2018

2018 MAINE INDIVIDUAL INCOME TAX FORM 1040ME



99 99 **2018** to 99 99 9999 X Check here if this is an **AMENDED** return.

18021V0

Continue on page 2

See instructions. Print neatly in blue or black ink only.	TOUZIVO
XXXXXXXXXXXX	X 999 99 9999
Your First Name	MI Your Social Security Number
XXXXXXXXXXXXXXXXX	999 99 9999
Your Last Name	Spouse's Social Security Number
XXXXXXXXXXXX	X 999 999 9999
Spouse's First Name	MI Home Phone Number
XXXXXXXXXXXXXXXXX	999 999 999
Spouse's Last Name	Work Phone Number
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxxxxxxxxx xx xxxxxxx
Current Mailing Address (PO Box, number, street and apartment number)	City or Town State ZIP Code
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX XXXXXX
Foreign country name	Foreign province/state/county Foreign postal code
 X Single X Married filing jointly (Even if only one had income) X Married filing separately. Enter spouse's social security number and full name above. X Head of household (With qualifying person) X Qualifying widow(er) with dependent child 	
(Year spouse died 9999) X Composite Return (Pass-through Entities ONLY)	
RESIDENCY STATUS (Check one)	
X Resident 8a X "Safe Harbor" Resident X Part-Year Resident 10 X Nonresident 11	Check here if you are X Nonresident Alien X filing Schedule NRH
CHECK IF: You were: 12a X 65 or over 12b X blind	Spouse was: 12c X 65 or over 12d X blind
Enter the TOTAL number of EXEMPTIONS - see instructions	
14 FEDERAL ADJUSTED GROSS INCOME	99999999.00
15 INCOME MODIFICATIONS. (From Schedule 1, line 3.)	
 16 MAINE ADJUSTED GROSS INCOME. (Line 14 plus or minus 17 DEDUCTION. X Standard (See page 3 of the instructions 	,
X Itemized (See Maine Schedule 2 and pa	

