2018

For calendar year 2018 or tax year

MAINE CORPORATE INCOME TAX RETURN **FORM 1120ME**

99 99 **2018 to** 99 99 9999 DD YYYY



1800100

999999

99

999

999 999

.00

Federal Business Code

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

Name of Corporation

MM

g. INCOME FROM OWNERSHIP INTEREST IN PASS-THROUGH ENTITY FINANCIAL

State of Incorporation

99 9999999 XXAddress Federal Employer ID Number 99999 XX 99 9999999 XXXXXXXXXXXXXXXXXXX ZIP Code Parent Company Employer ID Number City. Town or Post Office State 999 XXXXXXXXXXXXXXX XXXXXXXXXXXXXX 999 9999 Contact Person's First Name Contact Person's Last Name Telephone Number Check this box if your address has changed. Χ Check this box if you are claiming an exemption from the Maine corporate X income tax pursuant to PL 86-272. Check this box if during the tax year any member of the combined group disposed of an interest in a pass-Χ through entity doing business in Maine. Check this box if any member of the combined group owned an interest in a pass-through entity doing business in **CHECK APPLICABLE BOXES:** Χ Maine. If so, provide EIN of pass-Combined return Initial Return Amended (3) through entity: Χ Χ (Attach Form CR) X Return(2) 9999999 Final return (4)If final, indicate the final business date and check the appropriate box below: Χ Merged, acquired (a) Ceased doing Dissolved (b) (c) business in Maine or reorganized Χ Χ Χ Successor EIN (5)Member of an affiliated (6)Based on a pro-forma group filing a separate Χ X return 999 999 999 .00 999 999.00 999 В FEDERAL TAXABLE INCOME (federal Form 1120, line 30. If filing a combined report, enter 999 999 999.00 99 SUBTRACTIONS FROM FEDERAL TAXABLE INCOME: 999 999.00 999 b FOREIGN DIVIDEND GROSS-UP..... 999 999 999.002b. c. WORK OPPORTUNITY CREDIT AND EMPOWERMENT ZONE CREDIT DEDUCTIONS (attach federal Form 5884 and/or Form 8844, as appropriate)......2c. 999.00 99 999 999 d. INCOME NOT TAXABLE UNDER THE CONSTITUTION OF MAINE OR THE U.S.2d. 999 999 999.00 99 e. DIVIDENDS FROM CERTAIN AFFILIATED CORPORATIONS 999 999 999.00 999 999 999 .00

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SL	IBTRACTIONS, cont:				
	h. STATE INCOME TAX REFUNDS (included in line 1 above)	99	999	999	999 .00
	i. BONUS DEPRECIATION/SECTION 179 EXPENSE RECAPTURE2i.	99	999	999	999 .00
	j. MEDICAL MARIJUANA BUSINESS EXPENSES (see instructions)	99	999	999	999 .00
	k. 50% OF APPORTIONABLE SUBPART F INCOME (see instructions)2k.	99	999	999	999 .00
	I. 80% OF APPORTIONABLE DEFERRED FOREIGN INCOME (see instructions)2l.	99	999	999	999 .00
	m. 50% OF GLOBAL INTANGIBLE LOW-TAXED INCOME (see instructions)2m.	99	999	999	999 .00
	n. OTHER (see instructions)	99	999	999	999 .00
	o. TOTAL SUBTRACTIONS (add lines 2a through 2n)	99	999	999	999 .00
3.	LINE 1 MINUS 20. If negative, enter a minus sign in the box to the left of the number	99	999	999	999 .00
ΑĽ	DITIONS TO FEDERAL TAXABLE INCOME:				
4	a. INCOME TAXES (imposed by Maine or any other state, attach schedule)4a.	99	999	999	999 .00
	b. DEFERRED FOREIGN INCOME (see instructions)	99	999	999	999 .00
	c. PARTICIPATION EXEMPTION DEDUCTION ADD-BACK (see instructions)4c.	99	999	999	999 .00
	d. GLOBAL INTANGIBLE LOW-TAXED INCOME DEDUCTION ADD-BACK (see instructions) 4d	99	999	999	999 .00
	e. INTEREST FROM STATE AND MUNICIPAL BONDS (other than Maine)4e.	99	999	999	999 .00
	f. NET OPERATING LOSS ADJUSTMENT (see instructions)	9	999	999	999 .00
	g. MAINE CAPITAL INVESTMENT CREDIT BONUS DEPRECIATION ADD-BACK4g.		999	999	999 .00
	h. BONUS DEPRECIATION ADD-BACK		999	999	999 .00
	i. OTHER (see instructions)4i.		999	999	999 .00
	j. TOTAL ADDITIONS (add lines 4a through 4i)4j.		999	999	999 .00
5.	ADJUSTED FEDERAL TAXABLE INCOME (add lines 3 and 4j)		999	999	999 .00
TA	X:				
6.	GROSS TAX (from rate schedule on page 7 of instructions)		999	999	999 .00
7	a. MAINE CORPORATE INCOME TAX (from line 6 above or Schedule A, line 6)7a.		999	999	999 .00
	b. CREDIT RECAPTURE: (see instructions)		999	999	999 .00
	c. TOTAL TAX (add lines 7a and 7b)7c.		999	999	999 .00

