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4 2023 FORM 1040ME, Page 3		
6		
7 DO NOT ENTER \$ signs, o	commas, or decimals.	*2302111*
8 Name(s) as shown on Form 1040ME 9 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Your Social Security Number 999 99 9999
3/a TAY DUE (Add lines 20, 30, 30a and 31). Note: If total of line		
34a TAX DUE. (Add lines 29, 30, 30a and 31.) - Note: If total of line 31 is greater than line 28, enter the difference as an amount due		999999999.00
	3 OTT (113 III.10 0-44	
b Underpayment Penalty. (Attach Form 2210ME.) Check here if you checked the box on Form 2210ME, line 17.	X 34b	999999999.00
c TOTAL AMOUNT DUE. (Add lines 34a and 34b.) (Pay in full w	ith return.) 34c	99999999 .00
Maine MAINE TAX PORTAL at revenue maine gov or ENCI	LOSE CHECK payable to: Tr	easurer, State of Maine. DO NOT SEND CASH.
TAX PORTAL		
IMPORTANT NOTE If taxpayer is deceased,	o o o If spouse i	s deceased,
enter date of death. 99 99 9	999 enter <b>date</b>	of death 99 99 9999 ■ (Month) (Day) (Year) ■
<u> </u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1 Would like the Maine DHHS, Office of the Health Insurance for free or reduced-cost health coverage. I authorize MRS to 1 do not have health care coverage		
101 free of reduced-cost fleatiff coverage. I autifolize MRS to		
35b. X I do not have health care coverage	35e. My preferred me of contact is (se	
7 400		
35c. X My spouse does not have health care coverage.		X Phone number listed on page 1
35d. One or more of my dependent(s) do not have health		X Email address listed below
Care coverage		X Email address listed below
2 Designee Do you want to allow another person to discuss this return v 3 (See page 5 of 4 the instructions.) 5 Designee's name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	vith Maine Revenue Services  : 999 999 999	
3 (See page 5 of the instructions.)	: 999 999 999 accompanying schedules an	9 Personal identification #: 99999 d statements, and to the best of my knowledge and
(See page 5 of the instructions.)  Designee's name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	: 999 999 999 accompanying schedules an	9 Personal identification #: 99999 d statements, and to the best of my knowledge and
S (See page 5 of the instructions.)  Designee's name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	: 999 999 999 accompanying schedules an	9 Personal identification #: 99999 d statements, and to the best of my knowledge and
Sign Here Would be signature  (See page 5 of the instructions.)  Designee's name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	: 999 999 999 accompanying schedules an	9 Personal identification #: 99999 d statements, and to the best of my knowledge and
Sign Here  Your signature  Signature  Your signature  Signature  Your signature  Signature  Your signature  Signature  Your signature	: 999 999 999 accompanying schedules an than taxpayer) is based on a	9 Personal identification #: 99999 d statements, and to the best of my knowledge and II information of which preparer has any knowledge.
Sign Here  Your signature  Your signature  Your ground  Signature  Your signature	: 999 999 999 accompanying schedules an than taxpayer) is based on a	9 Personal identification #: 99999 d statements, and to the best of my knowledge and Il information of which preparer has any knowledge.  Your occupation
Sign Your signature (If joint return, both must sign)	: 999 999 999 accompanying schedules an than taxpayer) is based on a	9 Personal identification #: 99999 d statements, and to the best of my knowledge and II information of which preparer has any knowledge.
Sign Your signature copy of this return grecords.  Spouse's signature (If joint return, both must sign)	: 999 999 999 accompanying schedules an than taxpayer) is based on a Date signed  Date signed	9 Personal identification #: 99999 d statements, and to the best of my knowledge and Il information of which preparer has any knowledge.  Your occupation
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Signature Copy of the instructions of perjury, I declare that I have examined this return and a belief, they are true, correct and complete. Declaration of preparer (other signature) Copy of this return for your Copy of	: 999 999 999 accompanying schedules an than taxpayer) is based on a Date signed  Date signed	9 Personal identification #: 99999 d statements, and to the best of my knowledge and Il information of which preparer has any knowledge.  Your occupation
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Signature Copy of this return for your signature Spouse's signature Copy of this return for your special address  Paid Preparer's Preparer's signature Conly  Print preparer's name and name of business  Avoid errors that del  Se 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/Sales Tax  Phone no.  Phone no.	: 999 999 999  accompanying schedules an than taxpayer) is based on a  Date signed  Date signed  XX  Date signed  A processing of return  Refund. If you ov to be refunded on Double check so number of exemp  Double check ma	9 Personal identification #: 99999  d statements, and to the best of my knowledge and ll information of which preparer has any knowledge.  Your occupation  Spouse's occupation  99999999  Preparer's phone number  Preparer's SSN or PTIN  Preparer's SSN or PTIN  IS: erpaid your tax, enter the amount you want line 33b. ocial security numbers, filing status, and tions. thematical calculations.
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