1000101

				1	802101
24 NET TAX. (Subtract lines 22 and 23 from line 21.) (Nonresidents see instructions.) 24 999999999. 25 TAX PAYMENTS. 26 A Maine income tax withheld. (Enclose W-2, 1099 and 1099ME forms.)	dable Credits	20	INCOME TAX. (Find the tax for the amount on line 19 in the tax table	19	999999999.00
24 NET TAX. (Subtract lines 22 and 23 from line 21.) (Nonresidents see instructions.). 24 99999999 .1 25 TAX PAYMENTS. a Maine income tax withheld. (Enclose W-2, 1099 and 1099ME forms.)	efunc			20	999999999.00
24 NET TAX. (Subtract lines 22 and 23 from line 21.) (Nonresidents see instructions.). 24 99999999 .1 25 TAX PAYMENTS. a Maine income tax withheld. (Enclose W-2, 1099 and 1099ME forms.)	nd Nonre	20a	TAX CREDIT RECAPTURE AMOUNTS (Enclose worksheet(s) - see instructions).	20a	999999999.00
24 NET TAX. (Subtract lines 22 and 23 from line 21.) (Nonresidents see instructions.) 24 999999999. 25 TAX PAYMENTS. 26 A Maine income tax withheld. (Enclose W-2, 1099 and 1099ME forms.)	r Tax ar	21	TOTAL TAX. (Line 20 plus line 20a)	21	999999999.00
24 NET TAX. (Subtract lines 22 and 23 from line 21.) (Nonresidents see instructions.). 24 99999999. 25 TAX PAYMENTS. 26 A Maine income tax withheld. (Enclose W-2, 1099 and 1099ME forms.)	You	22	TAX CREDITS. (From Maine Schedule A, line 23.)	22	99999999.00
TAX PAYMENTS. a Maine income tax withheld. (Enclose W-2, 1099 and 1099ME forms.)	Calculate	23	"Safe Harbor" residents only.) From Schedule NR, line 9 or NRH, line 11	23	999999999.00
e Sales Tax Fairness Credit (Schedule PTFC/STFC, line 14 or 14a)		24	$\textit{NET TAX}. \ (\text{Subtract lines 22 and 23 from line 21.}) \ (\text{Nonresidents see instructions.}) \$	24	99999999.00
e Sales Tax Fairness Credit (Schedule PTFC/STFC, line 14 or 14a)	Credits			· 25a	999999999.00
e Sales Tax Fairness Credit (Schedule PTFC/STFC, line 14 or 14a)	Refundable		payments and payments with original return. (Include any REAL ESTATE	25b	999999999.00
e Sales Tax Fairness Credit (Schedule PTFC/STFC, line 14 or 14a)	ents/F		c REFUNDABLE TAX CREDITS (from Maine Schedule A, line 7)	25c	999999999.00
e Sales Tax Fairness Credit (Schedule PTFC/STFC, line 14 or 14a)	ax Payme			25d	999999999.00
f TOTAL. (Add lines 25a, b, c, d, and e.)	_		e Sales Tax Fairness Credit (Schedule PTFC/STFC, line 14 or 14a)	25e	999999999.00
26 If this is an amended return, enter overpayment, if any, on original return or as previously adjusted				25f	99999999.00
of the number.)	:	26	If this is an amended return, enter overpayment, if any, on original return or		999999999.00
overpaid. (Line 27 minus line 24 - if line 24 is negative, enter line 27 here.)	:	27		27	999999999.00
underpaid. (Line 24 minus line 27 - see instructions.)				28	999999999.00
30 USE TAX (SALES TAX). (See instructions.)				29	999999999.00
30a SALES TAX ON CASUAL RENTALS OF LIVING QUARTERS. (See instructions.) 30a 9999999999 CHARITABLE CONTRIBUTIONS and PARK PASSES. (From Maine Schedule CP, line 10.) 31 99999999999999999999999999999999999	and Due	30	USE TAX (SALES TAX). (See instructions.)	30	999999999.00
31 CHARITABLE CONTRIBUTIONS and PARK PASSES. (From Maine Schedule CP, line 10.) 31 999999999. 32 NET OVERPAYMENT. (Line 28 minus lines 30, 30a and 31.) – NOTE: If total of lines 30, 30a and 31 is greater than line 28, enter as amount due on line 34a. 32 999999999. 33 Amount of line 32 to be CREDITED to 2019 estimated tax 33a 999999999. 00 REFUND 33b 999999999. 34 IF YOU WOULD LIKE YOUR REFUND SENT DIRECTLY TO YOUR BANK ACCOUNT (\$20,000 or less), see page 5 of the instructions and in the lines below.	7 Refur	30a	SALES TAX ON CASUAL RENTALS OF LIVING QUARTERS. (See instructions.)	30a	999999999.00
NET OVERPAYMENT. (Line 28 minus lines 30, 30a and 31.) – NOTE: If total of lines 30, 30a and 31 is greater than line 28, enter as amount due on line 34a. 32 33 Amount of line 32 to be CREDITED to 2019 estimated tax 33a 999999999 . (IF YOU WOULD LIKE YOUR REFUND SENT DIRECTLY TO YOUR BANK ACCOUNT (\$20,000 or less), see page 5 of the instructions and in the lines below.	utions	31	CHARITABLE CONTRIBUTIONS and PARK PASSES. (From Maine Schedule CP, line 10	.) 31	99999999.00
to be CREDITED to 2019 estimated tax 33a 99999999 . 00 REFUND 33b	Contribu		lines 30, 30a and 31 is greater than line 28, enter as amount due on line 34a.		999999999.00
IF YOU WOULD LIKE YOUR REFUND SENT DIRECTLY TO YOUR BANK ACCOUNT (\$20,000 or less), see page 5 of the instructions and in the lines below.	oluntary		to be CREDITED to	33b	999999999.00
	ax / Ve			JNT (\$20,000 or less), see page 5	of the instructions and fill
Check here if this refund will go to an account 33c Routing Number 999999999999999999999999999999999999	ate Use T		will go to an account 33c Routing Number	99999999	
outside the United States X 33d Account Number 999999999999999999999999999999999999	Calcul		**	999999999999999	

2018 FORM 1040ME, Page 3



Name(s) as shown on Form 1040ME

Your Social Security Number

999 99 9999

34a TAX DUE. (Add lines 29, 30, 30a and 31) - NOTE: If total of lines 30, 30a and 31 is greater than line 28, enter the difference as an amount due on this line

99999999.00

b Underpayment Penalty. (Attach Form 2210ME.) Check here if you checked the box on Form 2210, line 17

99999999.00

c TOTAL AMOUNT DUE. (Add lines 34a and 34b.) (Pay in full with return.) 34c

99999999.00



EZ PAY at www.maine.gov/revenue or ENCLOSE CHECK payable to: Treasurer, State of Maine. DO NOT SEND CASH

.....

34b

IMPORTANT NOTE

If taxpaver is deceased. enter date of death

99 9999 (Month) (Day)

If spouse is deceased. enter date of death.

9999

(Month)

Third Party Do you want to allow another person to discuss this return with Maine Revenue Services? X Yes (complete the following). Designee

No.

(See page 5 of the instructions)

TAX DUE

Designee's name XXXXXXXXXXXXXXX

Phone no. 999

999 9999

Personal identification #: 99999

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

SIGN HERE Keep a copy of this return for your records Paid Preparer's Use Only

Your signature Date signed Your occupation

Spouse's signature (If joint return, both must sign) Date signed Spouse's occupation

Preparer's signature Date Preparer's phone number

99999999

Preparer's SSN or PTIN Print preparer's name and name of business

Avoid errors that delay processing of returns:

- Use black or blue ink. Do not use red ink.
- Be sure to enter amounts on correct lines.
- Line A. Check the Property Tax Fairness Credit/Sales Tax Fairness Credit box, if it applies.
- Lines 12 and 17. If you are over 65 and/or blind, see the instructions on page 4 and claim the additional amount as allowed.
 - Line 20. Use the correct column from the tax table for your filing status.
 - Refund. If you overpaid your tax, enter the amount you want to be refunded on line 33b.
 - Double check social security numbers, filing status, and number of exemptions.
 - Double check mathematical calculations.
 - Be sure to sign your return.
 - Enclose W-2 forms with the return.

