2023

MAINE INDIVIDUAL INCOME TAX FORM 1040ME



Check here if this is an AMENDED return.

23022V0

See instructions. Print neatly in blue or black ink only.

Y	our First Name			MI	Your Social Security	Number	
Y	our Last Name				Spouse's Social Sec	urity Number	
S	Spouse's First Name			MI	Home Phone Number		
S	Spouse's Last Name			,	Work Phone Number		
С	Current Mailing Address (PO Box, number, street and a	partment number)	City or Town		State	e ZIP Code	
F	Foreign country name			Foreign pro	ovince/state/county	Foreign postal code	!
۱.	Maine Property Tax Fairness C Schedule PTFC/STFC. Check this Sales Tax Fairness Credit on line	s box if you are filing a	a return <u>only</u> to	claim the Prope	rty Tax Fairness Credi	t on line 25d and/or	
	Maine Clean Election Fund. Maine Residents Only.		•		if you were engaged in		
ere	e if you, or your spouse, if filing jointly, want \$3 to go to	this fund. You	Spouse	FARMING	OR FISHING during 2	023	
3.	FILING STATUS (Check one) Single						
ļ.	Married filing jointly						
	(Even if only one had income)						
5.	M arried filing s eparately. Enter spouse's social security number and full name above.						
6.	H ead of h ousehold (With qualifying person)						
7.	Qualifying surviving spouse						
	with dependent child (Year spouse died)						
	RESIDENCY STATUS (Check one)						
		H arbor Resident esident		nresident A lien (M nresident A lien (M	laine nonresident) laine resident)	Check here if yo filing Schedule I	
2.	CHECK IF: You were: 12a. 65 or ove	r 12b . blind	Spou	se was: 12c	. 65 or over	12d. blind	
3	Enter the TOTAL number of EXEMPTIONS . See	instructions				13	
	a. Enter the TOTAL number of qualifying children						
ome	14. FEDERAL ADJUSTED GROSS INCOME	Ī		14.		•	00
e Income	15a. INCOME ADDITION MODIFICATIONS. (From Schedule 1A, lir	ne 12.)	15a .		•	00
axabi	15b. INCOME SUBTRACTION MODIFICATION	ONS. (From Schedule	1S, line 27.)	15b .			00
ur 18	16. MAINE ADJUSTED GROSS INCOME. (Line 14 plus 15a, min	us line 15b.)	16.			00
iculate Your		ge 4 of the instructions				•	00
Icula	Itemized (See Mai 18. EXEMPTION. (Multiply line 13 x \$4,700.)	ne Schedule 2 and pa	· ·	,	18.		00
S S	CAUTION - your exemption amount may					rm 1040ME, page 2	

33e Type of Account:

Checking

Savings



			
its		DO NOT ENTER \$ signs, commas, or decin	
Calculate Your Tax and Nonrefundable Credits	19 20	TAXABLE INCOME. (Line 16 minus lines 17 and 18.)	. 19 . 00
Vonrefu	20a	TAX CREDIT RECAPTURE AMOUNTS (Enclose worksheet(s) - see instructions).	20a . 00
r Tax and I	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 .00
te You	22	TOTAL TAX. (Line 20 plus line 20a minus line 21)	.00
Calculat	23	NONREFUNDABLE TAX CREDITS. (From Maine Schedule A, line 23.)	23 .00
	24	NET TAX. (Line 22 minus line 23.) (Nonresidents see instructions.)	24 .00
edits	25	TAX PAYMENTS. a Maine income tax withheld. (Enclose W-2, 1099 and 1099ME forms.) →	25a .00
Tax Payments/Refundable Credits		b 2023 estimated tax payments and 2022 credit carried forward, extension payments and payments with original return. (Include any REAL ESTATE WITHHOLDING tax payments.)	25b .00
ents/Re		c REFUNDABLE TAX CREDITS. (From Maine Schedule A, line 7.)	25c .00
Тах Рауп		d Property Tax Fairness Credit (Schedule PTFC/STFC, line 15). (See instructions.) (For Maine residents and part-year residents only.)	25d .00
		e Sales Tax Fairness Credit. (Schedule PTFC/STFC, line 16 or 16a.)	25e .00
		f TOTAL. (Add lines 25a, b, c, d, and e.)	25f .00
	26	If this is an amended return, enter overpayment, if any, on original return or as previously adjusted	26 .00
	27	Line 25f minus line 26. (If negative, enter a minus sign in the box to the left of the number.)	27 .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 .00
	29	INCOME TAX UNDERPAID. If line 24 is larger than line 27, enter amount underpaid. (Line 24 minus line 27.) (See instructions.)	29 .00
) Due	30	USE TAX (SALES TAX). (See instructions.)	30 .00
/ Refunc	30a	SALES TAX ON CASUAL RENTALS OF LIVING QUARTERS. (See instructions.)	30a .00
tions	31	CHARITABLE CONTRIBUTIONS and PARK PASSES. (From Maine Schedule CP, line 12.)	31 .00
ontribu	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 .00
untary C	33	Amount of line 32 to be CREDITED to 2024 estimated tax 33a .00 REFUND	33b .00
ax / Vol		OU WOULD LIKE YOUR REFUND SENT DIRECTLY TO YOUR BANK ACCOU! he lines below.	NT (\$20,000 or less), see page 5 of the instructions and fill
Calculate Use Tax / Voluntary Contributions / Refund Due		Check here if this refund will go to an account outside the United 33c Routing Number	
Calcu		States	

