01

65 66

		1 1 1 1 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2		
	7 8 9	0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 2 3 2 5 6 7 8 9 0 1 2 3 2 3 2 5 6 7 8 9 0 1 2 3 2 3 2 5 6 7 8 9 0 1 2 3 2 3 2 3 2 5 6 7 8 9 0 1 2 3 2 3 2 3 2 5 6 7 8 9 0 1 2 3 2 3 2 3 2 3 2 3 2 5 6 7 8 9 0 1 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2	456789	0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 :
04	-	2024 FORM 1040ME, Page 2		
06		2024 FORM 1040ME, Page 2		99
07		DO NOT ENTER \$ signs, commas, or decimals.		*2402101*
08 0	,			2102101
09 10 08 8				
		EXEMPTION. (Multiply line 13 x \$5,000.)	18.	99999999.00
11 12 13 14 15		CAUTION - your exemption amount may be limited. See instructions.		
12 5 13	19 20	. TAXABLE INCOME. (Line 16 minus lines 17 and 18.)	19.	99999999.00
14		in this booklet or compute your tax using the tax table or tax rate schedules		99999999.00
15		available at maine.gov/revenue/tax-return-forms.)	20.	33333333.00
16		a. TAX CREDIT RECAPTURE AMOUNTS. (Enclose worksheet(s) - see instructions)	20a.	99999999.00
17 ×	21	NONRESIDENT CREDIT. (For part-year residents, nonresidents and		
17 18 19		safe harbor residents only.) From Schedule NR, line 9 or NRH, line 11	21.	99999999.00
و 19		(You MUST attach a copy of your federal return and TDY papers, if applicable.)		
20 2	22	. TOTAL TAX. (Line 20 plus line 20a minus line 21)	22.	99999999.00
20 21 22 22 22 22 22 22 22 22 22 22 22 22				0000000000000
23	23	. NONREFUNDABLE TAX CREDITS. (From Maine Schedule A, line 22.)	23.	999999999.00
24	24	. NET TAX. (Line 22 minus line 23.) (Nonresidents see instructions.)	24	99999999.00
25		TAX PAYMENTS.		
		a. Maine income tax withheld. (Enclose W-2, 1099 and 1099ME forms.)	25a.	99999999.00
26 27 28		b. 2024 estimated tax payments and 2023 credit carried forward, extension		
28 5		payments and payments with original return. (Include any REAL ESTATE		
29		WITHHOLDING tax payments.)	25b.	99999999.00
30			05-	
31 32 3		c. REFUNDABLE TAX CREDITS. (From Maine Schedule A, line 8.)	25c.	999999999.00
30 31 32 33 34 35 Bayments/Refundable		d. Property Tax Fairness Credit (Schedule PTFC/STFC, line 16).	25d	999999999.00
34 E		(See instructions.) (For Maine residents and part-year residents only.)	200.	3333333.00
		e. Sales Tax Fairness Credit. (Schedule PTFC/STFC, line 17 or 17a.).	25e.	99999999.00
36 ĕ		(See instructions.) (For Maine residents and part-year residents only.)		
37	Ш	f. TOTAL. (Add lines 25a, b, c, d, and e.)	.25f.	99999999.00
38	26	. If this is an amended return, enter overpayment, if any, on original return or		00000000000000
3 9 4 0	Н	as previously adjusted	26.	99999999.00
41	27	Line 25f minus line 26. (If negative, enter a minus sign in the box to the left of the number.)	27.	99999999.00
42	20	INCOME TAX OVERPAID. If line 27 is larger than line 24, enter amount	21.	33333333.00
43	20	overpaid. (Line 27 minus line 24 - if line 24 is negative, enter line 27 here.)	28.	99999999.00
44	29	INCOME TAX UNDERPAID. If line 24 is larger than line 27, enter amount		
45	Щ	underpaid. (Line 24 minus line 27.) (See instructions.)	29.	99999999.00
46	:			
47 48 49 50	30	USE TAX (SALES TAX). (See instructions.)	30.	99999999.00
49 di	20		20-	99999999.00
50	30	a. SALES TAX ON CASUAL RENTALS OF LIVING QUARTERS. (See instructions.)	30a.	3333333.00
		. CHARITABLE CONTRIBUTIONS and PARK PASSES. (From Maine Schedule CP, line 12.)	31.	999999999.00
52	32	UNDERPAYMENT OF ESTIMATED TAX. (Enclose Form 2210ME.)		
