



DO NOT ENTER \$ signs, commas, or decimals.

Calculate Your Tax and Nonrefundable Credits

18. EXEMPTION. (Multiply line 13 x \$5,000.).....18.	999999999 .00
CAUTION - your exemption amount may be limited. See instructions.	
19. TAXABLE INCOME. (Line 16 minus lines 17 and 18.).....19.	999999999 .00
20. INCOME TAX. (Find the tax for the amount on line 19 in the tax table in this booklet or compute your tax using the tax table or tax rate schedules available at maine.gov/revenue/tax-return-forms .).....20.	999999999 .00
20a. TAX CREDIT RECAPTURE AMOUNTS. (Enclose worksheet(s) - see instructions).....20a.	999999999 .00
21. NONRESIDENT CREDIT. (For part-year residents, nonresidents and safe harbor residents only.) From Schedule NR, line 9 or NRH, line 11.....21. (You MUST attach a copy of your federal return and TDY papers, if applicable.)	999999999 .00
22. TOTAL TAX. (Line 20 plus line 20a minus line 21)22.	999999999 .00
23. NONREFUNDABLE TAX CREDITS. (From Maine Schedule A, line 22.)23.	999999999 .00
24. NET TAX. (Line 22 minus line 23.) (Nonresidents see instructions.)24.	999999999 .00

Tax Payments/Refundable Credits

25. TAX PAYMENTS.	
a. Maine income tax withheld. (Enclose W-2, 1099 and 1099ME forms.)..... 25a.	999999999 .00
b. 2024 estimated tax payments and 2023 credit carried forward, extension payments and payments with original return. (Include any REAL ESTATE WITHHOLDING tax payments.).....25b.	999999999 .00
c. REFUNDABLE TAX CREDITS. (From Maine Schedule A, line 8.)25c.	999999999 .00
d. Property Tax Fairness Credit (Schedule PTFC/STFC, line 16).25d. (See instructions.) (For Maine residents and part-year residents only.)	999999999 .00
e. Sales Tax Fairness Credit. (Schedule PTFC/STFC, line 17 or 17a.)25e. (See instructions.) (For Maine residents and part-year residents only.)	999999999 .00
f. TOTAL. (Add lines 25a, b, c, d, and e.).....25f.	999999999 .00

26. If this is an amended return, enter overpayment, if any, on original return or as previously adjusted.....26.	999999999 .00
27. Line 25f minus line 26. (If negative, enter a minus sign in the box to the left of the number.)27.	999999999 .00
28. INCOME TAX OVERPAID. If line 27 is larger than line 24, enter amount overpaid. (Line 27 minus line 24 - if line 24 is negative, enter line 27 here.)28.	999999999 .00
29. INCOME TAX UNDERPAID. If line 24 is larger than line 27, enter amount underpaid. (Line 24 minus line 27.) (See instructions.).....29.	999999999 .00

Sales Tax/Use Tax/Voluntary Contributions

30. USE TAX (SALES TAX). (See instructions.).....30.	999999999 .00
30a. SALES TAX ON CASUAL RENTALS OF LIVING QUARTERS. (See instructions.)30a.	999999999 .00
31. CHARITABLE CONTRIBUTIONS and PARK PASSES. (From Maine Schedule CP, line 12.)....31.	999999999 .00
32. UNDERPAYMENT OF ESTIMATED TAX. (Enclose Form 2210ME.) Check here if you checked the box on Form 2210ME, line 17..... X32.	999999999 .00
33. NET OVERPAYMENT. (Line 28 minus lines 30, 30a, 31, and 32.) – Note: If total of lines 30, 30a, 31, and 32 is greater than line 28, enter as amount due on line 35.33.	999999999 .00
34. Amount of line 33 to be CREDITED to 2025 estimated tax.34a. 999999999.00 REFUND ▶34b.	999999999 .00



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2402111

Name(s) as shown on Form 1040ME
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Your Social Security Number
999 99 9999

IF YOU WOULD LIKE YOUR REFUND SENT DIRECTLY TO YOUR BANK ACCOUNT (\$20,000 or less), see page 5 of the instructions and fill in the lines below.

REFUND DUE	Check here if this refund will go to an account outside the United States. <input checked="" type="checkbox"/>	34c. Routing Number	999999999
		34d. Account Number	999999999999999999
	34e. Type of Account:	<input checked="" type="checkbox"/> Checking	<input checked="" type="checkbox"/> Savings

TAX DUE	35. Total Amount Due. (Add lines 29, 30, 30a, 31, and 32.) - Note: If line 28 is greater than zero and lines 30, 30a, 31, 32 is greater than line 28, enter the difference as an amount due on this line (Pay in full with your return).	35.	999999999 .00
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Maine TAX PORTAL **MAINE TAX PORTAL** at revenue.maine.gov or **ENCLOSE CHECK** payable to: **Treasurer, State of Maine. DO NOT SEND CASH.**

IMPORTANT NOTE	If taxpayer is deceased , enter date of death .	99 99 9999	If spouse is deceased , enter date of death .	99 99 9999
		(Month) (Day) (Year)		(Month) (Day) (Year)

See the instructions and check each box that applies.

HEALTH CARE COVERAGE	36a. <input checked="" type="checkbox"/> I would like the Maine DHHS, Office of the Health Insurance Marketplace (" CoverME.gov ") to contact me to see if I or my household qualify for free or reduced-cost health coverage. I authorize MRS to share the information indicated in boxes 36b through 36e with CoverME.gov .		
	36b. <input checked="" type="checkbox"/> I do not have health care coverage	36e. My preferred method of contact is (select one):	<input checked="" type="checkbox"/> Mailing address listed on page 1
	36c. <input checked="" type="checkbox"/> My spouse does not have health care coverage.		<input checked="" type="checkbox"/> Phone number listed on page 1
	36d. <input checked="" type="checkbox"/> One or more of my dependent(s) do not have health care coverage		<input checked="" type="checkbox"/> Email address listed below

Third Party Designee Do you want to allow another person to discuss this return with Maine Revenue Services? **Yes** (complete the following). **No**.
(See page 5 of the instructions.)

Designee's name: XXXXXXXXXXXXXXXXXXXX Phone no.: 999 999 9999 Personal identification #: 99999

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.

SIGN HERE Keep a copy of this return for your records.	Your signature	Date signed	Your occupation
	Spouse's signature (If joint return, both must sign)	Date signed	Spouse's occupation
	XX Your email address		
Paid Preparer's Use Only	Preparer's signature	Date signed	999999999 Preparer's phone number
	Print preparer's name and name of business		Preparer's SSN or PTIN

DO NOT SEND PHOTOCOPIES OF RETURNS

Payment Plan	<input checked="" type="checkbox"/>	Injured Spouse	<input checked="" type="checkbox"/>
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