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

Name(s) as shown on Form 1040ME

Your Social Security Number

Des Under belie SIGN HERI Keepy copy this r for ye	er penaltie er penaltie ef, they are o a o of return our rds.	ame: es of perjury, I decla e true, correct and c Your signature Spouse's signature Your email addres		nd accompanyi	ned	Personal identification #: ements, and to the best of my k mation of which preparer has a Your occupation Spouse's occupation Preparer's phone number Preparer's SSN or PTIN	nowledge and ny knowledge.
Des Unde belie SIGN HERI Keep copy this r for ye recor	er penaltie er penaltie ef, they are o a o of return our rds.	ame: es of perjury, I decla e true, correct and c Your signature Spouse's signatur Your email addres	re that I have examined this return aromplete. Declaration of preparer (oth	nd accompanyi er than taxpaye Date siç Date siç	ned	ements, and to the best of my k mation of which preparer has a Your occupation Spouse's occupation	nowledge and ny knowledge.
Under belie SIGN HERI Keep copy this r	er penaltie ef, they are to of return	ame: es of perjury, I decla e true, correct and c Your signature Spouse's signature	re that I have examined this return aromplete. Declaration of preparer (oth	nd accompanyi er than taxpaye Date sig	er) is based on all infor	ements, and to the best of my k mation of which preparer has a Your occupation	nowledge and ny knowledge.
Under belie SIGN HERI Keep copy this r	er penaltie ef, they are to of return	ame: es of perjury, I decla e true, correct and c Your signature	re that I have examined this return ar omplete. Declaration of preparer (oth	nd accompanyi er than taxpaye Date sig	er) is based on all infor	ements, and to the best of my k mation of which preparer has a Your occupation	nowledge and ny knowledge.
Under belie	er penaltie of, they are	es of perjury, I decla	re that I have examined this return ar	nd accompanyi er than taxpaye	er) is based on all infor	ements, and to the best of my k mation of which preparer has a	nowledge and ny knowledge.
Des Unde	signee's n	ame: es of perjury, I decla	re that I have examined this return ar	nd accompanyi	ng schedules and stat rr) is based on all infor	ements, and to the best of my k	nowledge and
		,	Phone i	no.:		Personal identification #:	
me II	i isti uction	s.)					
Desi (See	d Party ignee page 5 o	Do you want to allov	v another person to discuss this retur	n with Maine R	evenue Services?	Yes (complete the following)	. No.
	35d.	One or more of m	ny dependent(s) do not have health			Email address liste	d below
里	35c.	My spouse does	not have health care coverage.			Phone number liste	d on page 1
HEALTH CARE COVERAGE	35b.		alth care coverage		My preferred method of contact is (select or	· ·	<u> </u>
ARE GE	35a.	I would like the Ma	aine DHHS, Office of the Health Insura d-cost health coverage. I authorize MR				
_	See the	instructions and che	(Month) (Day) eck each box that applies.	(Year)		(Month) (Day) (Year)
	IMPOR		taxpayer is deceased , iter date of death .	()()	If spouse is dece enter date of dea	ath.)
	Maine <u>;</u> TAX PO	MAINE TAX	PORTAL at <u>revenue.maine.gov</u> or EN	ICLOSE CHEC	K payable to: Treasur	er, State of Maine. DO NOT SI	END CASH.
12	c TO	TAL AMOUNT DUE	. (Add lines 34a and 34b.) (Pay in ful	I with return.)	34c		.00
			: (Attach Form 2210ME.) ked the box on Form 2210ME, line 1	7	34b		.00
TAX DUE	h I In				34a		.00

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.
- Leave unused lines blank. Do not enter zero.
- 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

Payment Injured Plan Spouse



Income Addition Modifications

See instructions on page 6.
Enclose with your Form 1040ME.

For more information, visit <u>www.maine.gov/revenue/tax-return-forms</u>.



