		Maina Carna	voto lu								
	2022	Maine Corpo Fo	orm 11		ax Re	turn					99
	For calendar year 2022 or tax year	2022	to					*220	0100*		
		MM DD YYYY		MM	DD	YYYY			Check if you filed ederal Form 990		
1	Name of Corporation						Federal Busin		120-C, or 1120-H	I	
,	Address						Federal Em	ployer ID Numb		State of Incorpor	
(City, Town or Post Office				State	ZIP	Code	Parent Con	npany Employer II) Numbe	er
	Contact Person's First Name	Contact Perso		lame				lephone Numb	er		
	Corporations with total assets of \$5 million of 1120ME electronically unless the taxpayer the electronic filing requirement because of Tax Assessor. The request must be in writing ID number of the corporation, a detailed exp hardship and when the taxpayer will be abl waiver requests to: Maine Revenue Servic 04332-9107.	or more as of the last of has been granted a w undue hardship may and must include the planation of why filing e to comply with the e	day of the vaiver. Ta request name, ac electroni electronic	xpayers una a waiver fro Idress, fede cally poses filing requi	able to om the ral emp a signi rement	meet State oloyer ificant Mail	H	changed. Check this exemption fro income tax p Check this bo any member owned or di	box if the add box if clair om the Maine c ursuant to PL a box if during the of the combin sposed of an	ning corpora 86-272 tax ye ed grou intere	an ite ar up est
	For more information on Maine electronic fil electronic payment requirements (Rule 102),							business in	through entit Maine and e igh entity belo	nter E	IŇ
Ch (1)	neck applicable boxes:) Initial return (2)	Amended	(3)	Combined	1 return			separate she	et, if necessar	·y):`	
		return	(0)	(Attach Fo							
(4)) Final return If final, indicate the final business da	te , a	nd check	the approp	riate bo	ox belov	N:				
	(a) Ceased doing (b) business in Maine	Dissolved	(c)		ged, ac ganizeo	• •	or essor EIN:				
(5)) Member of an affiliated (6) group filing a separate return	Based on a p forma federal									
А.	. Federal consolidated income (federal F	orm 1120, line 30)				A.				. (00
в.	. Tentative total tax filed on federal Forn	n 7004				в				. (00
1.	Federal taxable income (federal Form 1	120, line 30. If filing a c	combined	l report, ente	er						00
	amount from Form CR, line 13). If negative	re, enter a minus sign f	to the left	of the num	ber	1.				. (0
2.	Income subtraction modifications (For	m 1120ME, Schedule	1S, line 2	2)		2.				. (00
3.	Income addition modifications (Form 1	120ME, Schedule 1A,	line 13)			3.				. (00
4.	Adjusted federal taxable income (line 1	minus line 2 plus line	3)			4.				. (00
Ta	ax:										
5.		of instructions)				5.				. (00
6.										. (00
0.											00
	b. Credit recapture (see instructions)				6	Sb.					
	c. Total tax (add lines 6a and 6b)				6	бс.				. (00

2022 Form 1120ME - Page 2

2200101	9
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Federal EIN

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Daymonte	and	crodite'
Payments	anu	creans.

7.	a. Maine estimated tax paid			7a.	_		.00
	b. Extension payment (Form 1120EXT-ME)	l		7b.			.00
	c. Tax credits (Schedule C, line 1t plus line	,					.00
	d. Income tax withheld (from a pass-throug Enclose Form 1099ME, W-2G, or other su	h entity or from gamblin pporting documentation	ng winnir n)	ngs. 7d.			.00
	e. If amended, enter payments (see instruc	tions)		7e.	_		.00
	f. If amended, enter overpayments (see in	structions)		7f.			.00
	g. Total payments and credits (add lines 7) if the result is negative, enter a minus sign	0		·			.00
Тах	due or overpayment						
8.	a. If line 6c is greater than line 7g, subtract li from line 6c and enter the TAX DUE	•			.00	Maine	
	b. If line 7g is greater than line 6c subtract lin				.00	ΤΑΧ ΡΟ	
	from line 7g and enter the OVERPAYMEN	T8b.			.00 ww	/w.maine.gov/r	evenue/portal
9.	Penalty for underpayment of estimated ta Check here if Form 2220ME, box 5a is check	,	,		9.		.00
10.	TOTAL DUE If you completed line 8a, OR lin	ne 8b is less than line 9), enter th	ne total due.			
	Pay in full with return. You may be required to						
	See instructions or Rule 102. Make check pa	yable to Treasurer, St a	ate of M	aine1	0.		.00
Ove	payment Carryforward/Refund						
11.	OVERPAYMENT If the amount on line 8b ex the amount on line 9 from line 8b and complete		- ,		1.		.00
12.	Amount of line 11 to be:						
12a	CREDITED to next year's estimated tax		.00	12b. REFUNDE	D		.00
	REFUND DEPOSITED DIREC	ILY TO YOUR CHECK		COUNT (\$20,000) or less). See	e instructions.	
refu acco	ck this box if this id will go to an unt outside the ad States	12c. Routing Number			12d . Che	cking Account Nun	nber

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.

