



2202101

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

Calculate Your Tax and Nonrefundable Credits

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 www.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..... (You MUST attach a copy of your federal return and TDY papers, if applicable.)	21		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 23.)	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	2022 estimated tax payments and 2021 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 7.).....	25c		999999999 .00
d	Property Tax Fairness Credit (Schedule PTFC/STFC, line 12). (See instructions.)... (For Maine residents and part-year residents only.)	25d		999999999 .00
e	Sales Tax Fairness Credit. (Schedule PTFC/STFC, line 13 or 13a). (See instructions.) (For Maine residents and part-year residents only.)	25e		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

Calculate Use Tax / Voluntary Contributions / Refund Due

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	NET OVERPAYMENT. (Line 28 minus lines 30, 30a and 31.) – Note: If total of lines 30, 30a and 31 is greater than line 28, enter as amount due on line 34a.	32		999999999 .00
33	Amount of line 32 to be CREDITED to 2023 estimated tax. 33a	33a	999999999 .00	REFUND ➔
		33b		999999999 .00

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.

Check here if this refund will go to an account outside the United States.	<input checked="" type="checkbox"/>	33c	Routing Number	999999999
	<input checked="" type="checkbox"/>	33d	Account Number	99999999999999999999
33e Type of Account:	<input checked="" type="checkbox"/>	Checking	<input checked="" type="checkbox"/>	Savings



2202111

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Name(s) as shown on Form 1040ME

Your Social Security Number

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

999 99 9999

TAX DUE

34a TAX DUE. (Add lines 29, 30, 30a and 31.) - Note: If total of lines 30, 30a and 31 is greater than line 28, enter the difference as an amount due on this line.	34a	999999999 .00
b Underpayment Penalty. (Attach Form 2210ME.) Check here if you checked the box on Form 2210ME, line 17. <input checked="" type="checkbox"/>	34b	999999999 .00
c TOTAL AMOUNT DUE. (Add lines 34a and 34b.) (Pay in full with return.)	34c	999999999 .00



EZ PAY at <https://portal.maine.gov/ezpay> 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
(Month) (Day) (Year)

If spouse is **deceased**,
enter **date of death**.

99 99 9999
(Month) (Day) (Year)

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

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Your email address

Paid Preparer's Use Only

999999999

Preparer's signature

Date signed

Preparer's phone number

Print preparer's name and name of business

Preparer's SSN or PTIN

Avoid errors that delay processing of returns:

- Use black or blue ink. Do not use red ink.
- Be sure to enter amounts on correct lines.
- **Line A.** Check the Property Tax Fairness Credit/Sales Tax Fairness Credit box, if it applies.
- **Line 20.** Use the correct column from the tax table for your filing status.
- **Refund.** If you overpaid your tax, enter the amount you want to be refunded on line 33b.
- Double check social security numbers, filing status, and number of exemptions.
- Double check mathematical calculations.
- Be sure to sign your return.
- Enclose W-2 forms with the return.

If requesting a **REFUND**, mail to: Maine Revenue Services, P.O. Box 1066, Augusta, ME 04332-1066
If **NOT** requesting a refund, mail to: Maine Revenue Services, P.O. Box 1067, Augusta, ME 04332-1067

DO NOT SEND PHOTOCOPIES OF RETURNS

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