2302104

Your Social Security Number

Name(s) as shown on Form 1040ME

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

AD	DITIONS to federal adjusted gross income.		
1.	Income from municipal and state bonds, other than Maine	1.	.00
2.	Net operating loss recovery adjustment. (Attach a schedule showing your calculation.)	2.	.00
3.	Maine Public Employees Retirement System contributions	3.	.00
4.	Bonus depreciation add-back. (See instructions.)	4.	.00
5.	Maine capital investment credit bonus depreciation add-back. (See instructions.)	5.	.00
6.	Fiduciary adjustment - additions only. (Attach a copy of your federal Schedule K-1.)	6.	.00
7.	Certain gains on installment sales of real or tangible property - nonresident individuals only (See instructions.)	7.	.00
8.	Enter the amount of loss, deductions and other expenses of a financial institution subject to Maine franchise tax that are included in your federal adjusted gross income due to an ownership share in the financial institution that is a partnership, S corporation or entity disregarded as separate from its owner	8.	.00
9.	Enter the amount claimed as a deduction in determining federal adjusted gross income that is used to calculate the wellness programs credit under 36 M.R.S. § 5219-FF	9.	.00
10.	Enrolled tribal members in Maine - If Schedule ETM, column C, line 5 is negative, enter the amount here as a positive number. Otherwise leave this line blank. (Attach Schedule ETM.)	10.	.00
11.	Other. This line is reserved for future use. Do NOT enter an amount on this line. (See instructions.)	11.	.00
12.	Total Additions. (Add lines 1 through 11 — enter here and on 1040ME, line 15a.)	12.	.00



Income Subtraction Modifications

See instructions on pages 7 through 8. Enclose with your Form 1040ME.

For more information, visit www.maine.gov/revenue/tax-return-forms.



2302105

Name(s) as shown on Form 1040ME

Your Social Security Number

		DO NOT ENTER \$	signs, commas, or decimals.
SUI	BTRACTIONS from federal adjusted gross income.		
1.	U.S. Government Bond interest included in federal adjusted gross income. (See instructions.)	1.	.00
2.	State income tax refund. (Only if included in federal adjusted gross income.)	2.	.00
3.	Social Security and Railroad Retirement Benefits included in federal adjusted gross income. (See instructions.)	3.	.00
4.	Pension income deduction. (Complete and attach the worksheet on back.)	4 .	.00
5.	Non-Maine active duty military pay received by a Maine resident and military compensation received by a nonresident of Maine. (See instructions.)	5.	.00
6.	Military annuity payments made to a survivor of a deceased member of the military	6.	.00
7.	Maine Public Employees Retirement System pick-up contributions paid to the taxpayer during 2023 which have been previously taxed by the state	7.	.00
8.	Contributions to Qualified Tuition Programs - 529 Plans. (Limited to \$1,000 per beneficiary. See Instructions)	8.	.00
9.	Fiduciary adjustment - subtractions only. (Attach a copy of your federal Schedule K-1.)	9 .	.00
10.	Bonus depreciation and section 179 recapture. (See instructions.)	10.	.00
11.	Medical cannabis business expenses. (See instructions.) Enter your registration number or sales tax number:	11.	.00
12.	Adult use cannabis business expenses. (See instructions.) Enter your registration number or sales tax number:	12.	.00
13.	Net operating loss recapture.	13.	.00
14.	FAME nonprofit student loan repayment program	14.	.00
15.	Qualified health care student loan payments made by your employer	15.	.00
16.	Municipal property tax benefits for senior citizens	16.	.00
17.	Family Development Account proceeds	17.	.00
18.	Interest from Maine Municipal General Obligation Bonds, Private Activity Bonds, and Airport Authority Bonds included in federal adjusted gross income	18.	.00
19.	Amount of the reduction in your salaries and wages expense deductions related to claiming the federal Work Opportunity Credit or Empowerment Zone Credit	19.	.00
20.	Earnings from fishing operations contributed to a capital construction fund	20.	.00



DO NOT ENTER \$ signs, commas, or decimals. *2302203

21.	All items of income, gain, interest, dividends, royalties and other items of income of a pass-through financial institution due to an ownership share in the financial institution. EIN of financial institution:	21.	.00
22.	The total of capital gains and ordinary income resulting from depreciation recapture from the sale of multi-family affordable housing property.	22.	.00
23.	Percentage of gain from the sale of eligible timberlands	23.	.00
24.	Business interest deduction recapture	24.	.00
25.	Enrolled tribal members in Maine. If Schedule ETM, column C, line 5 is greater than zero, enter the amount here. Otherwise, leave this line blank. (Attach Schedule ETM.)	25.	.00
26.	Other. (Attach worksheet(s) - see instructions.)	26.	.00
27.	Total Subtractions. (Add lines 1 through 26 - enter here and on 1040ME, line 15b.)	27.	.00

2023 - Worksheet for Pension Income Deduction - Schedule 1S, Line 4 Enclose this worksheet and copies of your 1099 form(s) with Form 1040ME.

