



2000

MAINE CORPORATE INCOME TAX RETURN

FORM 1120ME

000012000

For Calendar 2000 or Tax Year Beginning in 2000

000012000

FOR TAX PERIOD MM DD 00 TO MM DD YY Check box if federal Form 990T filed

Federal Employer ID Number _____

Name _____ Business Code (federal) _____

Address _____ State of Incorporation _____

City, Town or Post Office _____ State _____ ZIP Code _____

Contact Person First Name _____ Last Name _____ Telephone Number _____ Parent Company EIN _____

CHECK APPLICABLE BOXES: (1) Initial return (2) Final return (3) Change of name/address **TO AMEND, FILE FORM 1120X-ME**

IF YOU ARE A MEMBER OF AN AFFILIATED GROUP FILING A SEPARATE RETURN, CHECK HERE AND ATTACH SCHEDULE CB IF COMBINED REPORT, CHECK HERE AND ATTACH SCHEDULE CB

A.	IF YOU FILE AS PART OF A FEDERAL CONSOLIDATED RETURN, ENTER LINE 30	A	_____	.00
1.	FEDERAL TAXABLE INCOME (federal Form 1120, line 30 or Form 1120A, line 26. If filing a combined report, from Maine Schedule CB, page 1, line 13). If negative, enter a minus sign in the box to the left of the number	1	_____	.00
2.	DEDUCTIONS:			
a.	NONTAXABLE INTEREST	2a	_____	.00
b.	FOREIGN DIVIDEND GROSS-UP	2b	_____	.00
c.	WORK OPPORTUNITY CREDIT (attach federal Form 5884)	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
f.	NET OPERATING LOSS DEDUCTION CARRYOVER from 1989, 1990, 1991 and 1992	2f	_____	.00
g.	INCOME FROM OWNERSHIP INTEREST IN FLOW-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.	NORTHERN MAINE TRANSMISSION CORPORATION ADJUSTMENT (see instructions)	2i	_____	.00
j.	TOTAL DEDUCTIONS (add lines 2a through 2i)	2j	_____	.00
3.	LINE 1 MINUS LINE 2j. 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 and 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 RECOVERY ADJUSTMENT	4d	_____	.00
e.	LOSS, EXPENSES OR DEDUCTIONS FROM OWNERSHIP INTEREST IN FLOW-THROUGH ENTITY FINANCIAL INSTITUTIONS subject to Maine Franchise Tax (see instructions)	4e	_____	.00
f.	HIGH TECHNOLOGY CREDIT ADD-BACK (see instructions)	4f	_____	.00
g.	TOTAL ADDITIONS (add lines 4a through 4f)	4g	_____	.00

Federal EIN: _____

000012100

5. ADJUSTED FEDERAL TAXABLE INCOME (add lines 3 and 4g). Corporations that apportion income enter this amount on line 16 of Schedule A. If negative, enter a minus sign in the box to the left of the number5		.00
6. MAINE NET INCOME (from line 5 above or Schedule A, line 17 - Form 1120ME)6		.00
7. TAX:		
a. MAINE CORPORATE INCOME TAX (see tax rates on page 6)7a		.00
b. MINIMUM TAX: Schedule B, line 28 - Form 1120ME, page 3 (attach federal Form 4626)7b		.00
c. TOTAL TAX (add lines 7a and 7b)7c		.00
8. CREDITS:		
a. MAINE ESTIMATED TAX paid8a		.00
b. EXTENSION PAYMENT (Form 1120EXT-ME)8b		.00
c. OTHER CREDITS (Schedule C, line 29o, 1120ME, page 4)8c		.00
d. TOTAL CREDITS (add lines 8a, 8b and 8c)8d		.00
9. a. If line 7c is greater than line 8d, enter TAX BALANCE DUE .9a		.00
b. Enter PENALTY for underpayment of estimated tax (attach Form 2220ME)9b		.00
c. TOTAL AMOUNT DUE (add lines 9a and 9b). Pay in full with return (Please make check payable to Treasurer, State of Maine)9c		.00
10. If line 8d is greater than line 7c, enter OVERPAYMENT10		.00
11. Amount of line 10 to be:		
a. CREDITED to next year's estimated tax11a		.00
b. REFUNDED11b		.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	<input type="checkbox"/>
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
DATE	SIGNATURE AND ADDRESS OF PREPARER (INDIVIDUAL OR FIRM)	

File return with Maine Revenue Services, Income/Estate Tax Division, P.O. Box 1062, Augusta, ME 04332-1062

THIS RETURN MUST BE ACCOMPANIED BY A LEGIBLE COPY OF THE U.S. CORPORATION INCOME TAX RETURN, FEDERAL FORM 1120, PAGES 1-4 OR FORM 1120A, PAGES 1 & 2, FOR THE SAME TAXABLE PERIOD.