If requesting a REFUND, mail to: Maine Revenue Services, P.O. Box 1066, Augusta, ME 04332-1066 If NOT requesting a refund, mail to: Maine Revenue Services, P.O. Box 1067, Augusta, ME 04332-1067

Payment Injured Χ Χ Spouse Plan

SCHEDULE 1 FORM 1040ME

Attachment Sequence No. 4

INCOME MODIFICATIONS

See instructions on page 6. Enclose with your Form 1040ME For more information, visit www.maine.gov/revenue/forms.



Name(s) as shown on Form 1040ME

Your Social Security Number

(S	CHEDULE 1 — INCOME MODIFICATIONS - For Form 1040ME, line 15		
1 A	DD	OITIONS to federal adjusted gross income.		
	а	Income from municipal and state bonds, other than Maine	.1a	.00
	b	Net Operating Loss Recovery Adjustment. (Attach a schedule showing your calculation.).	.1b	.00
	С	Maine Public Employees Retirement System Contributions.	.1c	.00
	d	Bonus Depreciation Add-back. (See instructions.)	.1d	.00
	е	Maine Capital Investment Credit Bonus Depreciation Add-back. (See instructions.)	.1e	.00
	f	Fiduciary Adjustment - additions only. (Attach a copy of your federal Schedule K-1.)	1f	.00
	g	Other. (Attach worksheet(s) - see instructions.)	.1g	.00
	h	Total Additions. (Add lines 1a through 1g.)	.1h	.00
2	SU	JBTRACTIONS from federal adjusted gross income.		
_	а	U.S. Government Bond interest included in federal adjusted gross income. (See instructions.)	.2a	.00
	b	State Income Tax Refund. (Only if included in federal adjusted gross income.)	.2b	.00
	С	Social Security and Railroad Retirement Benefits included in federal adjusted gross income. (See instructions.)	.2c	.00
	d	Pension Income Deduction. (Complete and attach the worksheet on back.)	.2d	.00
		Check here if the amount on line 2d includes military retirement pay (from line 6 of the Worksheet for Pension Income Deduction)		
	е	Interest from Maine Municipal General Obligation, Private Activity and Airport		
	•	Authority Bonds included in federal adjusted gross income. (See instructions.)	2e	.00
	f	Maine Public Employees Retirement System Pick-Up Contributions paid to the taxpayer		• • • •
		during 2018 which have been previously taxed by the state	2f	.00
	g	Fiduciary Adjustment - subtractions only. (Attach a copy of your federal Schedule K-1.)	.2g	.00
	h	Bonus Depreciation and Section 179 Recapture. (See instructions.)	.2h	.00
	i	Medical marijuana business expenses	2i	.00
	j	Net operating losses disallowed for federal tax purposes	2 j	.00
	k	Other. (Attach worksheet(s) - see instructions.)	.2k	.00
	I	Total Subtractions (Add lines 2a through 2k)	2l	.00
3		et Modification. (Subtract line 2l from line 1h — enter here and on 1040ME, page 1, line 15. negative, enter a minus sign in the box to the left of the number.)	,	.00

SCHEDULE 2 FORM 1040ME

Attachment Sequence No. 6 2018

ITEMIZED DEDUCTIONS

for Form 1040ME, line 17

Enclose with Form 1040ME For more information, visit www.maine.gov/revenue/forms.



1802204
Your Social Security Number

Name(s) as shown on Form 1040ME

1	То	tal itemized deductions from federal Form 1040, Schedule A, line 17	.00
2	а	Taxes you paid included in line 1 above from federal Form 1040, Schedule A, line 5e2a	.00
	b	Deductible costs, included in line 1 above, incurred in the production of Maine exempt income	.00
	С	Amount included in line 1 attributable to income from an ownership interest in a pass-through entity financial institution	.00
	d	Medical and dental expenses included in line 1 above from federal Form 1040, Schedule A, line 4	•00
3	а	Deductible costs of producing income exempt from federal income tax, but taxable by	
		Maine3a	.00
	b	State and local real estate taxes you paid from federal Form 1040, Schedule A, line 5b 3b	.00
	С	Personal property taxes you paid from federal Form 1040, Schedule A, line 5c3c	.00
4	Lir	ne 1 minus lines 2a, b, c, and d plus lines 3a, b and c	.00
5	Ma	aximum allowable itemized deduction	2 9,0 5 0 .00
6	En	nter the smaller of line 4 or line 5	.00
7	Ad	Id line 2d and line 6. Enter the result here and on Form 1040ME, line 17*	.00

*NOTE: If the amount on line 7 above is <u>less</u> than your allowable standard deduction, <u>use the standard deduction</u>. If Married Filing Separately, however, both spouses must either itemize or use the standard deduction.

