				d eliminate the need to file Form 1040ES-ME or detach and e Revenue Services, P.O. Box 9101, Augusta, ME 04332-9101.
<b>2024</b> <sup>5</sup>	2024 Form 1040ES-ME		Payment ndividuals 7, 2024	99
Your First Name	Initia	Your Social Security Number		*1902320*
Your Last Name				<ol> <li>Check if you are a first-time estimate filer.</li> <li>Check if your address has changed.</li> </ol>
Spouse's First Name	Initia	Spouse's Social Security Number		3. Amount of payment:
Spouse's Last Name				If you are a fiscal year filer,     enter month/year ending:
Address (number, street an	nd apt. no.)			<b>NOTE:</b> If you are married and plan to file a joint 2024 return with your spouse, enter your spouse's name and social security number in the spaces provided.
City		State	ZIP Code	
		(cut along	g dotted line)	
				d eliminate the need to file Form 1040ES-ME or detach and e Revenue Services, P.O. Box 9101, Augusta, ME 04332-9101.

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		eliminate the need to file Form 1040ES-ME or detach and Revenue Services, P.O. Box 9101, Augusta, ME 04332-9101.
<b>2024</b> Form 1040ES-ME	Estimated Tax Payment Voucher 2 for Individuals Due June 17, 2024	99
Your First Name	Initial Your Social Security Number	*1902320*
Your Last Name		<ol> <li>Check if you are a first-time estimate filer.</li> <li>Check if your address has changed.</li> <li>Amount of payment:</li> </ol>
Spouse's First Name	Initial Spouse's Social Security Number	.00
Spouse's Last Name		4. If you are a fiscal year filer, enter month/year ending:
Address (number, street and apt. no.)		<b>NOTE:</b> If you are married and plan to file a joint 2024 return with your spouse, enter your spouse's name and social security number in the spaces provided.
City	State ZIP Code	

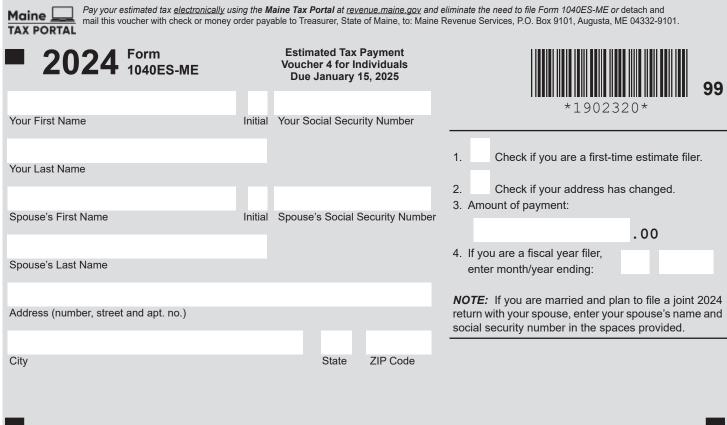
## FORM 1040ES-ME VOUCHER 1

(see reverse side)

## FORM 1040ES-ME VOUCHER 2

(see reverse side)

						e the need to file Form 1040ES-ME or detach and e Services, P.O. Box 9101, Augusta, ME 04332-9101.
<b>2024</b> Form 1040ES-ME		Estimated Tax Payment Voucher 3 for Individuals Due September 16, 2024			99	
						*1902320*
Your First Name	Initial	Your So	cial Secu	ırity Number		
					1.	Check if you are a first-time estimate filer.
Your Last Name						
					2. 3. <i>A</i>	Check if your address has changed.  Amount of payment:
Spouse's First Name	Initial	Spouse'	's Social	Security Number		.00
					4. I	f you are a fiscal year filer,
Spouse's Last Name					e	enter month/year ending:
					NO	TE: If you are married and plan to file a joint 2024
Address (number, street and apt. no.)					retu	rn with your spouse, enter your spouse's name and ial security number in the spaces provided.
					500	ial security number in the spaces provided.
City			State	ZIP Code		
_						_
						_
		(cu	t alono	dotted line)		
Pay your estimated tax <u>electronically</u> us	sing the <b>N</b>	laine Tax P	<b>ortal</b> at rev	venue.maine.gov and o	eliminate	e the need to file Form 1040ES-ME or detach and



## FORM 1040ES-ME VOUCHER 3

(see reverse side)

## FORM 1040ES-ME VOUCHER 4

(see reverse side)