53 §		Check here if you checked the box on Form 2210ME, line 17 X	32.	99999999.00
51 52 53 54 55 56 57	33	. NET OVERPAYMENT. (Line 28 minus lines 30, 30a, 31, and 32.) – Note: If total of		
55 e		lines 30, 30a, 31, and 32 is greater than line 28, enter as amount due on line 35	33.	99999999.00
56 Ž	34	. Amount of line 33 to be		+++++++++++++++++++++++++++++++++++++++
58 2		CREDITED to	24b	99999999.00
58 Sales		2025 estimated tax34a. 999999999.00 REFUND 7	34b.	3333333.00
60				
61				
62				
63				

	01																																			П
		00001													_							_				_		66	6 7	7 7	7	7 7			8 8	-
123	4 5 0 4	67890	123	3 4 5 6	5 7 8 :	9012	2 3 4	5 6	7 8 9	902	L 2 3	3 4 5	5 6 7	89	0 1	2 3	4 5	6 7	890	0 1 :	2 3 4	4 5	6 7	890	12	3 4	156	7 8	90	12	3 4	56	7 8 9	01	2 3	4 5
	05		202	4 FO	RM.	1040	ΛE	Par	ng 3	t l															+						Ш					+
	06					10401	,	· u	goo																						1		9	9		H
	07								D	O N	ОΤΙ	ENT	ER S	sign	ıs,	com	ımas	s, or	dec	ima	ls.						* 2	40	21	11	*					
		Name(s)																							Y	our	Soc	al Se								
	09	XXX	(XXX	XΧX	(XX	XXXX	XXX	XX	XXΣ	XΧΣ	XΣ																	99	9	99	9	99	9			
	10	IF Y	OU W	/OULI) LIKI	E YOU	R RI	EFUN	ND S	ENT	DIR	REC.	TLY '	TO Y	OU	R B/	ANK	AC	COU	NT	(\$20	000) or	less)	. see	na	ge 5	of th	ne ir	nstri	ucti	ions	and f	iII		
	12	in t	he lin												-			,,,,			(ψΔΟ	,00	<i>J</i> 01	1000)	, 000	Pu	900	0				00		_		+
	13	DOLE				s refur	nd		34	c	Roi	ıting	y Nur	mber						(999	99	99	999	9											H
	14	2		go to a ide the								3	,																							П
	15	REFUND					×	ζ	34	d.	Acc	oun	ıt Nuı	mber						(999	9	99	999	99	99	999	99								
	16									-			-																							Н
	17 18	346	. Type	of Ac	count	: X	2	Che	ckin	g		Χ	S	Saving	gs																					+
	19	当 35.7				. (Add																														H
	20					30a, 3′ ay in fu																35.						9	99	99	99	99	. 00			
	21			<u> </u>	,																															
	22		ine <u> </u> (POR	TAL N	//AINE	E TAX I	POR	TAL	at <u>re</u>	venu	ıe.m	naine	e.gov	or E	NC	LOS	ECI	HEC	K pa	ıyab	le to:	: Tr	easi	urer,	State	e of	Ма	ne. C	1 00	TOP	SE	ND (CASH	1		
	23 24						++				-+	++									++	-														\vdash
	25	I	IPOR1	ANT	NOTE			ayer is			d,	++	99	9	9	99	99			lf :	spous	se is	dec	ease	d,		С	9	99	9	99	9 9				+
	26					er	nter d	ate o	f dea	th.		(Мо	nth)	(Da			(Yea	ar)		er	nter d	ate	of d	eath.		(M	1onth	-	Day)			Year)				П
	27	Sec	the i	etruci	tions	and che	ck e	ach	hox t	that	annl	ies			-																					П
	28		ı. X			the M							ealth	Insu	ranc	e M	arke	tnlad	re ("C	-ove	rME	ao	/") to	n con	tact r	ne t	n se	e if I d	or m	v ho	IIISE	hold	nualii	V		
	29 30		" X			educe																												,		\vdash
	31	₹5 36k). X	l do	not ha	ave he	alth	care	cove	rage		+					36		Му р						Х	-										+
	32	FR S		1 40		470 110	arti.	Julio	0010	rugu									of co	ntac	et is ((sel	ect o	one):	23		Mail	ng ad	ddre	ss li	ste	d on	page	1		Н
	33	<u>표</u> 영 360	:. X	My s	pouse	does	not	have	hea	ılth c	are (cove	erage	e.											Х		Phoi	ne nu	ımbe	er lis	ted	on p	age 1			
	34																																			
	35	360	i. X		or mo	re of m	ny de	epend	dent((s) d	o no	t ha	ave h	ealth						+					X		Ema	il add	dres	s list	ted	belov	٧			Н
	36 37			1-111		-51				+		++	++						-	+	+				++-		++						+			+
		Third Pa Designe	rty e Do	you v	want t	o allow	and	other	pers	on to	dis	cuss	s this	retu	rn w	/ith N	Main	e Re	eveni	ue S	Servio	ces	7	Х	es (c	com	plet	e the	follo	win	a)	X	No.			H
	39	(See pag	e 5 of																												3).					
