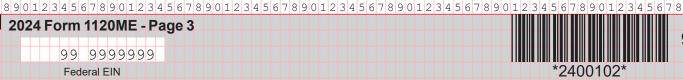
3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6			67890123456	78901234	5 6 7 8 9 0 1 2 3 4	56789012
04 2024	Maine Corpora For	te Incoi m 1120				99
06 For calendar year 07 2024 or tax year	99 99 <b>2024</b>	to	99 99 999 MM DD YYYY	9	*2400100*	
09 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXX			99999	1120-C, or 1120-	<b>0-т</b> , Х
11				Federal Business Co		
12 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX			99 9 Federal EIN	999999	XX State of
14 15 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			XX	99999	99 990	Incorporation
16 City, Town or Post Office					rent Company EIN	
17 18 XXXXXXXXXXXXXXXX	XXXXXXX	XXXXX.	XXX	999	999	9999
19 Contact Person's First Name	Contact Person'	s Last Name	.22.22	Telephone		
20 21 Electronic	filing & payment requirements					
MRS Rule 104 (Filing of Maine Tax Returns				X chang	this box if the added.	dress has
23 MRS Rule 102 (Electronic Funds Transferable all Maine taxes that is \$10,000 or more to			nnual tax liability for		this box if cla	
25 Taxpayers unable to meet the electronic	filing and payment requireme	nts becaus			e tax pursuant to PL	
26 may submit a written waiver request to the address, and account numbers of the bases.	ousiness, a detailed explana	tion of why	filing electronically	X any m	this box if during th ember of the combin	ned group
poses a significant hardship, and the leng requests to: Maine Revenue Services, Co				in a	or disposed of a pass-through ent	ity doing
For more information, see the General Ir	nstructions for Form 1120ME			of pas	ess in Maine and o s-through entity bel	ow (use a
Check applicable boxes:  (1) X Initial return (2)	X Amended (3	) X Co	mbined return	separa	ate sheet, if necessa	
33	return	(A	tach Form CR)		99 9999	
34 (4) X Final return 3 1 If final, indicate the final business	s date, and	check the	appropriate box below	v:		
36 (a) X Ceased doing business in Maine	(b) X Dissolved	(c) X	Merged, acquired, reorganized. Succe		99 99999	99
37 38 (5) X Member of an affiliated	(6) X Based on a pro					
39 group ming a separate return	forma federal re	eturn		0.0	000 000 00	
40 41 <b>A.</b> Federal consolidated income (feder	ral Form 1120, line 30)		A.	99	999 999 99	.00
42 B. Tentative total tax filed on federal F	Form 7004		B.	99	999 999 99	9 .00
44 1. Federal taxable income (federal For amount from Form CR, line 12). If neg	rm 1120, line 30. If filing a con	mbined rep	ort, enter	99	999 999 99	9 .00
45	gative, enter a minus sign to	the left of th	ie number 1.	99	999 999 99	) O
2. Income subtraction modifications	(Form 1120ME, Schedule 1S	, line 23)	2.			.00
3. Income addition modifications (For	rm 1120ME, Schedule 1A, lin	e 12)	3.	99	999 999 99	.00
50 4. Adjusted federal taxable income (li	ne 1 minus line 2 plus line 3)		1	99	999 999 99	9 .00
51 S2	rie i minus ime 2 pius ime 3)					
53 <b>Tax</b> :						
54 55 <b>5. Gross tax</b> (from rate schedule on page	ge 5 of instructions)		5.	99	999 999 99	.00
56	m line 5 above or Schodule A	line 5)	60	99	999 999 99	9 .00
57 <b>6.</b> a. <b>Maine corporate income tax</b> (from 58	in line 3 above of Schedule A	, iiie 5)	oa.	99	999 999 99	\0
5 9 b. <b>Credit recapture</b> (see instructions	3)		6b.			.00
60 61 c. <b>Total tax</b> (add lines 6a and 6b)			6c.	99	999 999 99	.00
V + 1						
62					0 "	
62 63 <b>6</b> 4					Continue on pa	ge 2

