|     | 2024                                       | F                | or Re                | sider    | -                                | onresi                 | ident E             | state              | Return<br>s and Trusts<br>ng in 2024  | 5          |                         |           |          |                                   | 99   |
|-----|--------------------------------------------|------------------|----------------------|----------|----------------------------------|------------------------|---------------------|--------------------|---------------------------------------|------------|-------------------------|-----------|----------|-----------------------------------|------|
|     | Tax perio<br>(mm dd yyyy                   |                  | 99                   | 99       | 2024                             | to                     | 99                  | 99                 | 9999                                  |            | Х                       | Amend     |          | 109100*<br>eturn                  |      |
| Ν   | XXXXXXXXX<br>lame of Estate or T           |                  |                      |          |                                  |                        |                     |                    |                                       |            |                         | Estat     | e/Trust/ | 99 99999<br>QFT EIN (do not ent   |      |
| Ν   | XXXXXXXXXX<br>lame and Title of Fi         |                  |                      |          | XXXXX                            | XXXX                   | XXX                 |                    |                                       |            |                         |           |          |                                   |      |
| А   | XXXXXXXXXX<br>ddress of Fiduciary          |                  |                      |          |                                  | XXXX                   | XXX                 |                    |                                       |            |                         |           |          |                                   |      |
| C   | XXXXXXXXXX                                 | XXX              | XXXX                 | XXX      | XX                               |                        |                     | XX<br>State        | 999999<br>ZIP Code                    |            |                         |           |          |                                   |      |
|     | <b>pe of entity</b><br>neck one box):      | Х                | (ent                 | ter dec  | s estate<br>edent's SSN<br>99999 | I) X                   |                     | fied Fune<br>(QFT) | eral                                  | Х          | Qualified<br>Disability |           | Х        | Bankruptcy estate<br>(Chapter 7)  |      |
|     | X Simple Trust                             | Х                | Con                  | nplex T  | rust                             | Х                      | ESB                 | T (S Po            | rtion Only)                           | Х          | Pooled In               | come      | Х        | Bankruptcy estate<br>(Chapter 11) |      |
| Ch  | eck the boxes that                         | apply            | X                    | Re       | sident esta                      | te or tru              | ıst X               | Non                | resident estate o                     | or trust   | Х                       | Initial r | eturn    | X Final ret                       | urn  |
| 1.  | Federal taxable i                          | ncom             | <b>e.</b> (Non       | reside   | nt estates                       | and trus               | sts, skip t         | o line 3           | .)                                    |            | 1.                      |           |          | 999999999                         | 9.00 |
| 2.  | Fiduciary Adjust                           | ment:            | Reside               | ent es   | tates and t                      | rusts o                | o <b>nly.</b> (Se   | e instru           | ctions.)                              |            | 2.                      |           |          | 9999999999                        | 9.00 |
| 3.  | Maine taxable ind<br>Nonresident estate    | come.<br>e or tr | . (Resid<br>ust - Sc | ent est  | ate or trust<br>e NR, line §     | : - line 1<br>), colum | plus or i<br>in B.) | minus li           | ne 2.                                 |            | 3.                      |           |          | 9999999999                        | 9.00 |
| 4.  | Maine income tax                           | <b>x.</b> (Fro   | om tax t             | able o   | n page 3 o                       | f instruc              | tions.)             |                    |                                       |            | 4.                      |           |          | 9999999999                        | 9.00 |
| 5.  | Adjustments to t                           | <b>ax.</b> (F    | rom Sc               | hedule   | A, line 21                       | )                      |                     |                    |                                       |            | 5.                      |           |          | 9999999999                        | 9.00 |
| 6.  | Adjusted Maine i                           | incom            | e tax. (             | Line 4   | plus or mi                       | nus line               | 5.)                 |                    |                                       |            | 6.                      |           |          | 999999999                         | 9.00 |
| 7.  | Tax payments:                              | <b>a.</b> Ma     | ine inco             | ome ta   | x withheld.                      | (Attach                | Form W              | /-2, W-2           | 2G, 1099-R or 10                      | 099ME      | )7a.                    |           |          | 9999999999                        | 9.00 |
|     |                                            |                  |                      |          |                                  |                        |                     |                    | ed forward and <b>holding</b> tax pay | ments      | .)7b.                   |           |          | 999999999                         | 9.00 |
|     |                                            | <b>c.</b> Re     | fundabl              | e tax o  | credits. (Fre                    | om Sche                | edule A,            | line 6.).          |                                       |            | 7c.                     |           |          | 9999999999                        | 9.00 |
|     |                                            | <b>d.</b> Tot    | al paym              | ients. ( | Add lines                        | 7a, 7b a               | nd 7c.)             |                    |                                       |            | 7d.                     |           |          | 9999999999                        | 9.00 |
| 8.  | If this is an amend                        | ded re           | turn, en             | ter ove  | erpayment,                       | if any, c              | on origin           | al returr          | n or as previous                      | y adjus    | sted8.                  |           |          | 999999999                         | 9.00 |
| 9.  | Line 7d minus line                         |                  | -                    |          |                                  | -                      |                     |                    |                                       | <i>,</i> , |                         |           |          | 9999999999                        | 9 00 |
| 10  | <b>a.</b> If line 6 is greate              |                  |                      |          |                                  |                        |                     |                    |                                       |            |                         |           |          | 9999999999                        |      |
| 10. | b. Enter <b>PENALT</b><br>Check here if yo | <b>Υ</b> for ι   | Inderpa              | iyment   | of estimate                      | ed tax (a              | attach Fo           | orm 221            | 0ME.)                                 |            |                         |           |          | 9999999999                        |      |
|     | c. TOTAL AMOUN                             |                  |                      |          |                                  |                        |                     |                    |                                       | e of Ma    | aine 10c.               |           |          | 999999999                         | 9.00 |