The benefits received under a United States military retirement plan, including survivor benefits, are fully exempt from Maine income tax. See line 6 of the worksheet below. Only military retirement pay received as a result of service in the United States Army, Navy, Air Force, Marines, or Coast Guard qualify for the military retirement deduction on line 6.

In addition, you and your spouse (if married) may each deduct up to \$30,000 of other eligible pension income* that is included in your federal adjusted gross income. The \$30,000 cap must be reduced by <u>any</u> social security and railroad retirement benefits received, whether taxable or not.

Deductible pension income, other than military retirement pay, includes state and federal pension benefits and retirement benefits received from plans established and maintained by an employer for the benefit of its employees under Internal Revenue Code (IRC) sections 401(a) (qualified pension plans, including qualified 401 SIMPLE plans), 401(k) (qualified cash or deferred arrangements) and 403 (employee annuities). Deductible pension income also includes benefits received from an individual retirement account under IRC section 408, Roth IRA accounts under IRC section 408A, SIMPLE individual retirement accounts under IRC section 408(k), simplified employee pension plans under IRC section 408(p), benefits received under IRC section 457(b) (state and local government/tax exempt organizations/eligible deferred compensation plans), **except** that pick-up contributions received from the Maine Public Employees Retirement System ("MainePERS") allowed to be deducted on Form 1040ME, Schedule 1S, line 7 and pension income from 457(b) plans received prior to age 55 that is not part of a series of equal

periodic payments made over the life of the recipient and the recipient's designated beneficiary, if applicable, may <u>not</u> be included in the deductible pension amount.

Note that a conversion of benefits from one account to another does not qualify for the pension income deduction. For example, a deduction may not be taken when a taxpayer converts a traditional IRA to a Roth IRA. The taxpayer, in this case, does not receive a retirement or IRA benefit at the time of conversion.

Pension benefits that <u>do not qualify</u> are those received from an ineligible deferred compensation plan under IRC section 457(f), refunds of excess contributions, lump-sum distributions included on federal Form 4972 and distributions subject to the additional 10% federal tax on early distributions. See federal Form 5329, Part 1, or federal Form 1040 or 1040-SR, Schedule 2, line 8. Also, disability benefits reported as wages on your federal income tax return <u>do not</u> qualify.

*Eligible pension income does not include benefits earned by another person, **except** in the case of a surviving spouse. Only the individual who earned the benefit from prior employment may claim the pension income for the deduction. However, a widowed spouse receiving survivor's benefits under an eligible pension plan may claim that amount for purposes of this deduction, but the total pension deduction for the surviving spouse may not exceed \$30,000.

Note: Enter eligible non-military pension benefits on line 1 and eligible military retire line 6.	Taxpayer	Spouse*	
Total eligible non-military pension income (both Maine and non-Maine sources) ir your federal adjusted gross income (from federal Form 1040, lines 4b and 5b or Form 1040-SR, lines 4b and 5b). CAUTION: Include only deductible pension beneare not specifically excluded. See the instructions above.		\$	\$
Maximum allowable deduction.	2.	\$30,000.00	\$30,000.00
3. Total social security and railroad retirement benefits you received - whether taxable	e or not. 3.	\$	\$
4. Subtract line 3 from line 2 (if zero or less, enter zero).	4.	\$	\$
5. Enter the smaller of line 1 or line 4 here.	5.	\$	\$
6. Total eligible military retirement pay included in your federal adjusted gross incom (from federal Form 1040, lines 4b and 5b or Form 1040-SR, lines 4b and 5b).	ne 6.	\$	\$
7. Add line 5 and line 6 and enter the total for both spouses on Schedule 1S, line 4.	7.	\$	\$

^{*}Use this column only if you are married filing jointly and only if your spouse separately earned an eligible pension.

SCHEDULE 2 Form 1040ME Attachment

Itemized Deductions

for Form 1040ME, line 17

Enclose with Form 1040ME.

For more information, visit www.maine.gov/revenue/tax-return-forms.



