For tax period

Your First Name

Your Last Name

Spouse's First Name

Spouse's Last Name

MAINE INDIVIDUAL INCOME TAX **1040ME LONG FORM**

1/1/2010 to 12/31/2010 or ____ / ___ / _**2.0.1.0** to ____ / ___ / __ See instructions on pages 2 and 3. Print neatly in blue or black ink only. **IMPORTANT!** You must enter your SSN(s) below. Your Social Security Number MI Spouse's Social Security Number Home Phone Number Mailing Address (PO Box, number, street and apt. no) Work Phone Number

City State Zip Code =							
_	-						
		NOTE: If either spouse is deceased, enter the date of	death on the back of th	is page in the spa	aces provided above the signa	ature ar	ea.
1	Maii	ne Clean Election Fund. Maine Residents Only. Chec	k here if you, or	2 Check here	if you were engaged in <i>COI</i>	MMER	CIAL
•		spouse, if filing jointly, want \$3 to go to this fundYo	, ,				
FILING STATUS (Check one)			RESIDENCY STATU	S (Check one)	12 CHECK IF:	You	Spouse
3 _	Si	ngle	8 Resident		<u>v</u>	<u>vere</u>	<u>was</u>
4 _	Ma	arried filing joint return (Even if only one had income)	8a "Safe Harb	or" Resident	05		10-
5_		arried filing s eparate return. Enter spouse's social security number and full name above.	9 Part-Year F	Resident	65 or over12a	_	12c
6		ead of household (With qualifying person)			Blind12b		12d
		ualifying widow(er) with dependent child	10 Nonresident				
•		Year spouse died)	11 Nonresider	13 Enter the TOTAL num	her of		
		omposite Return (Pass-through Entities ONLY)	Check here if you are filing Schedule NRH		EXEMPTIONS claime on your federal return	d	
		, ,			,		
Φ	14	FEDERAL ADJUSTED GROSS INCOME		14 -			00
Calculate Your Taxable Income	15 INCOME MODIFICATIONS. (From Schedule 1, line 3.)						00
Taxabl	16	MAINE ADJUSTED GROSS INCOME. (Line 14 plus or minus line 1516					00
te Your	17	DEDUCTION Standard (See instructions on page 2)					00
culat		Itemized (From Schedule 2, line 7			40		0.0
18 EXEMPTION. Multiply the number of exemptions on line 13 by \$2,850. (See instructions.)							00
	19	TAXABLE INCOME. (Line 16 minus lines 17 and 18.)					
	20 INCOME TAX. (Find the tax for the amount on line 19 in the tax table on pages 11-12 or						
		compute your tax using the tax rate schedules at www.m	naine.gov/revenue/forr	<u>ns</u>) 20 _			00
dits	21	TAX ADDITIONS. (From Maine Schedule A, line 4.)		21			0 0
and Credits							
and	if you are claiming a refund.)			22			00
r Tax	22	TOTAL TAY (Line 20 when line 24 winner line 22)		22			0.0
You	23	TOTAL TAX. (Line 20 plus line 21 minus line 22)		23 <u>-</u>			
Calculate Yo	24 TAX CREDITS. (From Maine Schedule A, line 21)			24			00
Salcı	25	NONRESIDENT CREDIT. (For part-year residents, no	nresidents and				
J		"Safe Harbor" residents only.) From Schedule NR, line					00
	26	(You MUST attach a copy of your federal return and/or TDY papers.) NET TAX . (Subtract lines 24 and 25 from line 23) (Nonresidents see instructions)					00
	20	(Notifes)	idents see instructions	J 20 _			

Payments/Refundable Credit	21	If less than zero, enter zero here	.00	*1002101*					
		TAX PAYMENTS. Maine Income Tax Withheld. (Enclose W-2, 1099 and 1099ME forms)	- 200	0.0					
		2010 Estimated Tax Payments and 2009 Credit Carried Forward.	→ 20a						
	-	(Include any REAL ESTATE WITHHOLDING Tax Payments)	28b	00					
	С	Extension payment	28c						
	d	Refundable child care credit. Enter the amount from the Child Care Credit Worksheet.							
Тах		line 5 on page 10. Enclose the Worksheet with your return.							
		TOTAL (Add lines 28a, b, c, and d)	28e						
rtions	29	INCOME TAX OVERPAID. If line 28e is larger than line 27, enter amount overpaid (Line 28e minus line 27)	29	00					
Contributions	30	INCOME TAX UNDERPAID. If line 27 is larger than line 28e, enter amount underpaid (Line 27 minus line 28e)	30						
ntary	31 USE TAX (SALES TAX). (See instructions.)			00					
Tax/Voluntary	31a	a. SALES TAX ON CASUAL RENTALS OF LIVING QUARTERS. (See instructions.)	31a	00					
Use	32	VOLUNTARY CONTRIBUTIONS and PARK PASSES. (From Schedule CP, line 14)	32	00					
	33	NET OVERPAYMENT . (Line 29 minus lines 31, 31a and 32) – NOTE: If total of lines 31, 31a and 32 is greater than line 29, enter as amount due on line 35a below	33	00					
	34								
		to 2011 estimated tax							
	PLAN® ACCOUNT, see the instructions on page 3 and fill in the lines below.								
K DUE		eck here if this refund go to an account 34c Routing Number*		34e Type of Account: Checking					
or TAX	outs	side the United		Savings					
	States								
REFUND	35 a <i>TAX DUE</i> . (Add lines 30, 31, 31a and 32) - NOTE : If total of lines 31, 31a and 32 is greater than line 29, enter the difference as an amount due on this line								
		b Underpayment Penalty (Attach Form 2210ME)							
	LOV.	Check here if you checked the box on Form 2210, line 17	35b	00					
	c TOTAL AMOUNT DUE. (Add lines 35a and 35b) (Pay in full with return)								
â		EZ PAY at www.maine.gov/revenue or ENCLOSE CHECK payable to: Treasurer, \$ 36 MAINE RESIDENTS ONLY: Check this box if you would like to receive a Maine Residents P							
-	W	See www.maine.gov/revenue for information about the Tax and Rent "Circuitbreaker" Prog. IN AUGUST 2011 unless your income on line 16 exceeds the income limits for this programme.	ram. THE						
		(Month) (Day) (Year)		(Month) (Day) (Year)					
		If taxpayer is deceased, enter date of death.		se is deceased, ate of death.					
Thi	d Pa	arty							
Designee Do you want to allow another person to discuss this return with Maine Revenue Services? Yes (complete the form (See page 3) Designee's name Phone no. () Personal identification									
Unc	er pe	enalties of perjury, I declare that I have examined this return and accompanying schedules a	and state	ements, and to the best of my knowledge and belief,					
they	are	true, correct and complete. Declaration of preparer (other than taxpayer) is based on al	II informa	ation of which preparer has any knowledge.					
SIGI									
Kee	ра	Your signature Date signed		Your occupation					
this retur for your		Spouse's signature (If joint return, both must sign) Date signed		Spouse's occupation					
reco Paic		Proporor's signature		Proparat's phase number					
Paid Preparer' Use Only		Preparer's signature Date		Preparer's phone number					
		Print preparer's name and name of business		Preparer's SSN or PTIN					
		If requesting a <u>REFUND</u> , mail to: Maine Revenue Services, P.O. Box 1066, Augusta, ME 04332-106							