CAUTION: Your deduction, on line 7 above may be limited. You must complete the Worksheet for Standard / Itemized Deductions (for Form 1040ME, line 17) to calculate your reduced deduction amount if the amount on Form 1040ME, line 16 is more than \$80,000 if single or married filing separately; \$120,000 if head of household; or \$160,000 if married filing jointly or qualifying widow(er).

SCHEDULE A FORM 1040ME

Attachment Sequence No. **7**

ADJUSTMENTS TO TAX

See instructions.

Enclose with Form 1040ME.

For more information, visit www.maine.gov/revenue/forms.



1802103
Your Social Security Number

Section 1. **REFUNDABLE CREDITS:**

Name(s) as shown on Form 1040ME

1. CHILD CARE CREDIT - for Maine residents and part-year residents only. Enter the amount from line 5, or line 5a, of the Child Care Credit Worksheet on the next page. (Enclose worksheet)					
2. ADULT DEPENDENT CARE CREDIT - Enter amount from line 7, or line 7a, of the Adult Dependent Care Credit Worksheet. (Enclose worksheet)	1.				
Dependent Care Credit Worksheet, (Enclose worksheet)) *1	.0	0
3. EARNED INCOME TAX CREDIT - for Maine residents and part-year residents only. Enter the amount from line 2, or line 3, whichever applies, of the Earned Income Tax Credit Worksheet on the next page. (Enclose worksheet)	2.	ADULT DEPENDENT CARE CREDIT - Enter amount from line 7, or line 7a, of the Adult			
the amount from line 2, or line 3, whichever applies, of the Earned Income Tax Credit Worksheet on the next page. (Enclose worksheet)		Dependent Care Credit Worksheet. (Enclose worksheet)	*2	.0	0
Worksheet on the next page. (Enclose worksheet)	3.	EARNED INCOME TAX CREDIT - for Maine residents and part-year residents only. Enter			
4. CREDIT FOR EDUCATIONAL OPPORTUNITY- for Maine residents and part-year residents only. (Enclose worksheet)		the amount from line 2, or line 3, whichever applies, of the Earned Income Tax Credit			
4. CREDIT FOR EDUCATIONAL OPPORTUNITY- for Maine residents and part-year residents only. (Enclose worksheet)			*3	.0	0
residents only. (Enclose worksheet)	4.				
5. REHABILITATION OF HISTORIC PROPERTIES AFTER 2007 (Enclose worksheet)			*4	.0	0
6. NEW MARKETS TAX CREDIT (Enclose worksheet)					
6. NEW MARKETS TAX CREDIT (Enclose worksheet)	5	REHABILITATION OF HISTORIC PROPERTIES AFTER 2007 (Enclose worksheet)	5	.0	0
7. TOTAL REFUNDABLE CREDITS - Add lines 1 through 6. Enter result here and on Form 1040ME, page 2, line 25c	٥.				
7. TOTAL REFUNDABLE CREDITS - Add lines 1 through 6. Enter result here and on Form 1040ME, page 2, line 25c	6	NEW MARKETS TAX CREDIT (Enclose worksheet)	6	.0	0
Form 1040ME, page 2, line 25c					•
Section 2. NONREFUNDABLE CREDITS (See instructions for details): 8. DEPENDENT EXEMPTION TAX CREDIT - See instructions and, if necessary, enclose worksheet on the next page. Enter the amount from Form 1040ME, line 13a	١.	· · · · · · · · · · · · · · · · · · ·	7	.0	0
8. DEPENDENT EXEMPTION TAX CREDIT - See instructions and, if necessary, enclose worksheet on the next page. Enter the amount from Form 1040ME, line 13a	800		1	• •	•
worksheet on the next page. Enter the amount from Form 1040ME, line 13a					
9. CHILD CARE CREDIT - Enter amount from line 6, or line 6a, of the Child Care Credit Worksheet on the next page. (Enclose worksheet)	8.			.0	
Worksheet on the next page. (Enclose worksheet)		· ·	3*8	.0	U
10. ADULT DEPENDENT CARE CREDIT - Enter amount from line 8, or line 8a, of the Adult Dependent Care Credit Worksheet. (Enclose worksheet)	9.			0	
Dependent Care Credit Worksheet. (Enclose worksheet)		· · · · · · · · · · · · · · · · · · ·	*9	.0	U
11. EARNED INCOME TAX CREDIT for nonresidents only. Enter amount from line 3 of the Earned Income Tax Credit Worksheet on the next page. (Enclose worksheet)	10.				
Earned Income Tax Credit Worksheet on the next page. (Enclose worksheet)			*10	.0	O
