

2024

Maine Corporate Income Tax Return Form 1120ME



99

For calendar year 2024 or tax year

2024 to MM DD YYYY MM DD YYYY

\*2400100\*

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

Name of Corporation

Federal Business Code

Address

Federal EIN State of Incorporation

City, Town or Post Office

State ZIP Code Parent Company EIN

Contact Person's First Name

Contact Person's Last Name

Telephone Number

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.
Check this box if claiming an exemption from the Maine corporate income tax pursuant to PL 86-272.
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):

Check applicable boxes:

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

Table with 3 columns: Description, Line Number, Amount. 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, Total tax.

[Redacted]

Federal EIN



\*2400101\*

Payments and credits:

7.	a. <b>Maine estimated tax paid</b> .....	7a.	[Redacted]	.00
	b. <b>Extension payment</b> (Form 1120EXT-ME) .....	7b.	[Redacted]	.00
	c. <b>Tax credits</b> (Schedule C, line 1s plus line 2e) .....	7c.	[Redacted]	.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.	[Redacted]	.00
	e. <b>If amended, enter payments</b> (see instructions) .....	7e.	[Redacted]	.00
	f. <b>If amended, enter overpayments</b> (see instructions) .....	7f.	[Redacted]	.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.	[Redacted]	.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.	[Redacted]	.00
	b. If line 7g is greater than line 6c subtract line 6c from line 7g and enter the <b>OVERPAYMENT</b> .....	8b.	[Redacted]	.00
9.	<b>Penalty for underpayment of estimated tax</b> (attach Form 2220ME) Check here if Form 2220ME, box 5a is checked .....	[Redacted]	[Redacted]	.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.	[Redacted]	.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.	[Redacted]	.00		
12.	Amount of line 11 to be:					
12a.	<b>CREDITED</b> to next year's estimated tax	[Redacted]	.00	12b. <b>REFUNDED</b>	[Redacted]	.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

[Redacted]

12c. Routing Number

[Redacted]

12d. Checking Account Number

[Redacted]

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.



[Redacted]

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.

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. Yes (complete the following) No.

Fields for Paid Preparer's Name, Paid Preparer's Phone Number, and Personal Identification #.

Fields for Corporation President's Name, Social Security Number, Treasurer's Name, Social Security Number, and 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.

Signature block with fields for Date, Officer's Signature, Title, Social Security Number, Signature and Address of Preparer, and 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

