



MM DD YYYY 2010 to MM DD YYYY

1000100

Name of Corporation _____ Federal Business code _____ State of _____
 Address _____ Federal Employer ID Number _____ Incorporation _____
 City, Town, or Post Office _____ State _____ ZIP Code _____ Parent Company Employer ID No. _____
 Contact Person's First Name _____ Contact Person's Last Name _____ Telephone Number _____

CHECK APPLICABLE BOXES: (1) Initial return (2) Final return (3) Change of name/address (4) Combined return (**Attach Form CR**)
 (5) Member of an affiliated group filing a separate return. **To amend your return, you must file 2010 Form 1120 Form 1120X-ME**

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

A. FEDERAL CONSOLIDATED INCOME (federal Form 1120, line 30)	A	_____, _____, _____, _____	.00
1. FEDERAL TAXABLE INCOME (federal Form 1120, line 30. If filing a combined report from Maine Form CR, page 1, line 20). If negative, enter a minus sign to the left of the number	1	_____, _____, _____, _____	.00
2. SUBTRACTIONS:			
a. NONTAXABLE INTEREST	2a	_____, _____, _____, _____	.00
b. FOREIGN DIVIDEND GROSS-UP	2b	_____, _____, _____, _____	.00
c. WORK OPPORTUNITY CREDIT AND EMPOWERMENT ZONE CREDIT DEDUCTION (attach federal Form 5884 and/or Form 8844, as appropriate).....	2c	_____, _____, _____, _____	.00
d. INCOME NOT TAXABLE UNDER THE CONSTITUTION OF MAINE OR THE U.S.	2d	_____, _____, _____, _____	.00
e. DIVIDENDS FROM CERTAIN AFFILIATED CORPORATIONS (limitations - see instructions)	2e	_____, _____, _____, _____	.00
g. INCOME FROM OWNERSHIP INTEREST IN PASS-THROUGH ENTITY FINANCIAL INSTITUTIONS subject to Maine franchise tax (see instructions).....	2g	_____, _____, _____, _____	.00
h. STATE INCOME TAX REFUNDS included in line 1 above	2h	_____, _____, _____, _____	.00
i. BONUS DEPRECIATION/SECTION 179 EXPENSE RECAPTURE (see instructions)	2i	_____, _____, _____, _____	.00
j. OTHER (see instructions).....	2j	_____, _____, _____, _____	.00
k. TOTAL SUBTRACTIONS (add lines 2a through 2j)	2k	_____, _____, _____, _____	.00
3. LINE 1 MINUS LINE 2k. If negative, enter a minus sign in the box to the left of the number	3	_____, _____, _____, _____	.00
4. ADDITIONS:			
a. INCOME TAXES imposed by Maine or any other state (attach schedule).....	4a	_____, _____, _____, _____	.00
b. UNRELATED EXPENSES (attach schedule).....	4b	_____, _____, _____, _____	.00
c. INTEREST FROM STATE AND MUNICIPAL BONDS other than Maine.....	4c	_____, _____, _____, _____	.00
d. NET OPERATING LOSS ADJUSTMENT	4d	_____, _____, _____, _____	.00
e. DISCHARGE OF INDEBTEDNESS DEFERRED FOR FEDERAL TAX PURPOSES	4e	_____, _____, _____, _____	.00
f. BONUS DEPRECIATION / SECTION 179 EXPENSE ADD-BACK (see instructions)	4f	_____, _____, _____, _____	.00
g. OTHER (see instructions).....	4g	_____, _____, _____, _____	.00
h. TOTAL ADDITIONS (add lines 4a through 4g).....	4h	_____, _____, _____, _____	.00



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1000101

Table with 4 columns: Line number, Description, Input field, and Amount. Includes sections for Adjusted Federal Taxable Income, Tax (Gross, Maine Corporate Income, Minimum Tax, Total Tax), Payments and Credits (Maine Estimated Tax Paid, Extension Payment, Other Credits, Income Tax Withheld, Refundable Historic Rehabilitation Credit, Total Payments and Credits), and Tax Balance Due/Penalty/Overpayment.



Use EZ Pay at maine.gov/revenue

Check here if Form 2220ME block 5.a. is checked.

CORPORATION PRESIDENT'S NAME SOCIAL SECURITY NUMBER

TREASURER'S NAME SOCIAL SECURITY NUMBER

COMPANY'S WEB SITE 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

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

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.

- Please submit forms in the following order: 1. Pages 1 through 4 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.



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

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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 B, 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 here if the taxpayer is a mutual fund service provider electing to use the special apportionment formula under 36 MRSA § 5212(2).

Table with 3 columns: (A) Within Maine, (B) Everywhere, (C) Apportionment Factor. Rows include Total Sales, Total Payroll, Total Property, MAINE APPORTIONMENT FACTOR, GROSS TAX, MAINE CORPORATE INCOME TAX, and TANGIBLE PERSONAL PROPERTY.

SCHEDULE B - MINIMUM TAX (Attach federal Form 4626)

Table with 2 columns: Description and Amount. Rows include FEDERAL ALTERNATIVE MINIMUM TAXABLE INCOME, MODIFICATIONS, TENTATIVE ALTERNATIVE MINIMUM TAXABLE INCOME, EXEMPTION, ADJUSTED TENTATIVE ALTERNATIVE MINIMUM TAXABLE INCOME, APPORTIONMENT FACTOR, ALTERNATIVE MINIMUM TAXABLE INCOME, TENTATIVE MINIMUM TAX, INCOME TAX, ALTERNATIVE MINIMUM TAX PRIOR TO PINE TREE DEVELOPMENT ZONE CREDIT, PINE TREE DEVELOPMENT ZONE CREDIT, and ALTERNATIVE MINIMUM TAX.



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SCHEDULE C - OTHER CREDITS

(Attach worksheets. To get worksheets, see www.maine.gov/revenue/forms.)

Table with 15 rows (a-o) listing various tax credits such as MAINE SEED CAPITAL TAX CREDIT, JOBS AND INVESTMENT TAX CREDIT, etc., with columns for credit claimed, amount used, and a final .00 value.

SCHEDULE D - MINIMUM TAX CREDIT

Table with 8 rows (a-h) calculating the minimum tax credit, including NET STATE MINIMUM TAX FOR 2009, MINIMUM TAX CREDIT CARRYOVER FROM 2009, and STATE MINIMUM TAX CREDIT.