Please submit forms in the following order:

1. Pages 1 through 4 of Form 1120ME.
2. Schedule CB, if required.
3. Other statements for the Maine income tax return.
4. A copy of federal Form 1120, pages 1 through 4 (or Form 1120A, pages 1 and 2).

Office use only
<input type="checkbox"/> LG

Federal EIN: _____

000012200

SCHEDULE A - APPORTIONMENT OF INCOME

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.**

	(A) Within Maine	(B) Everywhere	(C) Maine Factors Col. (A)/Col. (B) x Statutory Weighting Rounded to 6 Decimals
12. Total Sales	_____	_____	x .50 = _____
13. Total Payroll	_____	_____	x .25 = _____
14. Total Property	_____	_____	x .25 = _____
15. MAINE APPORTIONMENT FACTOR - Sum of lines 12, 13 and 14, Column (C)			15 _____
16. ADJUSTED FEDERAL TAXABLE INCOME (page 2, line 5)		16 _____	
17. INCOME APPORTIONED TO MAINE (line 16 x line 15 factor). Enter here and on line 6, page 2... 17		_____	
18. What amount of line 14(A), total property within Maine, is TANGIBLE PERSONAL PROPERTY ? ... 18		_____	
18a. Enter the amount of THROWBACK SALES included in line 12(A), total sales within Maine See instructions on page 7. 18a		_____	

If one factor is excludable from the apportionment formula, the weighting of the two remaining factors must be changed. A factor is excludable only if both the numerator and denominator are zero, but is not excludable merely because the numerator is zero. When excluding the sales factor, change the weight of the payroll and property factors to 50% (0.5) each. When excluding either the payroll or property factor, change the weight of the sales factor to 66.67% (0.6667) and the weight of the remaining factor to 33.33% (0.3333). If two factors are excludable from the apportionment formula, change the weight of the remaining factor to 100%. If you are excluding any factors, attach a schedule detailing the factors used and the apportionment computation. If the total of 12(C), 13(C) and 14(C) does not equal the amount you enter on line 15, your tax liability will not compute accurately.

SCHEDULE B - MINIMUM TAX

(Attach federal Form 4626)

19. FEDERAL TENTATIVE MINIMUM TAX (federal Form 4626, line 13)	19	_____	.00
20. Federal alternative minimum tax FOREIGN TAX CREDIT (federal Form 4626, line 12)	PLUS 20	_____	.00
21. PORITION of federal tentative minimum tax attributable to income THAT STATE OR FEDERAL LAW PROHIBITS FROM TAXATION BY MAINE	MINUS 21	_____	.00
22. LINE 19 PLUS LINE 20 MINUS LINE 21	= 22	_____	.00
23. APPORTIONMENT FACTOR (from line 15 above)	23	_____	
24. LINE 22 MULTIPLIED BY LINE 23 FACTOR	24	_____	.00
25. RATE	25		27%
26. STATE MINIMUM TAX (line 24 multiplied by line 25)	26	_____	.00
27. INCOME TAX (page 2, line 7a)	27	_____	.00
28. NET STATE MINIMUM TAX (line 26 minus line 27). Enter here and on page 2, line 7b. (If less than zero, enter zero)	28	_____	.00

