

2024

Maine Corporate Income Tax Return Form 1120ME



99

For calendar year 2024 or tax year

99 99 2024 to 99 99 9999

\*2400100\*

Name of Corporation

Federal Business Code 999999

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

Address

Federal EIN 99 9999999 State of Incorporation XX

City, Town or Post Office

State XX ZIP Code 99999 Parent Company EIN 99 9999999

Contact Person's First Name

Contact Person's Last Name

Telephone Number 999 999 9999

Electronic filing & payment requirements

MRS Rule 104 (Filing of Maine Tax Returns) requires corporations, and Maine corporate income tax return preparers, that are subject to federal electronic filing requirements to File Form 1120ME electronically. MRS Rule 102 (Electronic Funds Transfer) requires taxpayers with a combined annual tax liability for all Maine taxes that is \$10,000 or more to pay all Maine taxes electronically. Taxpayers unable to meet the electronic filing and payment requirements because of undue hardship may submit a written waiver request to the State Tax Assessor. The request must include the name, address, and account numbers of the business, a detailed explanation of why filing electronically poses a significant hardship, and the length of time for which you are requesting a waiver. Mail waiver requests to: Maine Revenue Services, Corporate Tax Unit, P.O. Box 9107, Augusta, ME 04332-9107. For more information, see the General Instructions for Form 1120ME.

- Check this box if the address has changed. X
Check this box if claiming an exemption from the Maine corporate income tax pursuant to PL 86-272. X
Check this box if during the tax year any member of the combined group owned or disposed of an interest in a pass-through entity doing business in Maine and enter EIN of pass-through entity below (use a separate sheet, if necessary): X

Check applicable boxes:

- (1) X Initial return (2) X Amended return (3) X Combined return (Attach Form CR) 99 9999999
(4) X Final return If final, indicate the final business date, and check the appropriate box below:
(a) X Ceased doing business in Maine (b) X Dissolved (c) X Merged, acquired, or reorganized. Successor EIN: 99 9999999
(5) X Member of an affiliated group filing a separate return (6) X Based on a pro forma federal return

Table with 3 columns: Description, Amount, and Total. Rows include Federal consolidated income, Tentative total tax filed on federal Form 7004, Federal taxable income, Income subtraction modifications, Income addition modifications, Adjusted federal taxable income, Tax: Gross tax, Maine corporate income tax, Credit recapture, and Total tax.



99 9999999  
Federal EIN

\*2400101\*

Payments and credits:

7. a. <b>Maine estimated tax paid</b> .....	7a.	99 999 999 999	.00
b. <b>Extension payment</b> (Form 1120EXT-ME) .....	7b.	99 999 999 999	.00
c. <b>Tax credits</b> (Schedule C, line 1s plus line 2e) .....	7c.	99 999 999 999	.00
d. <b>Income tax withheld</b> (from a pass-through entity or from gambling winnings. Enclose Form 1099ME, W-2G, or other supporting documentation) .....	7d.	99 999 999 999	.00
e. <b>If amended, enter payments</b> (see instructions) .....	7e.	99 999 999 999	.00
f. <b>If amended, enter overpayments</b> (see instructions) .....	7f.	99 999 999 999	.00
g. <b>Total payments and credits</b> (add lines 7a through 7e and subtract line 7f; if the result is negative, enter a minus sign to the left of the number) .....	7g.	99 999 999 999	.00

Tax due or overpayment

8. a. If line 6c is greater than line 7g, subtract line 7g from line 6c and enter the <b>TAX DUE</b> .....	8a.	99 999 999 999	.00
b. If line 7g is greater than line 6c subtract line 6c from line 7g and enter the <b>OVERPAYMENT</b> .....	8b.	99 999 999 999	.00
9. <b>Penalty for underpayment of estimated tax</b> (attach Form 2220ME) Check here if Form 2220ME, box 5a is checked .....	<input checked="" type="checkbox"/> 9.	99 999 999 999	.00
10. <b>TOTAL DUE</b> If you completed line 8a, OR line 8b is less than line 9, enter the total due. Pay in full with return. You may be required to make payments electronically. See instructions or Rule 102 .....	10.	99 999 999 999	.00



Overpayment Carryforward/Refund

11. <b>OVERPAYMENT</b> If the amount on line 8b exceeds the amount on line 9, subtract the amount on line 9 from line 8b and complete line 12 .....	11.	99 999 999 999	.00		
12. Amount of line 11 to be:					
12a. <b>CREDITED</b> to next year's estimated tax	999 999 999	.00	12b. <b>REFUNDED</b>	99 999 999 999	.00

REFUND DEPOSITED DIRECTLY TO YOUR CHECKING ACCOUNT (\$20,000 or less). See instructions.

Check this box if this  
refund will go to an  
account outside the  
United States

12c. Routing Number  
999999999

12d. Checking Account Number  
99999999999999999999

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.



99 9999999  
Federal EIN

\*2400102\*

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).

Table with 3 columns: (A) Within Maine, (B) Everywhere, (C) Apportionment Factor. Rows include Total Sales, Total Payroll, Total Property, Gross tax, Maine corporate income tax, and 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)

Check "Yes" to allow the paid preparer to discuss this return with Maine Revenue Services. X Yes (complete the following) X No.
XXXXXXXXXXXXXXXXXXXX 999 999 9999 99999
Paid Preparer's Name Paid Preparer's Phone Number Personal Identification #

Corporation President's Name Social Security Number 999 99 9999
Treasurer's Name Social Security Number 999 99 9999
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.

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

If enclosing a check, make check payable to: If not enclosing a check, MAIL RETURN TO:
Treasurer, State of Maine and MAIL WITH RETURN TO:
MAINE REVENUE SERVICES
P.O. BOX 1065 AUGUSTA, ME 04332-1065