2302204

Your Social Security Number

Name(s) as shown on Form 1040ME

Sequence No. 6

			DO N	OT ENTER \$ signs, commas, or decimals.
1.	To	tal itemized deductions from federal Form 1040 or 1040-SR, Schedule A, line 17	1.	.00
2.	a.	Taxes you paid included in line 1 above from federal Form 1040 or 1040-SR, Schedule A, line 5e; or Form 1040-NR, Schedule A, line 1b	2a.	.00
	b.	Deductible costs, included in line 1 above, incurred in the production of Maine exempt income.	2b.	.00
	C.	Amount included in line 1 attributable to income from an ownership interest in a pass-through entity financial institution.	2c.	.00
	d.	Medical and dental expenses included in line 1 above from federal Form 1040 or 1040-SR, Schedule A, line 4.	2d.	.00
3.	a.	Deductible costs of producing income exempt from federal income tax, but taxable by Maine	3a.	.00
	b.	State and local real estate taxes you paid from federal Form 1040 or 1040-SR, Schedule A, line 5b	3b.	.00
	c.	Personal property taxes you paid from federal Form 1040 or 1040-SR, Schedule A, line 5c	3c.	.00
4.	Lir	ne 1 minus lines 2a, b, c, and d plus lines 3a, b and c	4.	.00
5.	Ma	aximum allowable itemized deduction	5.	3 3,2 0 0 .00
6.	En	ster the smaller of line 4 or line 5	6.	.00
7.	Ad	ld line 2d and line 6. Enter the result here and on Form 1040ME, line 17.*	7.	.00

*Note: If the amount on line 7 above is <u>less</u> than your allowable standard deduction, <u>use the standard deduction</u>. If married filing separately, however, both spouses must either itemize or use the standard deduction.

CAUTION: The total itemized deduction, on line 7 above may be limited. You must complete the Worksheet for Standard / Itemized Deductions (for Form 1040ME, line 17) to calculate your reduced deduction amount if the amount on Form 1040ME, line 16 is more than \$91,500 if single or married filing separately; \$137,300 if head of household; or \$183,050 if married filing jointly or qualifying surviving spouse.



Name(s) as shown on Form 1040ME

Adjustments to Tax See instructions.

Enclose with Form 1040ME.

For more information, visit www.maine.gov/revenue/tax-return-forms



Your Social Security Number

Sec	tion 1. REFUNDABLE CREDITS:	NOT ENTER \$ signs, commas, or decimals.	
1.	Child Care Credit - for Maine residents and part-year residents only. Enter the amount from line 5, or line 5a, of the Child Care Credit Worksheet on the next page. (Enclose worksheet.)	t.)*100)
2.	Adult Dependent Care Credit. Enter amount from line 7, or line 7a, of the Adult Dependent Care Credit Worksheet. (Enclose worksheet.)	*2. .00)
3.	Earned Income Tax Credit - for Maine residents and part-year residents only. Enter the amount from line 2, 3, or 4, whichever applies, of the Earned Income Tax Credit Worksheet. (Enclose worksheet.)	*3. . 00)
4.	Student Loan Repayment Tax Credit - for Maine residents and part-year residents only. (Enclose worksheet.)	*400)
5.	Rehabilitation of Historic Properties after 2007. (Enclose worksheet.)	5 . 00)
6.	Other Refundable Tax Credits. (Enclose applicable worksheet(s).)	6 . 00)
7.	Total Refundable Credits. Add lines 1 through 6. Enter result here and on Form 1040ME, line 25c.	700)
	tion 2. NONREFUNDABLE CREDITS (See instructions for details):		
8.	Dependent Exemption Tax Credit. See instructions and, if necessary, enclose worksheet on the next page. Enter the amount from Form 1040ME, line 13a x \$300	. 00)
9.	Child Care Credit. Enter amount from line 6, or line 6a, of the Child Care Credit Worksheet on the next page. (Enclose worksheet.)	*9. .00)
10.	Adult Dependent Care Credit. Enter amount from line 8, or line 8a, of the Adult Dependent Care Credit Worksheet. (Enclose worksheet.)	*1000)
11.	Earned Income Tax Credit for nonresidents only. Enter amount from line 4 of the Earned Income Tax Credit Worksheet. (Enclose worksheet.)	*1100)
12.	Credit for Income Tax Paid to Other Jurisdictions. Enter the amount from line 5 of the worksheet for the Credit for Income Tax Paid to Other Jurisdictions. (Enclose worksheet(s)	.00)
13.	Maine Seed Capital Credit. (Enclose worksheet.)	13.)
14.	Maine Capital Investment Credit. (Enclose worksheet.)	14.)
15.	Research Expense Tax Credit. (Enclose worksheet.)	1500)
16.	Carryforward of Certain Credit Amounts. (Enclose worksheet.)	16)
17.	Pine Tree Development Zone Credit - Enter the amount from the Credit Application Worksheet. (Enclose worksheet.)	17.)
18.	Employer Credit for Family and Medical Leave. (Enclose worksheet.)	1800)
19.	Employer Credit for Volunteer Firefighters and Volunteer Municipal Emergency Medical Services Persons. (Enclose worksheet.)	19 . 00)
20.	Other Nonrefundable Tax Credits. (Enclose applicable worksheet(s).)	20)
21.	Total Nonrefundable Credits - Add lines 8 through 20	2100)
22.	Maine Income Tax - Form 1040ME, line 22	22 . 00)
23.	Allowable Nonrefundable Credits - Amount on line 21 or line 22, whichever is less. Enter here and on Form 1040ME, line 23	23)

*Note: Personal credits (lines 1, 2, 3, 4, 8, 9, 10, 11, and 12 above) taken by part-year residents, nonresidents and safe harbor residents are limited to the Maine residency period or prorated based on the ratio of Maine-source income to total income. Generally, these credits are prorated on the related credit worksheet. Maine business credits are claimed in their entirety, some refundable and some limited up to the Maine tax liability (carryover provisions may apply).