Federal EIN: _____

SCHEDULE C - OTHER CREDITS

- 29. a. MAINE SEED CAPITAL TAX CREDIT (Gross Credit _____) Amount Claimed .. 29a _____ .00
- b. JOBS AND INVESTMENT TAX CREDIT (Gross Credit _____) Amount Claimed .. 29b _____ .00
- c. EMPLOYER-ASSISTED DAY CARE TAX CREDIT
(Gross Credit _____) Amount Claimed .. 29c _____ .00
- d. EMPLOYER-PROVIDED LONG-TERM CARE BENEFITS CREDIT
(Gross Credit _____) Amount Claimed .. 29d _____ .00
- e. MACHINERY AND EQUIPMENT INVESTMENT TAX CREDIT
(Gross Credit _____) Amount Claimed .. 29e _____ .00
- f. SOLID WASTE REDUCTION INVESTMENT TAX CREDIT
(Gross Credit _____) Amount Claimed ... 29f _____ .00
- g. RESEARCH EXPENSE TAX CREDIT (Gross Credit _____) Amount Claimed .. 29g _____ .00
- h. SUPER RESEARCH & DEVELOPMENT CREDIT
(Gross Credit _____) Amount Claimed .. 29h _____ .00
- i. HIGH-TECHNOLOGY INVESTMENT TAX CREDIT
(Gross Credit _____) Amount Claimed ... 29i _____ .00
- j. MINIMUM TAX CREDIT (Gross Credit _____) Amount Claimed ... 29j _____ .00
- k. CREDIT FOR DEPENDENT HEALTH BENEFITS PAID
(Gross Credit _____) Amount Claimed .. 29k _____ .00
- l. CLEAN FUEL CREDIT (Gross Credit _____) Amount Claimed ... 29l _____ .00
- m. HISTORIC REHABILITATION CREDIT(Gross Credit _____) Amount Claimed . 29m _____ .00
- n. FAMILY DEVELOPMENT ACCOUNT CREDIT
(Gross Credit _____) Amount Claimed .. 29n _____ .00
- o. TOTAL: Add lines a through n, enter result here and on Form 1120ME, page 2, line 8c.
(Credit limited to the tax liability on line 7c, Form 1120ME, page 2) . 29o _____ .00

Sawmill Biomass Credit. See instructions on page 8

SCHEDULE D - MINIMUM TAX CREDIT

- 30. a. NET STATE MINIMUM TAX FOR 1999 (1999 Form 1120ME, Schedule B, line 28) 30a _____ .00
- b. MINIMUM TAX CREDIT CARRYOVER FROM 1999 (1999 Form 1120ME, Schedule D, line 30h) PLUS 30b _____ .00
- c. LINE A PLUS LINE B = 30c _____ .00
- d. REGULAR INCOME TAX LIABILITY FOR 2000 (page 2, line 7a less allowable credits - all
Schedule C credits except minimum tax credit) 30d _____ .00
- e. STATE MINIMUM TAX FOR 2000 (Schedule B, line 26) MINUS 30e _____ .00
- f. LINE d MINUS LINE e (if zero or less, enter zero) = 30f _____ .00
- g. STATE MINIMUM TAX CREDIT: enter the smaller of line c or line f here and on Schedule C, line 29j 30g _____ .00
- h. Maine minimum tax credit CARRYOVER TO 2001 (line c minus line g) 30h _____ .00



MAINE REVENUE SERVICES
INCOME/ESTATE TAX DIVISION
P.O. BOX 1062
AUGUSTA, ME 04332-1062

MAINE CORPORATE INCOME TAX

000012400

Federal EIN: _____

000012400

Schedule CB must be accompanied by a legible copy of the parent's Federal Consolidated Tax Return, pages 1, 2, 3 and 4 (or equivalent).

SCHEDULE CB
Page 1
FORM 1120ME

This schedule must be attached to your Form 1120ME

Line No.	Column 1 *Corporation Name and Operating Address (City and State)	Column 2 Federal Identification Number	Column 3 Does this corporation have Nexus with Maine?		Column 4 Corporation's Product or Service	Column 5 Check Appropriate Column (see below)				Column 6 Federal Taxable Income
			Yes	No		(a)	(b)	(c)	(d)	
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13. Federal Taxable Income of Unitary Members (enter on Form 1120ME, page 1, line 1)										
14. Federal Consolidated Taxable Income shown on line 30, page 1, federal Form 1120										

* Please indicate if FSC or 936 corporation

Column 5(a) - Unitary Member of Federal Consolidated Group
Column 5(b) - Non-Unitary Member of Federal Consolidated Group

Column 5(c) - Non-Consolidated Unitary Member, Greater than 50% Ownership
Column 5(d) - Non-Consolidated, Non-Unitary Member, Greater than 50% Ownership

INSTRUCTIONS FOR SCHEDULE CB AND COMBINED REPORTING

(This schedule, when applicable, is required to be filed with Form 1120ME or Form 1120X-ME)

A. SCHEDULE CB:

Any taxable corporation with Maine nexus that is a member of an affiliated group, whether or not unitary as defined by Maine law, must complete Schedule CB. All members of the affiliated group must be listed, except those members that are not required to file a federal income tax return. In Column 6, Schedule CB, list federal taxable income for each member of the affiliated group from line 30, federal Form 1120 (from pro forma returns or from the consolidated income and expense summary). The total on line 13 is the federal taxable income of those affiliates that are unitary (those with a check mark in Column 5(a) or 5(c)).

