

**FORM 1120A-ME  
2005**

**MAINE REVENUE SERVICES  
MAINE CORPORATE INCOME TAX RETURN  
SHORT FORM**



\*0500107\*

For calendar year 2005 or tax year 05 to 05  
MM DD YY to MM DD YY

Check here if you filed federal Form 990T

Name of Corporation \_\_\_\_\_

Federal Employer ID Number \_\_\_\_\_

Address \_\_\_\_\_

Federal Business Code \_\_\_\_\_ State of Incorporation \_\_\_\_\_

City, Town, or Post Office \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Contact Person's First Name \_\_\_\_\_ Contact Person's Last Name \_\_\_\_\_

Telephone Number \_\_\_\_\_



**DO NOT USE THIS FORM UNLESS YOU MEET ALL REQUIREMENTS IN THE INSTRUCTIONS ON PAGE 5. IF YOU DO NOT MEET THESE REQUIREMENTS, YOU MUST FILE FORM 1120ME.**



**CHECK APPLICABLE BOXES:**

(1)  Initial return (2)  Final return (3)  Change of name/address

To amend your return, you must file 2005 Form 1120X-ME

Note: Line numbers for this form correspond to the same line numbers on Form 1120ME (see specific instructions)

1. FEDERAL TAXABLE INCOME (federal Form 1120, line 30 or Form 1120-A, line 26) If negative, enter a minus sign in the box to the left of the number	1	_____	_____	_____	.00
2h. STATE INCOME TAX REFUNDS included in line 1 above	MINUS 2h	_____	_____	_____	.00
2j. BONUS DEPRECIATION/SECTION 179 EXPENSE RECAPTURE	MINUS 2j	_____	_____	_____	.00
4a. INCOME TAXES IMPOSED BY MAINE	PLUS 4a	_____	_____	_____	.00
4e. DOMESTIC PRODUCTION ACTIVITIES DEDUCTION	PLUS 4e	_____	_____	_____	.00
4f. BONUS DEPRECIATION/SECTION 179 expense add-back	PLUS 4f	_____	_____	_____	.00
5. ADJUSTED FEDERAL TAXABLE INCOME. If negative, enter a minus sign in the box to the left of the number	= 5	_____	_____	_____	.00
7a. MAINE CORPORATE INCOME TAX (see tax rates on page 6)	7a	_____	_____	_____	.00
8. Enter the amount of any ESTIMATED TAX PAYMENTS and EXTENSION PAYMENTS	MINUS 8	_____	_____	_____	.00
9b. Enter PENALTY FOR UNDERPAYMENT of estimated tax	PLUS 9b	_____	_____	_____	.00
9c. TAX DUE (If line 7a minus line 8 plus line 9b is positive, enter that amount here)	= 9c	_____	_____	_____	.00
10. Amount of OVERPAYMENT (If line 7a minus line 8 plus line 9b is negative, enter that amount here)	= 10	_____	_____	_____	.00
11a. Amount of OVERPAYMENT TO BE CREDITED to next year's liability	11a	_____	_____	_____	.00
11b. Amount of OVERPAYMENT TO BE REFUNDED	11b	_____	_____	_____	.00

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 \_\_\_\_\_

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



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

**Office Use Only**

\_\_\_\_\_ LG

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