12. CREDIT FOR INCOME TAX PAID TO OTHER JURISDICTIONS - Enter the amount from line 5 of the worksheet for the Credit for Income Tax Paid to Other Jurisdictions (Enclose worksheet) .*12 13. MAINE SEED CAPITAL CREDIT (Enclose worksheet)	11.	EARNED INCOME TAX CREDIT for nonresidents only. Enter amount from line 3 of the			
5 of the worksheet for the Credit for Income Tax Paid to Other Jurisdictions (Enclose worksheet) .*12 13. MAINE SEED CAPITAL CREDIT (Enclose worksheet)		Earned Income Tax Credit Worksheet on the next page. (Enclose worksheet)	*11	.0	0
13. MAINE SEED CAPITAL CREDIT (Enclose worksheet)	12.	CREDIT FOR INCOME TAX PAID TO OTHER JURISDICTIONS - Enter the amount from line			
14. CREDIT FOR EDUCATIONAL OPPORTUNITY- for Maine residents and part-year residents only. (Enclose worksheet)		5 of the worksheet for the Credit for Income Tax Paid to Other Jurisdictions (Enclose worksheet)) .*12	.0	0
14. CREDIT FOR EDUCATIONAL OPPORTUNITY- for Maine residents and part-year residents only. (Enclose worksheet)			•		
14. CREDIT FOR EDUCATIONAL OPPORTUNITY- for Maine residents and part-year residents only. (Enclose worksheet)	13.	MAINE SEED CAPITAL CREDIT (Enclose worksheet)	13	.0	0
residents only. (Enclose worksheet)					
15. MAINE CAPITAL INVESTMENT CREDIT (Enclose worksheet)			*14	.0	0
16. RESEARCH EXPENSE TAX CREDIT (Enclose worksheet)					
16. RESEARCH EXPENSE TAX CREDIT (Enclose worksheet)	15.	MAINE CAPITAL INVESTMENT CREDIT (Enclose worksheet)	15	.0	0
17. CARRYFORWARD OF CERTAIN CREDIT AMOUNTS (Enclose worksheet)		(
17. CARRYFORWARD OF CERTAIN CREDIT AMOUNTS (Enclose worksheet)	16	RESEARCH EXPENSE TAX CREDIT (Enclose worksheet)	16	.0	0
18. PINE TREE DEVELOPMENT ZONE CREDIT - Enter the amount from the Credit Application Worksheet. (Enclose worksheet)	10.	REDEARON EXI ENDE TAX ONEDIT (EIIOIOSC WORKSHOOL)	10		
18. PINE TREE DEVELOPMENT ZONE CREDIT - Enter the amount from the Credit Application Worksheet. (Enclose worksheet)	17	CAPPYEODWADD OF CEPTAIN CREDIT AMOUNTS (Enclose worksheet)	17	.0	0
Application Worksheet. (Enclose worksheet)		· · · · · · · · · · · · · · · · · · ·	17		
19. EMPLOYER CREDIT FOR FAMILY AND MEDICAL LEAVE	10.		10	.0	0
20. OTHER TAX CREDITS (Enclose applicable worksheet(s))		Application vvolksneet. (Enclose worksneet)	10		•
20. OTHER TAX CREDITS (Enclose applicable worksheet(s))	40	EMPLOYER OREDIT FOR FAMILY AND MEDICAL LEAVE	40	.0	0
21. TOTAL NONREFUNDABLE CREDITS - Add lines 8 through 20	19.	EMPLOYER CREDIT FOR FAMILY AND MEDICAL LEAVE	19	• •	U
21. TOTAL NONREFUNDABLE CREDITS - Add lines 8 through 20				.0	
22. MAINE INCOME TAX - Form 1040ME, line 21	20.	UTHER TAX CREDITS (Enclose applicable worksheet(s))	20	.0	U
22. MAINE INCOME TAX - Form 1040ME, line 21					. ^
23. ALLOWABLE NONREFUNDABLE CREDITS - Amount on line 21 or line 22, whichever is less.	21.	TOTAL NONREFUNDABLE CREDITS - Add lines 8 through 20.	21	.0	U
23. ALLOWABLE NONREFUNDABLE CREDITS - Amount on line 21 or line 22, whichever is less.					
23. ALLOWABLE NONREFUNDABLE CREDITS - Amount on line 21 or line 22, whichever is less.			22	.0	U
	23.	ALLOWABLE NONREFUNDABLE CREDITS - Amount on line 21 or line 22, whichever is less.		_	
Enter here and on Form 1040ME, line 22		Enter here and on Form 1040ME, line 22.	23	.0	U

*NOTE: Personal credits (lines 1, 2, 3, 4, 8, 9, 10, 11, 12, and 14 above) taken by part-year residents, nonresidents and "Safe Harbor" residents are limited to the Maine residency period or prorated based on the ratio of Maine-source income to total income. Generally, these credits are prorated on the related credit worksheet. Maine business credits are claimed in their entirety, some refundable and some limited up to the Maine tax liability (carryover provisions may apply).



Attachment Sequence No. 2 2018

Charitable Contributions and Purchase of Park Passes

For more information, go to www.maine.gov/revenue/forms.



