

Form 1120X-ME 2006

MAINE AMENDED CORPORATE INCOME TAX RETURN



For calendar year 2006 or tax year

06 to

USE THIS FORM ONLY FOR TAX YEAR 2006

Name of Corporation _____ Federal Business code _____
 Address _____ Federal Employer ID Number _____ State of Incorporation _____
 City, Town, or Post Office _____ State _____ ZIP Code _____ Parent Company Employer ID Number _____
 Contact Person's First Name _____ Contact Person's Last Name _____ Telephone Number _____

REASON FOR CHANGE: (1) IRS change (2) Net operating loss (3) Federal amended 1120X (4) Accounting change (5) Other (attach explanation)
 (6) You are a member of an affiliated group filing a separate return (7) You are filing a combined return (If so, complete & attach Form CR)

DO NOT STAPLE OR TAPE FORMS TO YOUR RETURN. DO NOT SEND PHOTOCOPIES OF RETURNS.

	A. Original	B. Adjustment	C. Correct Amount
A. CONSOLIDATED FEDERAL TAXABLE INCOME if filing as part of a federal consolidated return A.			A. _____ .00
1. FEDERAL TAXABLE INCOME If negative, enter a minus sign in the box to the left of the number 1.			1. _____ .00
2. SUBTRACTIONS:			
a. NONTAXABLE INTEREST 2a.			2a. _____ .00
b. FOREIGN DIVIDEND GROSS-UP 2b.			2b. _____ .00
c. WORK OPPORTUNITY CREDIT AND EMPOWERMENT ZONE CREDIT DEDUCTIONS (attach federal Form 5884 or Form 8844) 2c.			2c. _____ .00
d. INCOME NOT TAXABLE UNDER THE CONSTITUTION OF MAINE OR THE U.S. 2d.			2d. _____ .00
e. DIVIDENDS FROM CERTAIN AFFILIATED CORPORATIONS (limitations - see instructions) 2e.			2e. _____ .00
f. NET OPERATING LOSS DEDUCTION CARRY-OVER (limitations - see instructions) 2f.			2f. _____ .00
g. INCOME FROM OWNERSHIP INTEREST IN PASS-THROUGH FINANCIAL ENTITIES (subject to Maine Franchise Tax) 2g.			2g. _____ .00
h. STATE INCOME TAX REFUNDS (included in line 1 above) 2h.			2h. _____ .00
i. BONUS DEPRECIATION / SECTION 179 EXPENSE RECAPTURE (see instructions) 2i.			2i. _____ .00
j. OTHER (see instructions) 2j.			2j. _____ .00
k. TOTAL SUBTRACTIONS (add lines 2a through 2j) 2k.			2k. _____ .00
3. LINE 1 MINUS LINE 2k. If negative, enter a minus sign in the box to the left of the number 3.			3. _____ .00
4. ADDITIONS:			
a. INCOME TAXES imposed by Maine or any other state (attach schedule) 4a.			4a. _____ .00
b. UNRELATED EXPENSES (attach schedule) 4b.			4b. _____ .00
c. INTEREST FROM STATE AND MUNICIPAL BONDS other than Maine 4c.			4c. _____ .00
d. NET OPERATING LOSS RECOVERY ADJUSTMENT 4d.			4d. _____ .00
e. DOMESTIC PRODUCTION ACTIVITIES DEDUCTION ADD-BACK 4e.			4e. _____ .00
f. SECTION 179 EXPENSE ADD-BACK 4f.			4f. _____ .00
g. OTHER 4g.			4g. _____ .00
h. TOTAL ADDITIONS (add lines 4a through 4g) 4h.			4h. _____ .00

2006 MAINE AMENDED CORPORATE INCOME TAX RETURN



Federal EIN

Table with columns A (Original), B (Adjustment), and C (Correct Amount). Rows include ADJUSTED FEDERAL TAXABLE INCOME, GROSS TAX, MAINE CORPORATE INCOME TAX, MINIMUM TAX, and TOTAL TAX.