Attachment Sequence No. 2 2023

Charitable Contributions and Purchase of Park Passes

For more information, go to www.maine.gov/revenue/tax-return-forms



2302202

Your Social Security Number

Name(s) as shown on Form 1040ME

WHO SHOULD FILE SCHEDULE CP? You need to file Schedule CP only if you want to make voluntary charitable contributions to any of the organizations listed below or if you choose to purchase a park pass for entry into Maine State Parks. Otherwise do not file Schedule CP.

		, , ,					E		als below. DO NOT commas, or decimals.
	1.	Endangered & Nongame Wildlife Fund "Chickadee Check-off"	\$5	\$10	\$25	Other		1.	.00
	2.	Maine Children's Trust	\$5	\$10	\$25	Other	\$	2.	.00
SNO	3.	Companion Animal Sterilization Fund	\$5	\$10	\$25	Other	\$	3.	.00
BUTI	4.	Maine Military Family Relief Fund	\$5	\$10	\$25	Other	\$	4.	.00
CONTRIBUTIONS	5.	Maine Veterans' Memorial Cemetery Maintenance Fund	\$5	\$10	\$25	Other	\$	5.	.00
00	6.	Maine Public Library Fund	\$5	\$10	\$25	Other	\$	6.	.00
Ą	7.	Maine Children's Cancer Research Fund	\$5	\$10	\$25	Other	\$	7.	.00
	8.	Emergency Food Assistance Program Fund	\$5	\$10	\$25	Other	\$	8.	.00
	9.	TOTAL CONTRIBUTIONS. (Add lines	1 through 8.)					9.	.00
RK ES	10.	Number of Individual Day-use Park Pas	sses:	x \$55 .				10.	.00
PA	11.	Number of Vehicle Day-use Park Passe	es:	× \$105				11.	.00
B. P.A	12.	TOTAL CONTRIBUTIONS AND PAR Enter result here and on Form 1040ME		,	•	,		12.	.00
		Note: Neither Maine Revenue Service							1

Note: Neither Maine Revenue Services nor the Bureau of Parks and Lands are responsible for undelivered, lost, destroyed, or stolen park passes. Replacement passes will be sold at the original purchase price. Photocopies or electronic photos of park passes are not accepted.

The purchase of a Maine park pass(es) provides authorization for MRS to share your name and mailing address with the Bureau of Parks and Lands.

MRS will issue park passes through July 31, 2024. For additional park pass options, fees, and rules, or to purchase your park pass online directly from the Bureau of Parks and Lands, visit:

www.MaineStateParkPass.com.

Note: If you are filing an amended return, the correct amount of your charitable contributions and park passes <u>must</u> agree with the total amounts shown on your original return. Contribution and park pass amounts cannot be changed on your amended return.

Any voluntary charitable contribution you make on lines 1 through 8 above may qualify for a charitable contributions deduction on your 2024 federal and Maine income tax returns if you itemize deductions. For more information, see federal Publication 526, "Charitable Contributions," available at www.irs.gov.

SCHEDULE PTFC/STFC Form 1040ME

Attachment Sequence No. 3

Enter your

date of birth

Property Tax Fairness Credit Sales Tax Fairness Credit

For MAINE RESIDENTS and PART-YEAR RESIDENTS ONLY.

See instructions. Enclose with Form 1040ME. For more information, visit www.maine.gov/revenue/tax-return-forms.