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Federal EIN

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).

			(A)				(B)			(C Apportionm	/	or
			Within Maine			E	verywhere			Line 1, Col. Rounded to	(A)/Col. (B)
1.	Total Sales*				.00 ÷				.00	= .		
2.	Total Payroll				.00 ÷				.00			
3.	Total Property				.00 ÷				.00			
4.	Gross ta	x (Form 1120)	ME, line 5)				4.					00
5.	Maine co Enter her	orporate inco re and on Forn	me tax (line 4 n 1120ME, line	x line 1 column (e 6a)	C factor.		5.					00
6.	What am	ount of line 3,	column A is ta	ngible personal	property?		6.					00
		Sales must ex le A instructior		claimed as a ded al information.	uction on Fe	orm 1120ME, So	hedule 1S, lines	s 5, 11, 12, an	id 13. C	Other limitatio	ns apply.	
				Paid P	reparer Au	ithorization (se	e instructions)					
С	heck "Yes'	' to allow the p	oaid preparer to	o discuss this retu	urn with Mai	ine Revenue Se	rvices.	Yes (co	mplete	the following).	No.
			Paid Preparer	s Name		P	aid Preparer's F	hone Numbe			الما مرمغانة مرم	ation #
	Corporati								<u>ا</u>	Personal	Identifica	
	oorporaa	on President's	Name				Social Security	/ Number		Personal	Identifica	
	Treasure		Name				Social Security Social Security			Personal	Identifica	
	Treasure			dress						Personal	Identifica	
	Treasurer Company	-'s Name r's Tax Departr ies of perjury, I	ment Email Ad	have examined th			Social Security	/ Number	nd to th	e best of my l	knowledge	
	Treasurer Company	-'s Name r's Tax Departr ies of perjury, I	ment Email Ad				Social Security	/ Number	nd to th	e best of my l	knowledge	
	Treasurer Company	-'s Name r's Tax Departr ies of perjury, I	nent Email Ad I declare that I and complete.	have examined th			Social Security	/ Number	nd to th	e best of my l	knowledg any know	ledge.
	Treasurer Company Ider penalt lief they ar	-'s Name r's Tax Departr ies of perjury, I	nent Email Ad I declare that I and complete.	have examined th Declaration of pr			Social Security schedules and is based on all i	/ Number	nd to th	e best of my preparer has	knowledg any know	ledge.
	Treasurer Company Ider penalt lief they ar	-'s Name r's Tax Departr ies of perjury, I	nent Email Ad I declare that I and complete. Offi	have examined th Declaration of pr	eparer (othe	er than taxpayer)	Social Security schedules and is based on all i Title	/ Number	nd to th which p	e best of my preparer has	knowledg any know ity Numb	ledge. er
	Treasurer Company Ider penalt lief they ar Date	-'s Name r's Tax Departr ies of perjury, I	nent Email Ad I declare that I and complete. Offi	have examined th Declaration of pr cer's Signature ature and Addres If enclosing a ch <u>Treasurer, S</u>	eparer (othe ss of Prepar eck, make c tate of Main	er than taxpayer) er (Individual or heck payable to: <u>e</u>	Social Security schedules and is based on all i Title Firm)	/ Number statements ar nformation of ng a check ,	nd to th which p	e best of my boreparer has Social Secur	knowledg any know ity Numb	ledge. er
	Treasurer Company Ider penalt lief they ar Date	-'s Name r's Tax Departr ies of perjury, I	nent Email Ad I declare that I and complete. Offi	have examined th Declaration of pr cer's Signature ature and Addres If enclosing a ch <u>Treasurer, S</u> and MAIL	eparer (othe ss of Prepar eck, make c tate of Main WITH RETUI VENUE SER	er than taxpayer) er (Individual or heck payable to: e RN TO:	Social Security schedules and is based on all i Title Firm) If not enclosi	y Number statements ar nformation of ng a check, URN TO:	nd to th which p	e best of my boreparer has Social Secur	knowledg any know ity Numb	ledge. er