| Form 1041ME, page 2 - Enclo                                                                                | se with your Form 1041             | ИE                   |                     |                       |                     |      |
|------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------|---------------------|-----------------------|---------------------|------|
| ESTATE/ TRUST EIN                                                                                          |                                    |                      |                     |                       |                     | 9    |
| 99 9999999                                                                                                 |                                    |                      |                     | *24091                | .01*                |      |
| I. If line 9 is greater than line 6, enter OVI                                                             | ERPAYMENT. (Line 9 minus lir       | ne 6.)               | 11.                 | 99                    | 99999999            | . 0( |
| <ul> <li>Overpayment to be CREDITED<br/>to next year's estimated tax 12a.</li> </ul>                       | 9999999999                         | REFUNDED             | <b>)</b> 12b.       | 99                    | 99999999            | . 0  |
| REFUND DEPOSITED DIRECTLY TO YO                                                                            | OUR CHECKING ACCOUNT (             | \$20,000 or less). S |                     | NS.                   |                     |      |
| relation will go to all                                                                                    | c. Routing Number                  | 9999999              | 99                  |                       |                     |      |
| account outside the<br>United States X 120                                                                 | d. Checking Account Number         | 9999999              | 9999999999          | 9                     |                     |      |
|                                                                                                            |                                    |                      |                     |                       |                     |      |
| nird Do you want to allow another person                                                                   | to discuss this return with Maine  | Revenue Services?    | $\mathbf{X}$ Yes (c | omplete the following | ). 🗙 No             | ).   |
| signee Designee's name: XXXXXX                                                                             | Phone no.: (99                     | 999 99               | 99 Personal         | Identification number | · XXXX              | Х    |
| nder penalties of perjury, I declare that I have exa<br>rrect, and complete. Declaration of preparer (othe |                                    |                      |                     |                       | d belief they are t | rue, |
| *****                                                                                                      | ****                               | 99 99                | 9999                | 99 99                 | 9999                |      |
| Signature of fiduciary or officer represent                                                                | ting estate or trust D             | ate signed           |                     | Date estate or trus   | t created           |      |
| *****                                                                                                      | XXXXXXXXXXX                        | 99 99                | 9999                |                       |                     |      |
| Signature of preparer other than fiduciary                                                                 | y D                                | ate signed           |                     |                       |                     |      |
| *****                                                                                                      | XXXXXXXXXXX                        | 999 999              | 9999                | 999 99                | 9999                |      |
| Print preparer's name                                                                                      | P                                  | reparer's phone nu   | Imber               | Preparer's SSN or     | PTIN                |      |
|                                                                                                            | payment is enclosed, mail to: Main |                      |                     |                       |                     |      |

TAX PORTAL revenue.maine.gov

If payment is enclosed, mail to: Maine Revenue Services, P.O. Box 1065, Augusta, ME 04332-1065. **DO NOT SEND CASH.** If payment is <u>not</u> enclosed, mail to: Maine Revenue Services, P.O. Box 1064, Augusta, ME 04332-1064