1802202
Your Social Security Number

Name(s) as shown on Form 1040ME

WHO SHOULD FILE SCHEDULE CP? You need to file Schedule CP only if you want to make voluntary charitable contributions to any of the organizations listed below or if you choose to purchase a park pass for entry into Maine State Parks. Otherwise do not file Schedule CP.

							Enter line totals below:
1.	· · ·	\$5	\$10	\$25	Other \$	1	.00
		40	ψ.0	420	σσ. φ		•00
2.	Maine Children's Trust	\$5	\$10	\$25	Other \$	2	.00
3.	Companion Animal Sterilization Fund	\$5	\$10	\$25	Other \$	3	.00
4	Maine Military Family Relief Fund	\$5	\$10	\$25	Other \$	4	00
		ΨΟ	ΨΙΟ	ΨΖΟ	σιιοι φ	7	.00
	Maintenance Fund	\$5	\$10	\$25	Other \$	5	.00
	Maina Dublia Library Fund	ΦE	¢10	COE	Other	6	0.0
0.	Maine Public Library Pulid	φυ	φισ	Φ 20	Other 5	O	.00
7.	TOTAL CONTRIBUTIONS. (Add lines	through 6)				7	.00
8.	Number of Individual Day-use Park Pas	ses	× \$55			8	.00
9.	Number of Vehicle Day-use Park Passe	es	x \$105			9	.00
10.			•	-			
	Enter result here and on Form 1040ME	, line 31				10	.00
	2. 3. 4. 5. 6. 7. 9.	6. Maine Public Library Fund 7. TOTAL CONTRIBUTIONS. (Add lines 1) 8. Number of Individual Day-use Park Pass 9. Number of Vehicle Day-use Park Passe 10. TOTAL CONTRIBUTIONS AND PARK	"Chickadee Check-off" \$5 2. Maine Children's Trust \$5 3. Companion Animal Sterilization Fund \$5 4. Maine Military Family Relief Fund \$5 5. Maine Veterans' Memorial Cemetery Maintenance Fund \$5 6. Maine Public Library Fund \$5 7. TOTAL CONTRIBUTIONS. (Add lines 1 through 6) 8. Number of Individual Day-use Park Passes 9. Number of Vehicle Day-use Park Passes 10. TOTAL CONTRIBUTIONS AND PARK PASS PURCHA	"Chickadee Check-off" \$5 \$10 2. Maine Children's Trust \$5 \$10 3. Companion Animal Sterilization Fund \$5 \$10 4. Maine Military Family Relief Fund \$5 \$10 5. Maine Veterans' Memorial Cemetery Maintenance Fund \$5 \$10 6. Maine Public Library Fund \$5 \$10 7. TOTAL CONTRIBUTIONS. (Add lines 1 through 6) \$10 8. Number of Individual Day-use Park Passes \$10 9. Number of Vehicle Day-use Park Passes \$105 10. TOTAL CONTRIBUTIONS AND PARK PASS PURCHASES (Add lines 1)	"Chickadee Check-off" \$5 \$10 \$25 2. Maine Children's Trust \$5 \$10 \$25 3. Companion Animal Sterilization Fund \$5 \$10 \$25 4. Maine Military Family Relief Fund \$5 \$10 \$25 5. Maine Veterans' Memorial Cemetery Maintenance Fund \$5 \$10 \$25 6. Maine Public Library Fund \$5 \$10 \$25 7. TOTAL CONTRIBUTIONS. (Add lines 1 through 6) \$25 \$25 8. Number of Individual Day-use Park Passes \$25 \$25 9. Number of Vehicle Day-use Park Passes \$25 \$30 \$30 10. TOTAL CONTRIBUTIONS AND PARK PASS PURCHASES (Add lines 7, 8 and 9) \$30 \$30 \$30 \$30	"Chickadee Check-off" \$5 \$10 \$25 Other \$ 2. Maine Children's Trust \$5 \$10 \$25 Other \$ 3. Companion Animal Sterilization Fund \$5 \$10 \$25 Other \$ 4. Maine Military Family Relief Fund \$5 \$10 \$25 Other \$ 5. Maine Veterans' Memorial Cemetery Maintenance Fund \$5 \$10 \$25 Other \$ 6. Maine Public Library Fund \$5 \$10 \$25 Other \$ 7. TOTAL CONTRIBUTIONS. (Add lines 1 through 6) 8. Number of Individual Day-use Park Passes \$	"Chickadee Check-off" \$5 \$10 \$25 Other \$ 1 2. Maine Children's Trust \$5 \$10 \$25 Other \$ 2 3. Companion Animal Sterilization Fund \$5 \$10 \$25 Other \$ 3 4. Maine Military Family Relief Fund \$5 \$10 \$25 Other \$ 4 5. Maine Veterans' Memorial Cemetery Maintenance Fund \$5 \$10 \$25 Other \$ 5 6. Maine Public Library Fund \$5 \$10 \$25 Other \$ 6 7. TOTAL CONTRIBUTIONS. (Add lines 1 through 6) .7 8. Number of Individual Day-use Park Passes x \$55 8 9. Number of Vehicle Day-use Park Passes x \$105 9

Neither Maine Revenue Services nor the Bureau of Parks and Lands are responsible for undelivered, lost, destroyed, or stolen park passes. Replacement passes will be sold at the original purchase price.