B. COMBINED REPORTING:

A taxable corporation that is a member of an affiliated group and that is engaged in a unitary business must file a combined report and base its Maine net income on the federal taxable income of the unitary group. Corporations that are part of a unitary group but are not subject to federal income tax are to be excluded from the combined report.

“Affiliated group” means a group of two or more corporations in which more than 50% of the voting stock of each member corporation is directly or indirectly owned by a common owner or owners, either corporate or non-corporate, or by one or more of the member corporations. 36 M.R.S.A. § 5102(1-B). A “unitary business” is a business activity that is characterized by unity of ownership, functional integration, centralization of management and economies of scale. 36 M.R.S.A. § 5102(10-A).

All corporations required to file federal returns that are part of an affiliated unitary group are required to be included in the combined report of any taxable corporation with Maine nexus even though the affiliated corporation has no nexus with Maine, including any FSC corporations.

C. SPECIFIC INSTRUCTIONS - COMBINED REPORTING/SCHEDULE CB:

All members of the affiliated group are to be listed on Schedule CB, except those members that are not required to file a federal income tax return. The corporations listed that check Column 5(a) or 5(c) form the basis for the Maine corporate income tax return.

A single return may be filed on which the aggregate Maine income tax liability of the Maine unitary members of the affiliated group is reported. In addition, a combined report shall be provided which includes, both in the aggregate and by corporation: federal taxable income; state modifications and; sales, payroll and property in Maine and everywhere. **Schedule CB, pages 1 and 2, must be completed and filed with Form 1120ME as part of this combined report.**

Line 13. Total the entries in Columns 6 through 10 for only those corporations that check Columns 5(a) or 5(c). Enter the results on line 13 and on the appropriate lines on Form 1120ME. Line 13, Column 7(A), must agree with line 2j of Form 1120ME and line 13, Column 7(B) must agree with line 4g of Form 1120ME. It is not necessary to provide detailed amounts for each corporation for the amounts entered on lines 2a, b, c, d, e, f, g, h and i and lines 4a, b, c, d, e and f of Form 1120ME. The amounts listed on line 13, Columns 8, 9 and 10 of Schedule CB must agree with those entered on lines 12, 13 and 14, Columns (A) and (B) of Schedule A, Form 1120ME.

SEE EXAMPLES ON REVERSE

Example 1: Corporations X, Y and Z elect to file a federal consolidated Form 1120 as part of an affiliated group. Only X has nexus with Maine. X and Y are a unitary business; Z is unitary with neither X nor Y. Schedule CB would be completed as follows:

Column 1 Name	Column 3 Nexus?		Column 5*				Column 6 FTI
	Yes	No	(a)	(b)	(c)	(d)	
Corp X	x		x				\$100
Corp Y		x	x				\$110
Corp Z		x		x			\$140
13. FTI - Unitary							\$210
14. FTI - Consolidated							\$350

- * Column 5:
- (a) Unitary member of federal consolidated group
 - (b) Non-unitary member of federal consolidated group
 - (c) Non-consolidated unitary member, greater than 50% ownership
 - (d) Non-consolidated, non-unitary member, greater than 50% ownership

FTI - Federal Taxable Income

Example 2: Corporations X, Y and Z elect to file a federal consolidated Form 1120 as part of an affiliated group. X and Y are unitary and have nexus with Maine. Z does not have nexus with Maine, and is unitary with neither X nor Y. X and Y have losses. Schedule CB would be completed as follows:

Column 1 Name	Column 3 Nexus?		Column 5*				Column 6 FTI
	Yes	No	(a)	(b)	(c)	(d)	
Corp X	x		x				-\$80
Corp Y	x		x				-\$50
Corp Z		x		x			\$150
13. FTI - Unitary							-\$130
14. FTI - Consolidated							\$20

- * Column 5:
- (a) Unitary member of federal consolidated group
 - (b) Non-unitary member of federal consolidated group
 - (c) Non-consolidated unitary member, greater than 50% ownership
 - (d) Non-consolidated, non-unitary member, greater than 50% ownership