2024 Form 1040C-ME

Composite Filing of Maine Income Tax for Nonresident Owners



For purposes of Form 1040C-ME, the term "owner" refers to a partner or shareholder of a pass-through entity.

			<u> </u>					
For tax period 1/1/2024 to 12/31/2024 or	MM	DD	2024 YYYY	to	MM	DD	YYYY	
Entity Name					Federal	EIN		
Entity Mailing Address			City or Town			State	Zip Code	
Contact Person: First Name	I	Last Name			Phone N	lumber		
a) Check here if this is an amended return. If yes	also see	line a-1				a.		
a-1) Check here if filing an amended return to return or alternative procedure report adju						a-1.		
	b) Number of owners participating in composite filing. (Enclose Form 1040C-ME, Schedule 1040C-ME-1.)b.							
c) Total number of owners of the entity						c.		
1. Composite income. (From Schedule 1040C-I	ΜΕ-1, line	e 7.)		1.				.00
2. Tax. Multiply line 1 by 7.15% (0.0715). (See in	structions	s.)		2.				.00
3. Tax credit recapture amounts. (Enclose work	ksheet(s)	.)		3.				.00
4. Nonrefundable tax credits. (From Form 1040	OC-ME, S	schedule A, I	ine 17.)	4.				.00
5. Net tax. Line 2 plus line 3 minus line 4				5.				.00
6. Tax payments								
a. Maine income tax withheld. (Enclose Form	1099ME.)		6a.				.00
 b. 2024 estimated tax payments and 2023 cre payments and payments with original return withholding tax payments.) 	n.(Include	any real es	tate	6b.				.00
c. Refundable tax credits. (From Form 1040C-	-ME, Sch	edule A, line	5.)	6c.				.00
d. If amended, enter overpayment, if any, on o				6d.				.00
e. Total payments and credits. (Add lines 6a 6d. If the result is negative, enter a minus s and skip to line 7b. Otherwise, go to line 7a	ign to the	left of the n	umber	6e.				.00



Federal EIN *240212

7. (Overpayment/Underpayment				
á	a. Overpayment. If line 5 is less than line 66 here and skip to line 8 (line 6e minus line		7	a.	.00
ŀ	 Underpayment. If line 5 is more than line here and skip to line 9 (line 5 minus line 6 			b.	.00
8.	Amount of line 7a to be: 8a. Credited to 2024 estimated tax.	.0	0 8b. REFUNDE	D.	.00
	YOU WOULD LIKE YOUR REFUND SENT lines below.	DIRECTLY TO YOUR BAN	IK ACCOUNT (\$2	0,000 or less) , see instructions a n	d fill in
	Check here if this refund will go to an account outside the United States	8c. Routing Number 8d. Account Number			
	8e. Type of Account: Checking	Savings			
9.	Penalty for underpayment of estimated tax Check here if you checked the box on Forr	•		9.	.00
10.	Total Due. Line 7b plus line 9. Pay in full w make payments electronically. See instruct Make check payable to Treasurer , State o	tions or MRS Rule 102.		0.	.00
	rd Party Designee you want to allow another person to discuss	this return with Maine Pow	onuo Sorvicos?	Yes (complete the following).	No.
			enue Services?		NO.
Un my	signee's name: der penalties of perjury, I declare that I have knowledge and belief, they are true, correc which preparer has any knowledge.				
	Signature of Member/Owner		Title	Date	
	Print Name		Email Address		
		For Paid Preparer	rs Only		
	Paid Preparer's Signature		Date	Paid Preparer's EIN	
	Firm's Name (or yours, if self-employed)		Paid Preparer's	Phone Number	
	Paid Preparer's Mailing Address				
		If enclosing a check, make	check payable to:	If not enclosing a check,	



File and Pay on the Maine Tax Portal at revenue.maine.gov

f enclosing a check, make check payable to:

<u>Treasurer, State of Maine</u>

and MAIL WITH RETURN TO:

MAINE REVENUE SERVICES P.O. BOX 1065 AUGUSTA, ME 04332-1065 If not enclosing a check, MAIL RETURN TO:

MAINE REVENUE SERVICES P.O. BOX 1064 AUGUSTA, ME 04332-1064

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■ 2024 FORM 1040C-ME, SCHEDULE 1040C-ME-1

2402127

Entity Name:

Federal EIN:

Period Covered:

MM DD YYYY MM DD YYYY

Listing of owners participating in composite filing - File with Form 1040C-ME

	Name of Participating Owner (Last, First, MI if individual)	2. SSN/EIN	3. Check Here 4. if EIN	Distributive Share %		5. Owner's Distributive Share of Entity's Maine Net Income (If negative, enter \$0)
a.					%	.00
b.					%	.00
C.					%	.00
d.					%	.00
e.					%	.00
f.					%	.00
g.					%	.00
h.					%	.00
i.					%	.00
j.					%	.00
k.					%	.00
I.					%	.00
m.					%	.00
n.					%	.00
0.					%	.00
p.					%	.00
6.	Total of column 5 amounts listed on this	page		6.		.00
7.	Total of line 6 for <u>ALL</u> pages. (Enter here	e and on Form 1040C-M	E, Line 1.)	7.		.00

Revised: December 2024

SCHEDULE A FORM 1040C-ME 2024

ADJUSTMENTS TO TAX

See instructions.

Enclose with Form 1040C-ME.

For more information, visit $\underline{\text{maine.gov/revenue/tax-return-forms}}$.



2402128

Name as shown on Form 1040C-ME

Federal EIN

S	ection 1. Refundable Tax Credits:	DO NOT ENTER \$ signs, co	mmas, or decimals.
1.	Historical Rehabilitation Credit. (Enclose worksheet.)	1.	.00
2.	Affordable Housing Tax Credit. (Enclose worksheet.)	2.	.00
3.	Major Food Processing and Manufacturing Facility Expansion Credit. (Enclose worksheet.)	3.	.00
4.	Paper Manufacturing Facility Expansion Credit. (Enclose worksheet.)	4.	.00
5.	Total Refundable Credits. Add lines 1 through 4. Enter result here and on Form 1040C-ME, line 6c	5.	.00
S	ection 2. Nonrefundable Tax Credits:		
6.	Research Expense Tax Credit. (Enclose worksheet.)	6.	.00
7.	Carryforward of Certain Credit Amounts. (Enclose worksheet.)	7.	.00
8.	Pine Tree Development Zone Credit. (Enclose worksheet.)	8.	.00
9.	Employer Credit for Family and Medical Leave. (Enclose worksheet.)	9.	.00
10.	Employer Credit for Volunteer Firefighters and Volunteer Municipal Emergency Medical Services Persons. (Enclose worksheet.)		.00
11.	Certified Visual Media Production Credit. (Enclose worksheet.)	11.	.00
12.	Biofuel Commercial Production Credit. (Enclose worksheet.)	12.	.00
13.	Renewable Chemicals Tax Credit. (Enclose worksheet.)	13.	.00
14.	Credit for Disability Income Protection Plans. (Enclose worksheet.)	14.	.00
15.	Total Nonrefundable Credits - Add lines 6 through 14	15.	.00
16.	Maine Income Tax - Form 1040C-ME, line 2 plus Form 1040C-ME, line 3	16.	.00
17.	Allowable Nonrefundable Credits - Amount on line 15 or line 16, whichever is less. Enter here and on Form 1040C-ME, line 4		.00