For additional park pass options, fees, and rules, or to purchase your park pass online directly from the Bureau of Parks and Lands, visit: www.MaineStateParkPass.com.

Note: If you are filing an amended return, the correct amount of your charitable contributions and park passes <u>must</u> agree with the total amounts shown on your original return. Contribution and park pass amounts cannot be changed on your amended return.

Any voluntary charitable contribution you make on lines 1 through 6 above may qualify for a charitable contributions deduction on your 2019 federal and Maine income tax returns if you itemize deductions. For more information, see federal Publication 526, "Charitable Contributions" available at www.irs.gov.

SCHEDULE PTFC/STFC **FORM 1040ME** 2018

qualify for the property tax fairness credit.

AND

0

\$34,167

\$44,167

\$44,167

If your Filing Status is:

Head of Household

Married filing Jointly or

Qualifying Widow(er)

Single

PROPERTY TAX FAIRNESS CREDIT SALES TAX FAIRNESS CREDIT

Enclose with Form 1040MF See instructions.

Note: If your filing status is married filing separately, you cannot claim either the property tax fairness credit or the sales tax fairness credit.

If married, enter your

For more information, visit www.maine.gov/revenue/forms.





Attachment Sequence No. 3

Enter your

Name(s) as shown on Form 1040ME

Your Social Security Number

YYYY

DD

MM

dat	e of	birth			spo	ouse's date of birth		
		MM	DD	YYYY				
Phy	/sica	I location of prop	erty where	you lived during 2	:018 (if different fro	om your mailing address):		
				1 or line 2 below, 1040. Then go to		omplete line 1 if you do <u>no</u>	<u>t</u> file federal Form 1	040. Complete
IF Y	OU E	OO <u>NOT</u> FILE FED	ERAL FOR	M 1040, ENTER:				
1.	(a)	Social security	benefits ar	nd railroad retireme	ent benefits (see in	nstructions)	1a.	.00
	(b)	Interest and div	idends (se	e instructions)			1b.	.00
	(c)	Pensions, annu	ities and I	RA distributions (se	ee instructions)		1c.	.00
	(d)	Wages, salaries	s, tips, etc.	(see instructions.)	1		1d.	.00
	(e)	Other income (s	see instruc	tions)			1e.	.00
OR,	IF Y	OU <u>DO</u> FILE FEDI	ERAL FOR	VI 1040, ENTER:				
2.	(a)	Federal total in	come (fron	า federal Form 104	.0, <mark>line 6</mark>). If filing S	Schedule NRH - see instruct	tions2a.	.00
	(b)	•			•	Form 1040, line <mark>5a minus</mark> a above (see instructions)	2b.	.00
	(c)	Interest not incl	uded on lir	ne 2a above. If filin	g Schedule NRH -	- see instructions	2c.	.00
	(d)	Loss add-backs	s (see instr	uctions)			2d.	.00
3.	Not	e that if the amo	unt on line	3 is more than the	e amount shown in	ove the table below for your filir orm 1040ME, line 13a, you c	ng	.00

fairness credit, go to line 4. If you are applying only for the sales tax fairness credit, go to line 13.

Continue on next page.

To apply for the property tax

If the amount on line 3 is more than the maximum income amount shown in the sales tax fairness credit table (see instructions for line 13) for your filing status and the number of qualifying children and dependents on Form 1040ME, line 13a, you do not qualify for the sales tax fairness credit.

OR

Form 1040ME, line 13a is:

1

Your maximum income limitation is:

\$34,167

\$44,167

\$54,167

OR

more than 1

\$34,167

\$54,167

\$54,167



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PROPERTY TAX FAIRNESS CREDIT (lines 4 through 12):