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PAYMENTS AND CREDITS:

3	a.	MAINE ESTIMATE	D TAX PAID						8a.			999	999	999	.00			
	b.	EXTENSION PAYN	MENT (Form 1120E)	XT-ME)					8b.			999	999	999	.00			
	C.	TAX CREDITS (Sc	hedule C, line 1u pl	us line 2c)					8c.			999	999	999	.00			
	d.	INCOME TAX WITH Enclose Form 1099	HHELD (from a pas 9ME, W-2G, or othe						8d.			999	999	999	.00			
	e.	If amended, enter p	payments (see instru	uctions)					8e.			999	999	999	.00			
	f.	If amended, enter of	overpayments (see	instructions)					8f.			999	999	999	.00			
	g.	TOTAL PAYMENTS	S AND CREDITS (a ninus sign to the left	add lines 8a throu of the number)	ugh 8e and	d subtrac	t line 8f; if th	e result is	8g.			999	999	999	.00			
9	TΔ	AX AND CREDITS -	TAX DUE OR OVE	RPAYMENT							RAYEZA	Use EZ						
		If line 7c is greater line 7c and enter th			9a.		999	999	999	.00	E SA	maine.c Check here Form 2220	e if	enue				
	b.	If line 8g is greater line 8g and enter th	than line 7c subtraction of the OVERPAYMENT	ct line 7c from	9b.		999	999	999	.00		block 5a is	checked	-	Χ			
	TC	nter PENALTY for ur DTAL DUE If you co	mpleted line 9a, OR	R line 9b is less th	an line 10	, enter th	e total due.			10.		999	999	999	.00			
	Pa	ay in full with return. ake check payable to	You may be require	d to make payme	ents electr	onically.	See instruct	ions or Ru		11.		999	999	999	.00			
	lin	VERPAYMENT If the ie 9b and complete li mount of line 12 to be	ine 13									999	999	999	.00			
		REDITED to next ye			999	999	999 .	00	13b. REF	UNDED		999	999	999	. 00			
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		nt outside the						99	99993)))								
		States																
			13d. Ch	ecking Account	t Numbei	r				999	99999	999999	99999	9				
	C	ORPORATION PRE	SIDENT'S NAME					SOCIA	L SECURI	TY NUME	BER	9	99 9	9 99	99			
	TF	REASURER'S NAME	E					SOCIA	L SECURI	TY NUME	BER	99	99 99	9 999	99			
	C	OMPANY'S WEB SI	TE ADDRESS															
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_				PED'S SIGNATII					TITLE					99 99 FY NUMB				
	DATE OFFICER'S SIGNATURE								IILE			COUNTY TO MIDEN						

Please submit forms in the following order:

- 1. Pages 1 through 7 of Form 1120ME, as required.
- 2. Form CR, if required, including affiliation schedule.
- 3. Other statements for the Maine income tax return.
- 4. A copy of federal Form 1120, pages 1 through 5.