|    | Form 1041ME, page                     | <b>a 3 -</b> If applicable, enclose with your Form 1041ME                                                                           |              |            |     |
|----|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------|------------|-----|
| E  | STATE/ TRUST EIN                      | SCHEDIII E 1 Eidusian Adjustment                                                                                                    |              |            | 99  |
|    | 99 9999999                            | SCHEDULE 1 - Fiduciary Adjustment<br>(Enter combined amounts for both the beneficiaries and the estate or true                      | ıst.) *2     | 2409103*   |     |
| 1. |                                       | npt from federal income tax, but taxable by Maine:<br>Id state bonds, other than Maine.                                             | 10           | 9999999999 | .00 |
|    |                                       |                                                                                                                                     |              |            |     |
|    | <b>b</b> . Net operating loss adjustn | nent. (Attach schedule.)                                                                                                            | 1b.          | 9999999999 | .00 |
|    | <b>c</b> . Income taxes imposed by    | Maine or other states                                                                                                               | 1c.          | 9999999999 | .00 |
|    | d. Qualified business income          | e deduction add-back. (See instructions.)                                                                                           | 1d.          | 9999999999 | .00 |
|    | e. Bonus depreciation add-b           | ack. (See instructions.)                                                                                                            | 1e.          | 9999999999 | .00 |
|    | f. Maine capital investment           | credit bonus depreciation add-back. (See instructions.)                                                                             | 1f.          | 9999999999 | .00 |
|    |                                       | ent sales of real or tangible property - nonresident estates or trusts only.                                                        | 1g.          | 9999999999 | .00 |
|    | h. Other. (See instructions.)         | (Attach worksheet(s).)                                                                                                              | 1h.          | 9999999999 | .00 |
|    | i. Total Additions. (Add lines        | 1a through 1h.)                                                                                                                     | 1i.          | 9999999999 | .00 |
| 2. | SUBTRACTIONS - Income                 | e exempt from Maine income tax, but taxable by federal law:                                                                         |              |            |     |
|    | a. U.S. Government Bond in            | terest included in federal taxable income                                                                                           | 2a.          | 9999999999 | .00 |
|    |                                       | Retirement System pick-up contributions paid during 2024 which have the state. (See instructions.)                                  | 2b.          | 9999999999 | .00 |
|    | <b>c</b> . Bonus depreciation and s   | ection 179 recapture. (See instructions.)                                                                                           | 2c.          | 9999999999 | .00 |
|    |                                       | ss expenses. (See instructions.)                                                                                                    | 2d.          | 9999999999 | .00 |
|    | Enter your registration nu            | mber or sales tax number                                                                                                            |              |            |     |
|    |                                       | ness expenses. (See instructions.)<br>mber or sales tax number                                                                      | 2e.          | 9999999999 | .00 |
|    | f Contributions to Qualified          | Tuition Programs - 529 Plans. (Limited to \$1,000 per                                                                               |              |            |     |
|    |                                       | ns.)                                                                                                                                | 2f.          | 9999999999 | .00 |
|    | g. Net operating loss recaptu         | ure. (See instructions.)                                                                                                            | 2g.          | 9999999999 | .00 |
|    | <b>h</b> . Other. (See instructions.) | (Attach worksheet(s).)                                                                                                              | 2h.          | 9999999999 | .00 |
|    | i. Total Subtractions. (Add li        | ines 2a through 2h.)                                                                                                                | 2i.          | 9999999999 | .00 |
| 3. |                                       | (Subtract line 2i from line 1i — see instructions [may be a negative amount].)                                                      | 3.           | 9999999999 | .00 |
|    |                                       | / line 3 by Schedule 2, line f, column 3.<br>Enter on page 1, line 2. <b>Nonresident</b> estates or trusts: Enter on Schedule NR, I | ine 7, colum | ın A.      |     |
|    |                                       |                                                                                                                                     |              |            |     |

## Form 1041ME, page 4 - Enclose with your Form 1041ME

## **ESTATE/ TRUST EIN** 99 9999999



\*240

\*2409108\*

|                                                     |        |    |                                               |    |         |                      |   |                                                   | 09100 |                                                                                            |
|-----------------------------------------------------|--------|----|-----------------------------------------------|----|---------|----------------------|---|---------------------------------------------------|-------|--------------------------------------------------------------------------------------------|
| 1. Name<br>B = beneficiary<br>E/T = estate or trust |        |    | Share of income<br>(copy from federal return) | 3. | Percent | 4. State of domicile | Ę | Social security<br>number/EIN of<br>beneficiaries |       | . Maine-source income allocated to <b>nonresident</b> & safe harbor resident beneficiaries |
| (a) B-                                              | ****** | \$ | 9999999999999999                              |    | 999%    | XX                   |   | XXXXXXXXX                                         | \$    | 99999999999999                                                                             |
| (b) B-                                              | *****  | \$ | 9999999999999999                              |    | 999 %   | XX                   |   | xxxxxxxx                                          | \$    | 99999999999999                                                                             |
| (c) B-                                              | *****  | \$ | 9999999999999999                              |    | 999 %   | XX                   |   | xxxxxxxx                                          | \$    | 99999999999999                                                                             |
| (d) B-                                              | *****  | \$ | 9999999999999999                              |    | 999%    | XX                   |   | xxxxxxxx                                          | \$    | 99999999999999                                                                             |
| (e) B-                                              | *****  | \$ | 9999999999999999                              |    | 999%    | XX                   |   | xxxxxxxx                                          | \$    | 99999999999999                                                                             |
| (f) E/T-                                            | *****  | \$ | 9999999999999999                              |    | 999%    |                      |   |                                                   |       |                                                                                            |
| (g) Total                                           |        | \$ | 9999999999999999                              |    | 100%    |                      |   |                                                   | \$    | 9999999999999                                                                              |

**SCHEDULE 2 - Allocation of** 

Federal Income and Maine-source Income

Line g, Column 6: If required to complete Schedule NR, enter the amount from Schedule NR, line 4, column B. Complete column 6 for nonresident and safe harbor resident beneficiaries based on the amount entered on line g, column 6, and also based on the percentages in column 3.