	If you paid no property to	ou paid on your home in 20 ax in 2018, skip to line 5a.	,				.00
5.	(a) Enter the rent you p	5a.		.00			
		n 2018, skip to line 6. ed on line 5a include heat, i	utilities, furniture or sim	ilar items?	5b.	Yes	No
		you know the amount paid					
		that amount on line 5c. If y	-				
	multiply line 5a by 15	5% (.15) and enter the resul	It on line 5c. If line 5b is	no, enter "0" on line 5	c5c.		.00
	(d) Line 5a minus line 5	ic			5d.		.00
	(e) Multiply line 5d by 1	5% (.15)			5e.		.00
	(f) Landlord's name an	d telephone number					
6.	Add lines 4 and 5e				6		.00
7.		in the table below for your					•00
		1040ME, line 13a:	-				.00
	If your Filing Status is:	AND Form	n 1040ME, line 13a is:				
	•	0 OR	1 OR	more than 1			
	▼ [Your m	naximum benefit base is:				
	Single	\$2,050	\$2,050	\$2,050			
	Head of Household	\$2,650	\$2,650	\$3,250			
	Married filing Jointly or Qualifying Widow(er)	\$2,650	\$3,250	\$3,250			
8.	Benefit base. Enter the s	smaller of line 6 or line 7			8.		.00
0	Multiply line 2 by CO/ / O/	2)			0		.00
9.		6)e 8 more than the amount					.00
		rty tax fairness credit. Go to I				Yes	No
	. ,		,				
10.	Subtract line 9 from line	8			10.		.00
11	Were you or your shouse	e (if married filing jointly) a	at least 65 years of age	during the tax year?	11	Yes	No
	vvoice you or your opouce	o (ii mamea iiing joinay) a	it loads of years or age	daming the tax year.		100	110
	(a) If yes, enter \$1,200.	If no, enter \$750			11a.		.00
12	Enter line 10 or line 11a	whichever is smaller, here	e and on Form 1040M	F line 25d	12		.00
12.	Litter line to or line tra,	Willonever is sindiler, nere	c <u>and</u> on i o im io-om	L, IIIIe 23a	12.		•00
SA	LES TAX FAIRNESS CR	EDIT (lines 13 and 13a):					
40	0 11 1 1 1	o.c					
13.		6 for your filing status. Ent qualifying children and de		•			
		erwise, enter this amount on	•	-			.00
	, 3: :: :::: ::::: 00	-,	,,				
		NTS FILING SCHEDULE NR		-			
		<u>chedule NR,</u> multiply line 1 , line 7). <u>Schedule NRH,</u> r	•	·			
		000 minus Schedule NRH,		Manie-source income	iallo		
		e and on Form 1040ME, lir	· · · · · · · · · · · · · · · · · · ·		13a.		.00





Form 1040ME, Schedule A, Line 20 - Other Tax Credits **Worksheet for Tax Year 2018**



Use this worksheet to list your Other Tax Credits included on Form 1040ME, Schedule A, line 20. For more information on all tax credits and to see the worksheets, visit www.maine.gov/revenue/forms (select Worksheets for Tax Credits) or call 626-8475.

Name(s) as shown on Form 1040ME Your Social Security Number

1.	Maine Fishery Infrastructure Credit for investments in, or contributions to, public fishery infrastructure projects	100	—)
2.	AccessAble Home Tax Credit for qualified expenses incurred for certain home modifications to make a homestead accessible to an individual with a disability or physical hardship	200)
3.	Credit for Disability Income Protection Plans in the Workplace	3.)
4.	Media Production Credit	4.)
5.	Wellness Programs Credit	5.)
6.	Dental Care Access Credit for individuals certified as eligible dentists by the Department of Health and Human Services, Oral Health Program	6.)
7.	Primary Care Access Credit for individuals certified as eligible primary care professionals by the Department of Health and Human Services, Rural Health and Primary Care.	700)
8.	Dual Residence Tax Credit for individuals who are considered residents of both Maine and another state for income tax purposes may qualify for a reduction of tax provided the other taxing jurisdiction allows a similar tax reduction	8.)
9.	Total Other Tax Credits (add lines 1 through 8 and enter the total here and on Form 1040ME, Schedule A, line 20)	9.)

Revised: December, 2018



Worksheet for Form 1040ME, Schedule 1, Line 1g Income Modifications - Other Additions



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Use this worksheet to list Other Addition Income Modifications that are taxable by Maine but not by the federal government that must be included on Form 1040ME, Schedule 1, line 1g. Include only items listed below.

Include the taxpayer's distributive share of each item from partnerships, S corporations and other pass-through entities.

See page 2 for a description of each item listed below.

Total Other additions (Add lines 1 through 3 and enter on Form 1040ME,

Schedule 1, line 1g)4.

.00





Worksheet for Form 1040ME, Schedule 1, Line 2k Income Modifications - Other Subtractions



Use this worksheet to list Other Subtraction Income Modifications - for amounts that are taxable by the federal government but not by Maine in order to complete Form 1040ME, Schedule 1, line 2k. Include only items specifically listed below.

Include the taxpayer's distributive share of each item from partnerships, S corporations and other pass-through entities.

See pages 2 and 3 for a description of each item listed below.

Name(s) as shown on Form 1040ME Your Social Security Number 1. .00 2. .00 3. .00 4. Military annuity payments made to a survivor of a deceased member of the military 4. .00 5. .00 6. Discharge of indebtedness 6. .00 7. Student loan payments made by your employer under the Maine educational .00 8. Amount of the reduction in your salaries and wages expense deduction related .00 Holocaust victim Settlement Payments 9. .00 .00 Earnings from fishing operations contributed to a capital construction fund......11. .00 .00 .00 14. Maine Waste Management & Recycling Program - interest income and .00 15. All items of income, gain, interest, dividends, royalties and other items of income of a pass-through financial institution due to an ownership share in the .00 16. The total of capital gains and ordinary income resulting from depreciation .00 .00 .00 .00 20. Total Other Subtractions (add lines 1 through 19 and enter the total here and on .00