THIS RETURN MUST BE ACCOMPANIED BY A LEGIBLE COPY OF THE U.S. CORPORATE INCOME TAX RETURN, FEDERAL FORM 1120, PAGES 1-5, FOR THE SAME TAXABLE PERIOD.

SIGNATURE AND ADDRESS OF PREPARER (INDIVIDUAL OR FIRM)

If enclosing a check, make check payable to: <u>Treasurer, State of Maine</u> and MAIL WITH RETURN TO:

and MAIL WITH RETURN TO: MAINE REVENUE SERVICES P.O. BOX 1065 AUGUSTA, ME 04332-1065 If not enclosing a check, MAIL RETURN TO:

PREPARER'S SSN OR PTIN

999 99 9999

MAINE REVENUE SERVICES P.O. BOX 1064 AUGUSTA, ME 04332-1064

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SCHEDULE A - APPORTIONMENT OF TAX

Do not complete this schedule if 100% of your business activity is attributable to Maine. Schedules C and D may still be required.

All others must complete this schedule and enter amounts in columns A and B, even if those amounts are zero. If this schedule is left blank or excluded, your Maine apportionment factor will be set at 100%. Round all dollar amounts to whole numbers.

	Check if using an alternate apportionment as provided by 36 M.R.S. § 5211(17) or if this is a mutual fund service paper special apportionment formula under 36 M.R.S. § 5212(2).													ovider electing to use the						
		(A)							(C) Apportionment Factor											
		Withir Maine					Line 1, Col. (A)/Col. (B) Rounded to 6 Decimals													
1.	Total * Sales	999	999	999	999	.00 ÷		999	999	999	999	. 0	0 =	. 9.9	99999	9				
2.	Total Payroll	999	999	999	999	.00		999	999	999	999	. 0	0							
3.	Total Property	999	999	999	999	.00		999	999	999	999	. 0	0							
4.	MAINE AP	PORTIONMENT FACTO)R (line 1,	, column	(C) abov	e)							4.	9.9	99999	9				
5.	GROSS TA	AX (Form 1120ME, line 6			5.			9	999	999	999	.00								
6.	6. MAINE CORPORATE INCOME TAX (line 5 x line 4 factor. Enter here and on Form 1120ME, line 7, page 2)							6.					999	999	999	.00				

*Note: Total Sales must exclude income claimed as a deduction on Form 1120ME, lines 2e, 2k, 2l and 2m. Other limitations apply. See Schedule A instructions for additional information.

SCHEDULE B - ALTERNATIVE MINIMUM TAX

REPEALED FOR TAX YEARS BEGINNING ON OR AFTER JANUARY 1, 2018

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SCHEDULE C - TAX CREDITS (Attach worksheets. To get worksheets, see www.maine.gov/revenue/forms.)