01																
	0000111111111										66666	5 7 7 7 7	77777	7778	88888	3
12345				2345678	9012.	3 4 5 6	/ 8 9 0 .	12345	06/85	01234	56/8		456	890	1234:	)
05	<b>2024 FORM</b>	I IZUIVIE - F	age z											99		
06	99 9	9999999														
07	Federal										*2400	101*				
	Payments and credits	:								0.0	000	000	000			
09	7. a. Maine estimate	ed tax paid						7a.		93	999	999	999	. 00		
11			LOOFY ME					71.		99	999	999	999	. 00		
12	b. Extension pay	ment (Form 11	120EX1-ME)					/b.						. 00		
13	c. Tax credits (So	chedule C, line	1s plus line 2e	e)				7c.		99	999	999	999	.00		
14	d. Income tax wit			99	999	999	999									
16	Enclose Form 1	1099ME, W-2G	, or other supp	oorting documer	ntation)			7d.						.00		
17	e. If amended, en	nter navments	(see instruction	ons)				7e		99	999	999	999	.00		
18			(00001.000							90	999	999	999			
20	f. If amended, en	nter overpaym	<b>ents</b> (see instr	ructions)				7f.				333		.00		
21	g. Total payments									99	999	999	999	. 00		
22	if the result is no	egative, enter a	a minus sign to	the leπ of the r	number).			/g.						.00		
23	Tax due or overpayme	ent									•					
25	8. a. If line 6c is great from line 6c and	ater than line 7	g, subtract line	7g	99	999	999	999		MC	aine	<u> </u>	=			
26									.00	TA	X P	OD.	T A I			
27	b. If line 7g is great from line 7g and				99	999	999	999	.00		venue.r					
28 29											venue.i	name.ų	JUV			
30		m 2220ME how	stimated tax (	attach Form 22	20ME)	X		a		99	999	999	999	00		
31		II ZZZOWIE, BOX	Coa is cricored											.00		
32	.,						otal due									
33	Pay in full with retu							40		90	999	999	999			
35	See instructions of	r Rule 102		•••••				10.						. 00		
36		rward/Refund														
37	11. OVERPAYMENT I the amount on line							11		99	999	999	999	00		
	12. Amount of line 11		and complete	: IIIIe 12				11.						.00		
	12a. CREDITED to nex		ited tax 99	9 9 9 9 9	99.0	0 12	b. REFU	INDED		99	999	999	999	.00		
41																
42	REF	UND DEPOSIT	TED DIRECTL	Y TO YOUR CH	IECKING	ACCO	UNT (\$2	0,000 oı	r less). S	See instru	ctions.					
	Check this box if this		120	c. Routing Num	ber				<b>12d</b> . C	hecking Ac	count Nu	mber				
45	refund will go to an account outside the	X		9999999						999999			99			
46	United States															
47																
49																
50																
51	This return MUST BE	ACCOMPANIE	D BY a legibl	e copy of the o	corporat	ion's fe	deral ret	turn (i.e.	. federal	Form 112	0, federa	l pro for	ma, or f	ederal		
53	consolidated return), f	for the same t	ax period.													
54	Ple	ease submit fo	orms in the fo	ollowing order												
55		1.	Pages 1 th	rough 3 of Fo	rm 1120											
56 57		2. 3.		S 1S, 1A, C, ar if required, inc				41110								
58		4.		ements for the												
59		5.	A copy of f	federal Form ′	1120, fe	deral pr	o forma	a, or fed	deral co	nsolidated	return.					
60																
61																
62											Cont	inue on	nage 3			

 99 9999999

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 alter	nate app	ortionme	ent as pro	ovide	d by 3	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*	999	999	999	999.	00	÷		999	999	999	999	.00	=	9.	. 9999	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 tax (Form	n 1120ME, line	÷ 5)							4.			9 9	99	999	999	.00	
5. Maine corporate income tax (line 4 x line 1, column C factor. Enter here and on Form 1120ME, line 6a)										999 999 999.00								
6.	What amount of	line 3, column	A is <b>tan</b>	gible pe	rsonal p	rope	rty?			6.		99	9 9	99	999	999	.00	
	ote: Total Sales n					ction o	on Fo	rm 1120N	ИЕ, Schedule	e 1S, line	es 5, 12,	13, an	d 14. (	Other	limitatio	ns apply	у.	
									<b>on</b> (see instru									
С	heck "Yes" to allo	w the paid pre	parer to	discuss	this returi	n with	Main	ne Reven	ue Services.		X	es (con	nplete	the fo	ollowing	). X	No.	
X	XXXXXXXX	XXXXXX							999 99	9 99	99				9999			
Paid Preparer's Name									Paid Preparer's Phone Number Personal Ident								cation a	#

Corporation President's Name Social Security Number Treasurer's Name Social Security Number Company's Tax Department Email 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.

999 99 9999 Officer's Signature Date Title Social Security Number 999 99 Date Signature and Address of Preparer (Individual or Firm) Preparer's SSN or PTIN

> If enclosing a check, make check payable to: Treasurer, State of Maine 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