If married, enter your

spouse's date of birth



Name(s) as shown on Form 1040ME

Your Social Security Number

uate 0	Dirtii	MM	DD	YYYY	spouse's date of birtil	MM DI	D YYY	Y
Physic	al location	n of prop	erty whe	ere you lived	during 2023 (if different from your mailing address):			
					2 below, but not both. Complete line 1 if you do g deral Form 1040 or Form 1040-SR. Then go to line 3 DO NOT	3.		040 or Forms, or decimals
					R FORM 1040-SR, ENTER:			0.0
1. (a) Social :	security	benefits	and railroad	d retirement benefits. (See instructions.)	1a.		.00
(b) Interes	t and div	/idends. ((See instruc	ctions.)	1b.		.00
(c) Pensio	ns, annı	uities and	I IRA distrib	utions. (See instructions.)	1c.		.00
(d) Wages	, salarie	s, tips, et	c. (See inst	ructions.)	1d.		.00
(e) Other i	ncome.	(See inst	ructions.)		1e.		.00
,) Federa	ıl total in	come. (F	rom federal	FORM 1040-SR, ENTER: Form 1040, line 9 or Form 1040-SR, line 9.) ctions.)	2a.		.00
(b	line 6b	or Form	1040-SF	R, line 6a m	d on line 2a above. (Federal Form 1040, line 6a minus inus line 6b) and railroad retirement benefits not includ)	ded		.00
(c) Interes	t not inc	luded on	line 2a abo	ve. (If filing Schedule NRH - see instructions.)	2c.		.00
(d) Loss a	dd-back	s. (See ir	nstructions.)		2d.		.00
				•	OR lines 2a through 2d above	3.		.00
PROP	ERTY TA	X FAIRN	NESS CR	REDIT (lines	4 through 15):			
				aid on your 2023, skip	home in 2023. (See instructions.)to line 5a.	4.		.00
5. (a				on your hon 23, skip to li	ne in 2023. (See instructions.)ine 6.	5a.		.00
(b) Does th	he rent e	entered o	n line 5a ind	clude heat, utilities, furniture, or similar items?	5b.	. Ye	s No
(c	similar	items, e	nter that	amount on	mount paid for heat, utilities, furniture, or line 5c. If yes, and you do <u>not</u> know the amount paid, nter the result on line 5c. If line 5b is no, enter "0" on lir	ne 5c 5c.		.00
(d		•	•	,				.00
(e) Multiply	y line 5d	by 15%	(.15)		5e.		.00
(f)			-	` lephone nur				

.00

00

.00

2302206

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

If your Filing Status is:	AND	Form 1040ME, line 13a is:				
	0 C	R 1 0	R more than 1			
	Your maximum benefit base is:					
Single	\$2,300	\$2,300	\$2,300			
Head of Household	\$3,000	\$3,000	\$3,700			
Married filing Jointly or Qualifying surviving spouse	\$3,000	\$3,700	\$3,700			

	Qualifying surviving spouse	\$3,000 	\$3,700	\$3,700			
8.	Benefit base. Enter the small	er of line 6 or line 7			8.		.00
9.	Multiply line 3 by 4% (.04)						.00
	(a) Is the amount on line 8 mo qualify for the property tax					Yes	No
10.	Subtract line 9 from line 8				10.		.00
11.	Were you or your spouse (if r	narried filing jointly) a	t least 65 years of age	during the tax year?	11.	Yes	No
	(a) If yes, enter \$1,500. If no, enter \$1,000.						.00
12.	Enter line 10 or line 11a, which	chever is smaller			12.		.00
13.	Are you or your spouse (if ma United States Department of					Yes	No
	(a) If yes, enter the amount from line 12. Enclose a copy of your VA Rating Decision Letter or your VA Benefit Summary Letter. If no, enter \$0						.00
14.	Add lines 12 and 13a				14.		.00
15.	Enter line 14 or line 6, which	ever is smaller, here <u>a</u>	und on Form 1040ME,	line 25d	15.		.00
SA	LES TAX FAIRNESS CREDIT	(lines 16 and 16a):					
16.	See the table on page 18 for line 3 and the number of qual				om		
	Schedule NRH, go to line 16a				16.		.00
	(a) PART-YEAR RESIDENTS I tax fairness credit. Sched minus Schedule NR, line	ule NR: Multiply line 1 7). <u>Schedule NRH</u> : N	6 by the Maine-source Aultiply line 16 by the N	income ratio (1.0000			
	of your income (1.0000 r Enter the result here <u>anc</u>				16a.		.00





Name(s) as shown on Form 1040ME

Form 1040ME, Schedule A, Lines 6 and 20 **Other Tax Credits Worksheet** for Tax Year 2023



Your Social Security Number

Use this worksheet to list your Other Refundable Tax Credits included on Form 1040ME, Schedule A, line 6 and Other Nonrefundable Tax Credits included on Form 1040ME, Schedule A, line 20. For more information on all tax credits and to see the worksheets, visit www. maine.gov/revenue/tax-return-forms (select Worksheets for Tax Credits).