Noi	n-refi	undable Credits					
1.	a.	SEED CAPITAL INVESTMENT TAX CREDIT	1a.	999	999	999	.00
	b.	JOBS AND INVESTMENT TAX CREDIT CARRYFORWARD	1b.	999	999	999	.00
	C.	EMPLOYER-ASSISTED DAY CARE CREDIT AND QUALITY CHILD CARE INVESTMENT CREDIT CARRYFORWARD	1c.	999	999	999	.00
	d.	EMPLOYER-PROVIDED LONG-TERM CARE BENEFITS CREDIT CARRYFORWARD	1d.	999	999	999	.00
	e.	PINE TREE DEVELOPMENT ZONE REGULAR TAX CREDIT	1e.	999	999	999	.00
	f.	MAINE CAPITAL INVESTMENT CREDIT	1f.	999	999	999	.00
	g.	RESEARCH EXPENSE TAX CREDIT	1g.	999	999	999	.00
	h.	SUPER CREDIT FOR SUBSTANTIALLY INCREASED RESEARCH AND DEVELOPMENT CARRYFORWARD	1h.	999	999	999	.00
	i.	HIGH-TECHNOLOGY INVESTMENT TAX CREDIT CARRYFORWARD	1i.	999	999	999	.00
	j.	MINIMUM TAX CREDIT (from Schedule D, line 1e)	1j.	999	999	999	.00
	k.	EMPLOYER FAMILY AND MEDICAL LEAVE CREDIT	1k.	999	999	999	.00
	I.	CREDIT FOR EDUCATIONAL OPPORTUNITY	1I.	999	999	999	.00
	m.	WELLNESS PROGRAM CREDIT	1m.	999	999	999	.00
	n.	CERTIFIED VISUAL MEDIA PRODUCTION CREDIT	1n.	999	999	999	.00
	0.	BIOFUEL PRODUCTION TAX CREDIT CARRYFORWARD	10.	999	999	999	.00
	p.	MAINE FISHERY INFRASTRUCTURE CREDIT	1p.	999	999	999	.00
	q.	CREDIT FOR DISABILITY INCOME PROTECTION PLANS	1q.	999	999	999	.00
	r.	OTHER CREDITS (see instructions)	1r.	999	999	999	.00
	S.	TOTAL NON-REFUNDABLE CREDITS: (add lines 1a through 1r)	1s.	999	999	999	.00
	t.	TOTAL TAX (from Form 1120ME, line 7c)	1t.	999	999	999	.00
	u.	ALLOWABLE NONREFUNDABLE CREDITS (Enter amount from line 1s or 1t, whichever is less. Add this line to line 2c and enter result on Form 1120ME, line 8c)	1u.	999	999	999	.00

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Ref	unda	ble Credits				
2.	a.	HISTORIC REHABILITATION CREDIT	999	999	999	.00
	b.	NEW MARKETS CAPITAL INVESTMENT CREDIT	999	999	999	.00
	C.	TOTAL REFUNDABLE CREDITS: (Add lines 2a and 2b. Add this line to line 1u and enter result on Form 1120ME, line 8c)	999	999	999	.00
		SCHEDULE D - MINIMUM TAX CREDIT				
1.	a.	ALTERNATIVE MINIMUM TAX FOR 2017 (2017 Form 1120ME, Schedule B, line 10c)1a.	999	999	999	.00
	b.	MINIMUM TAX CREDIT CARRYOVER FROM 2017 (2017 Form 1120ME, Schedule D, line 1h)1b.	999	999	999	.00
	c.	AVAILABLE MINIMUM TAX CREDIT (line 1a plus line 1b)	999	999	999	.00
	d.	REGULAR INCOME TAX LIABILITY FOR 2018 (Form 1120ME, line 7a minus all Schedule C credits except minimum tax credit)	999	999	999	.00
	e.	MINIMUM TAX CREDIT: enter the smaller of line 1c or line 1d here and on Schedule C, line 1j1e.	999	999	999	.00

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SCHEDULE X - AMENDED RETURN ADJUSTMENTS

1.	Reason	for	change:
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	X	a.	IRS change	Х	0 .	Net opeloss	erating		Х	C.	Federal amended	1120X	X	d.	Accounting change					
	X	e.	Other (attach explanation)		f.		er of an d group f rate retur		Х	g.	Combined (attach Fo									
		Liı	(A) ne Adjusted	As Most	Red	(B) cently Fi	led or Adj	usted				(C) Adjustm	ent			(D) Correct Amount				
2.	a.	_				999	999	99	9			999	999	999)	999	999	999		
	b.	_				999	999	99	9			999	999	999)	999	999	999		
	C.	_			(999	999	999	9			999	999	999)	999	999	999		
	d.	_			(999	999	999	9			999	999	999)	999	999	999		
	e.	_				999	999	99	9			999	999	999)	999	999	999		
	f.	_				999	999	99	9			999	999	999)	999	999	999		
	g	_				999	999	99	9			999	999	999)	999	999	999		
	h	_				999	999	99	9			999	999	999)	999	999	999		
	i.	_				999	999	99	9			999	999	999)	999	999	999		
	j.	_			(999	999	999	9			999	999	999)	999	999	999		
	k.	_				999	999	99	9			999	999	999)	999	999	999		
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