	40	the instru	ictions	-																																Ш
	41	Designe	e's nar	ne: 🛚	XXX	XXXX	XXX	XXX	XΧΣ	XX			Pł	none	no.:	9	99		99	99	99	99	9	P	ersor	nal i	iden	tificati	ion a	#:	99	99	9			Н
	42	Under pe	poltice	ofpo	riury	l doolo	ro th	ot I b	101/0	ovor	nino	d th	io rot	turn c	nd	2000	amne	an di	20.00	bod	uloo	an	1 oto	tom	nto	and	l to t	ho ho	ot o	f m	, kn	ovdo	dao o	nd		\vdash
	44	belief, the	ey are	true, c	orrec	and c	omp	lete.	Decl	arati	on o	of pre	epare	er (otl	ner	than	taxp	oaye	er) is	base	ed or	n al	info	orma	ion o	of wh	hich	prepa	arer	has	an	y kno	wledo	je.		H
	45									Ħ		Ħ																								П
	46	SIGN HERE	F																																	
	47	Keep a copy of		Your	signa	ure				+			+		+		Date	e sig	ned	\perp	+				our (occi	upat	ion			$oxed{\perp}$		+			\vdash
+		this return							\Box	+	+		+		+					+	+					\vdash	+				\dashv			\parallel		\dashv
+	50	for your records.		Spou	ise's s	ignatu	re (I1	joint	retu	rn, b	oth	mus	st sig	Jn)	+		Date	e sig	ned	+	+				Spou	se's	000	upati	on		H		+	\parallel	H	+
+	51								$\forall \dagger$	+	+	+			+				+	$\dagger\dagger$	+			\Box		\dagger	$\dagger \dagger$				\dagger		+		Н	\sqcap
	52					XXXX		XXX	XXX	XΧΣ	XΣ	XXΣ	XXX	XXX	ΧX	XX												Ш								
	53			Your	email	addres	SS														-															
	54									+		++	++							+	+				aa	ac	a a c	99	a					\square		Н
	56	Paid Preparer's		Prep	arer's	signati	ure										Date	e sig	ned					ı				one i		ber						+
		Use Only								++		++	++							+	++															H
	58	Jiny																																		₫
	59			Print	prepa	rer's n	ame	and	nam	e of	busi	ines	S											F	Prepa	arer'	's \$3	SN or	PT	IN				\parallel		Д
	60						+			$\perp \downarrow \downarrow$	\perp	\perp	+		_					$\perp \mid \cdot \mid$	$\perp \!\!\! \perp$					Щ	\perp				Щ			\coprod		\vdash
	61 62					DO	NO	T SE	ND F	эно.	гос	OPI	ES C	F RE	TU	RNS	3			+	+				nent	X	7	Inju			Χ	+		\vdash		+
+	63			++				+	++	++	+		++		+		H		++	+	++		-	Plan	#	^	7	Spo	use		Z\	╝				+
+	64			++						+	++		+						\Box	\parallel	+			\Box		\dagger	+				\dagger					\sqcap
	65																																			◨
	66		\prod									T									ΙŢ															