Sec	ction 1. REFUNDABLE CREDITS:		
1.	Affordable Housing Tax Credit. (Enclose worksheet.)	1.	.00
2.	New Markets Capital Investment Tax Credit. (Enclose worksheet.)	2.	.00
3.	Credit for Major Food Processing and Manufacturing Facility Expansion. (Enclose worksheet.)	3.	.00
4.	Total Other Refundable Tax Credits (add lines 1 through 3 and enter the total here and on Form 1040ME, Schedule A, line 6)	4.	.00
Sec	etion 2. NONREFUNDABLE CREDITS:		
5.	Tax Credit for Certain Homestead Modifications for qualified expenses incurred for certain home modifications to make a homestead accessible to an individual with a disability or physical hardship. (Enclose worksheet.)	5.	.00
6.	Credit for Disability Income Protection Plans in the Workplace. (Enclose worksheet.)	6.	.00
7.	Certified Visual Media Production Credit. (Enclose worksheet.)	7.	.00
8.	Wellness Programs Credit. (Enclose worksheet.)	8.	.00
9.	Dental Care Access Credit for individuals certified as eligible dentists by the Department of Health and Human Services, Oral Health Program. (Enclose worksheet.)	9.	.00
10.	Primary Care Access Credit for individuals certified as eligible primary care professionals by the Department of Health and Human Services, Rural Health and Primary Care. (Enclose worksheet.)	10.	.00
11.	Access To Justice Credit for individuals certified as eligible attorneys by the Supreme Judicial Court. (Enclose worksheet.)	11.	.00
12.	Dual Residence Tax Credit for individuals who are considered residents of both Maine and another jurisdiction for income tax purposes may qualify for a reduction of tax provided the other taxing jurisdiction allows a similar tax reduction. (Enclose worksheet.)	12.	.00
13.	Biofuel Production Tax Credit. (Enclose worksheet.)	13.	.00
14.	Renewable Chemicals Tax Credit. (Enclose worksheet.)	14.	.00
15.	Total Other Nonrefundable Tax Credits (add lines 5 through 14 and enter the total here and on Form 1040ME, Schedule A, line 20)	15.	.00



2023 Worksheet for Form 1040ME, Schedule 1S, Line 26 Income Subtraction Modifications - Other Subtractions



Use this worksheet to list Income Subtraction Modifications - Other Subtractions for amounts that are taxable by the federal government but not by Maine in order to complete Form 1040ME, Schedule 1S, line 26. Include only items specifically listed below.

Include the taxpayer's distributive share of each item from partnerships, S corporations and other pass-through entities.

See page 2 for a description of each item listed below.

Na	me(s) as shown on Form 1040ME	Your Social Security Number	
1.	Holocaust victim settlement payments	.00	
2.	Maine COVID disaster relief payments/COVID pandemic relief payments/Winter energy relief payments	.00	
3.	Earnings on funds held in an ABLE savings account	.00	
4.	Maine seed capital credit distributions from a private venture capital fund4.	.00	
5.	Income recognized from the new markets capital investment credit	.00	
6.	Northern Maine Transmission Corporation investment income	.00	
7.	Maine Space Corporation and Maine Waste Management & Recycling Program - interest income and capital gains from the sale of program bonds	.00	
8.	Total Other Subtractions (add lines 1 through 7 and enter the total here and on Form 1040ME, Schedule 1S, line 26)	.00	

2023 Worksheet for Form 1040ME, Schedule 1S, Line 28 **Income Subtraction Modifications - Other Subtractions**



2023 Student Loan Repayment Tax Credit Worksheet



for Maine Resident & Part-year Resident Individuals *2302207*

36 M.R.S. § 5217-E

Enclose with Form 1040ME

Note: If this is the first year you are claiming this credit and the documentation has not been previously provided, you **must** include a <u>complete</u> copy of your college transcript, proof of the educational loans that qualify for the credit, and proof of the educational loan payments you paid directly to the lender during the tax year. Maine Revenue Services may request additional documentation supporting your claim in subsequent tax years.

Na	ame of Taxpayer (Graduate)				Graduate's Social Security Number	
Lines A - C. Check the type of degree you received for which you made loan payments during 2023.		A Bachelor's tax year 2019, 2020, or 2021 for a bachelo		Check here if you previously received the EOTC for tax year 2019, 2020, or 2021 for a bachelor's or associate STEM degree . See instructions. Also see line 5 below.		
			Graduate	E	Date you graduated:	
				F	State or country where the college or university is located (enter the two-digit state or country abbreviation):	
1.	3					.00
2.	Eligible payments. Enter the amount of eligible education loan payments <u>you</u> made directly to the lender during the 2023 tax year					.00
3.	Enter the carryforward of unused educational opportunity tax credit amounts from tax years 2013 through 2021					.00
4.	Line 2 plus line 34.				.00	
5.	If Box D above is checked and your 2022 Student Loan Repayment Tax Credit was not more than \$2,500, enter \$3,500; otherwise, enter \$2,500. See instructions5.					.00
6.	Refundable credit. Enter the smaller of line 4 or line 5. Enter the total here and on Form 1040ME, Schedule A, line 4					.00

Note: MRS may request additional information supporting the credit claimed before processing the return.

Revised: December 2023