		.00	12b. REFUNDED				.00
		REFUND D	EPOSITED DIREC	TLY TO YOUR CHEC	KING AC	COUNT (\$20,000 or	less). See i	instructions.		
refui acco	nd v un	this box if this will go to an t outside the States		12c. Routing Number			12d. Check	king Account Nu	mber	

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.



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 am	ounts to whole nu	mbers.									
	Check if using an alternate apportionment as provided by 36 M.R.S. § 5211(17).											
		(A)					(B)			(C)		
		Within Maine				Eve	Everywhere			Apportionment Factor Line 1, Col. (A)/Col. (B) Rounded to 6 Decimals		
	Total Sales*			.00	÷				.00	= .		
2.	Total Payroll			.00	÷				.00			
3.	Total Property			.00	÷				.00			
	Gross tax (Form 11						4.				.00	
5.	Maine corporate in Enter here and on F	come tax (line 4 x form 1120ME, line	line 1, column C 6a)	facto	r. 		5.				.00	
.	. What amount of line 3, column A is tangible personal property?											
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	heck "Yes" to allow th	e paid preparer to	discuss this retur	rn with	n Mair	ne Revenue Servi	es.	Yes (cor	mplete	the following).	No.	
		Paid Preparer's	Name			Paid	l Preparer's F	Phone Number	r	Personal lo	dentification #	
	Corporation Presider	nt's Name				S	ocial Security	y Number				
	Treasurer's Name					S	ocial Security	y Number				
	Company's Tax Depa	artment Email 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	Offic	er's Signature				Title			Social Securit	y Number	
	Date	Signa	ture and Address	of Pr	epare	er (Individual or Fir	m)		ا	Preparer's SSI	N or PTIN	
			f enclosing a che	ck, ma	ke ch	eck payable to:	If not enclosi	ing a check,				

enclosing a check, make check payable to:

<u>Treasurer, State of Maine</u>

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