FORM 1120ME
2004

MAINE CORPORATE INCOME TAX RETURN

04001V0

For calendar year 2004 or tax year 99-99-99 to 99-99-99

Check here if you filed a federal Form 990T X

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Name of Corporation

999999
Federal Business Code

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Address

99-9999999
Federal Employer ID Number

XX
State of Incorporation

XXXXXXXXXXXXXXXXXXXXXXXXXXXX XX 99999
City, Town, or Post Office State ZIP Code

99-9999999
Parent Company Employer ID Number

XXXXXXXXXXXXXX XXXXXXXXXXXXXX 999-999-9999
Contact Person's First Name Contact Person's Last Name Phone Number

CHECK APPLICABLE BOXES: (1) X Initial return (2) X Final return (3) X Change of name/address (4) X Combined return (*Attach Form CR*)
(5) X If you are a member of an affiliated group filing a separate return.

A.	A	99999999999.00
1.	1	99999999999.00
2. a.	2a	99999999999.00
b.	2b	99999999999.00
c.	2c	99999999999.00
d.	2d	99999999999.00
e.	2e	99999999999.00
f.	2f	99999999999.00
g.	2g	99999999999.00
h.	2h	99999999999.00
i.	2i	99999999999.00
j.	2j	99999999999.00
k.	2k	99999999999.00
3.	3	99999999999.00
4. a.	4a	99999999999.00
b.	4b	99999999999.00
c.	4c	99999999999.00
d.	4d	99999999999.00
e.	4e	99999999999.00
f.	4f	99999999999.00
g.	4g	99999999999.00
h.	4h	999999999999.00

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5		5	999999999999.00
6		6	999999999999.00
7 a		7 a	999999999.00
b		7 b	999999999.00
c		7 c	999999999.00
8 a	8 a 999999999.00		
b	8 b 999999999.00		
c	8 c 999999999.00		
d	8 d 999999999.00		
e		8 e	999999999.00
9 a	9a 999999999.00		
b	9b 999999999.00		X Check here if actual liability method used.
c		9c	999999999.00
10		10	999999999.00
11 a		11 a	999999999.00
b		11 b	999999999.00

Next year's return: To reduce state printing and postage costs, if you have your return done by a tax preparer and do not need Maine income tax forms and instructions mailed to you next year, check box at right X

CORPORATION PRESIDENT'S NAME _____ SOCIAL SECURITY NUMBER 999-99-9999

TREASURER'S NAME _____ SOCIAL SECURITY NUMBER 999-99-9999

COMPANY'S WEB SITE ADDRESS _____

DATE _____ OFFICER'S SIGNATURE _____ TITLE _____

DATE _____ SIGNATURE AND ADDRESS OF PREPARER (INDIVIDUAL OR FIRM) _____ 999-99-9999 PREPARER'S SSN OR PTIN

Office use only

XX X LG

MAINE CORPORATE INCOME TAX RETURN

04001V2

Federal EIN: 99-9999999

SCHEDULE A - APPORTIONMENT OF INCOME

X 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).

	(A) Within Maine		(B) Everywhere		(C) Maine Factors Col. (A)/Col. (B) x Statutory Weighting Rounded to 6 Decimals
12. Total Sales	999999999999.	÷	999999999999.	x .50 =	.999999
13. Total Payroll	999999999999.	÷	999999999999.	x .25 =	.999999
14. Total Property	999999999999.	÷	999999999999.	x .25 =	.999999

15.	15	.999999
16.	16	999999999999.
17.	17	999999999999.
18.	18	999999999999.

SCHEDULE B - MINIMUM TAX

19.	19	999999999.00
20.	20	999999999.00
21.	21	999999999.00
22.	22	999999999.00
23.	23	999999999.00
24.	24	9.999999
25.	25	999999999.00
26.	26	999999999.00
27.	27	999999999.00
28a.	28a	999999999.00
28b.	28b	999999999.00
28c.	28c	999999999.00

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SCHEDULE C - OTHER CREDITS (Attach worksheets; see maine.gov/revenue)

29.	a.	29a	999999999.00
	b.	29b	999999999.00
	c.	29c	999999999.00
	d.	29d	999999999.00
	e.	29e	999999999.00
	f.	29f	999999999.00
	g.	29g	999999999.00
	h.	29h	999999999.00
	i.	29i	999999999.00
	j.	29j	999999999.00
	k.	29k	999999999.00
	l.	29l	999999999.00
	m.	29m	999999999.00
	n.	29n	999999999.00
	o.	29o	999999999.00
	p.	29p	999999999.00

SCHEDULE D - MINIMUM TAX CREDIT

30.	a.		30a	999999999.00
	b.	PLUS	30b	999999999.00
	c.	=	30c	999999999.00
	d.		30d	999999999.00
	e.	MINUS	30e	999999999.00
	f.	=	30f	999999999.00
	g.		30g	999999999.00
	h.		30h	999999999.00