Table for PAYMENTS AND CREDITS. Rows include MAINE ESTIMATED TAX PAID, EXTENSION PAYMENT, PAYMENT WITH ORIGINAL RETURN AND ADDITIONAL PAYMENTS, OTHER CREDITS, PASS-THROUGH ENTITY WITHHOLDING, TOTAL PAYMENTS AND CREDITS, OVERPAYMENT, LINE 8f MINUS LINE 8g, TAX DUE, PENALTY FOR UNDERPAYMENT, TOTAL AMOUNT DUE, and REFUNDED.

COMPANY'S WEB SITE ADDRESS
CORPORATION PRESIDENT'S NAME SOCIAL SECURITY NUMBER
TREASURER'S NAME SOCIAL SECURITY NUMBER

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

DATE SIGNATURE AND ADDRESS OF PREPARER (INDIVIDUAL OR FIRM) PREPARER'S SSN OR PTIN

File return with: Maine Revenue Services P.O. Box 1062 Augusta, ME 04332-1062

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Federal EIN

SCHEDULE A - APPORTIONMENT OF TAX

Check here if this has been amended: [] Check here if this is as originally reported or previously adjusted: []

Do not complete this schedule if 100% of your business activity is apportionable to Maine.

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 here if the taxpayer is a mutual fund service provider electing to use the special apportionment formula under 36 M.R.S.A. § 5212(2).

Table with 3 columns: (A) Within Maine, (B) Everywhere, (C) Maine Factors. Rows include Total Sales, Total Payroll, and Total Property.

If one of these factors has a value of zero in both column A and column B, see the instructions on page 7.

Summary rows for MAINE APPORTIONMENT FACTOR, GROSS TAX, MAINE CORPORATE INCOME TAX, and TANGIBLE PERSONAL PROPERTY.

SCHEDULE B - MINIMUM TAX

Check here if this has been amended: [] Check here if this is as originally reported or previously adjusted: []

Attach federal Form 4626. This schedule must be completed even if it is the same as originally filed or previously adjusted.

Main table for Schedule B with rows 19-28c, including Federal Alternative Minimum Taxable Income, Exemption, and Final Income Tax.

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SCHEDULE C - OTHER CREDITS

Check here if this has been amended: [] Check here if this is as originally reported or previously adjusted: [] This schedule must be completed even if it is the same as originally filed or previously adjusted.

Table with 3 columns: Description, Amount Used, and Total. Rows include MAINE SEED CAPITAL TAX CREDIT, JOBS AND INVESTMENT TAX CREDIT, EMPLOYER-ASSISTED DAY CARE TAX CREDIT AND QUALITY CHILD CARE INVESTMENT CREDIT, EMPLOYER-PROVIDED LONG-TERM CARE BENEFITS CREDIT, PINE TREE DEVELOPMENT ZONE CREDIT, BIOFUEL PRODUCTION CREDIT, RESEARCH EXPENSE TAX CREDIT, SUPER RESEARCH AND DEVELOPMENT CREDIT, HIGH-TECHNOLOGY INVESTMENT TAX CREDIT, MINIMUM TAX CREDIT, CREDIT FOR DEPENDENT HEALTH BENEFITS PAID, CLEAN FUEL CREDIT, HISTORIC REHABILITATION CREDIT, OTHER, and TOTAL.

SCHEDULE D - MINIMUM TAX CREDIT

Check here if this has been amended: [] Check here if this is as originally reported or previously adjusted: [] This schedule must be completed even if it is the same as originally filed or previously adjusted.

Table with 3 columns: Description, Amount Used, and Total. Rows include NET STATE MINIMUM TAX FOR 2005, MINIMUM TAX CREDIT CARRYOVER FROM 2005, LINE A PLUS LINE B, REGULAR INCOME TAX LIABILITY FOR 2006, TENTATIVE MINIMUM TAX, LINE D MINUS LINE E, STATE MINIMUM TAX CREDIT, and Maine minimum tax credit CARRYOVER TO 2007.