



Name(s) as shown on Form 1040ME

Your Social Security Number

**A AND B A**

**490 54 9999**

DO NOT ENTER \$ signs, commas, or decimals.

**ADDITIONS to federal adjusted gross income.**

|     |                                                                                                                                                                                                                                                                                                                                           |     |     |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1.  | Income from municipal and state bonds, other than Maine . . . . .                                                                                                                                                                                                                                                                         | 1.  | .00 |
| 2.  | Net operating loss recovery adjustment. (Attach a schedule showing your calculation.) . . . .                                                                                                                                                                                                                                             | 2.  | .00 |
| 3.  | Maine Public Employees Retirement System contributions . . . . .                                                                                                                                                                                                                                                                          | 3.  | .00 |
| 4.  | Bonus depreciation add-back. . . . .                                                                                                                                                                                                                                                                                                      | 4.  | .00 |
| 5.  | Fiduciary adjustment - additions only. (Attach a copy of your federal Schedule K-1.) . . . . .                                                                                                                                                                                                                                            | 5.  | .00 |
| 6.  | Certain gains on installment sales of real or tangible property - nonresident individuals only . . . .                                                                                                                                                                                                                                    | 6.  | .00 |
| 7.  | Enter the amount of loss, deductions and other expenses of a financial institution subject to<br>Maine franchise tax that are included in your federal adjusted gross income due to an ownership<br>share in the financial institution that is a partnership, S corporation or entity disregarded as<br>separate from its owner . . . . . | 7.  | .00 |
| 8.  | Enter the amount claimed as a deduction in determining federal adjusted gross<br>income that is used to calculate the wellness programs credit under 36 M.R.S. § 5219-FF . . . .                                                                                                                                                          | 8.  | .00 |
| 9.  | Enrolled tribal members in Maine - If Schedule ETM, column C, line 5 is negative, enter the<br>amount here as a positive number. Otherwise leave this line blank. (Attach Schedule ETM.) . . . .                                                                                                                                          | 9.  | .00 |
| 10. | Other - OBBBA expensing of domestic research and experimental (R & E) expenditures add-back ..                                                                                                                                                                                                                                            | 10. | .00 |
| 11. | <b>Total Additions.</b> (Add lines 1 through 10 - enter here and on 1040ME, line 15a.) . . . . .                                                                                                                                                                                                                                          | 11. | .00 |

Income Subtraction Modifications

See instructions  
Enclose with your Form 1040ME.

For more information, visit [maine.gov/revenue/tax-return-forms](https://maine.gov/revenue/tax-return-forms).



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Your Social Security Number

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SUBTRACTIONS from federal adjusted gross income.

- |                                                                                                                                                                                                               |     |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1. U.S. Government Bond interest included in federal adjusted gross income . . . . .                                                                                                                          | 1.  | .00 |
| 2. State income tax refund. (Only if included in federal adjusted gross income.) . . . . .                                                                                                                    | 2.  | .00 |
| 3. Social Security and Railroad Retirement Benefits included in federal adjusted gross income . . . . .                                                                                                       | 3.  | .00 |
| 4. Pension income deduction. (Enclose worksheet.) . . . . .<br>Check here if the amount on line 4 includes military retirement pay<br>(from line P10 of the Worksheet for Pension Income Deduction) . . . . . | 4.  | .00 |
| 5. Non-Maine active duty military pay received by a Maine resident and military compensation received by a nonresident of Maine . . . . .                                                                     | 5.  | .00 |
| 6. Military annuity payments made to a survivor of a deceased member of the military . . . . .                                                                                                                | 6.  | .00 |
| 7. Maine Public Employees Retirement System pick-up contributions paid to the taxpayer during 2025 which have been previously taxed by the state. . . . .                                                     | 7.  | .00 |
| 8. Contributions to Qualified Tuition Programs - 529 Plans. (Limited to \$1,000 per beneficiary) . . . . .                                                                                                    | 8.  | .00 |
| 9. Fiduciary adjustment - subtractions only. (Attach a copy of your federal Schedule K-1.) . . . . .                                                                                                          | 9.  | .00 |
| 10. Bonus depreciation and section 179 recapture . . . . .                                                                                                                                                    | 10. | .00 |
| 11. Medical cannabis business expenses . . . . .<br>Enter your registration number or sales tax number: 0                                                                                                     | 11. | .00 |
| 12. Adult use cannabis business expenses . . . . .<br>Enter your registration number or sales tax number: 0                                                                                                   | 12. | .00 |
| 13. Net operating loss recapture. . . . .                                                                                                                                                                     | 13. | .00 |
| 14. FAME nonprofit student loan repayment program . . . . .                                                                                                                                                   | 14. | .00 |
| 15. Qualified health care student loan payments made by your employer. . . . .                                                                                                                                | 15. | .00 |
| 16. Municipal property tax benefits for senior citizens . . . . .                                                                                                                                             | 16. | .00 |
| 17. Family Development Account proceeds . . . . .                                                                                                                                                             | 17. | .00 |
| 18. Interest from Maine Municipal General Obligation Bonds, Private Activity Bonds, and Airport Authority Bonds included in federal adjusted gross income . . . . .                                           | 18. | .00 |
| 19. Amount of the reduction in your salaries and wages expense deductions related to claiming the federal Work Opportunity Credit or Empowerment Zone Credit . . . . .                                        | 19. | .00 |
| 20. Earnings from fishing operations contributed to a capital construction fund . . . . .                                                                                                                     | 20. | .00 |



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|                                                                                                                                                                                                                                |     |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 21. 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 financial institution.<br>EIN of financial institution: _____ | 21. | .00 |
| 22. The total of capital gains and ordinary income resulting from depreciation recapture from the sale of multi-family affordable housing property.                                                                            | 22. | .00 |
| 23. Percentage of gain from the sale of eligible timberlands                                                                                                                                                                   | 23. | .00 |
| 24. Business interest deduction recapture                                                                                                                                                                                      | 24. | .00 |
| 25. Enrolled tribal members in Maine. If Schedule ETM, column C, line 5 is greater than zero, enter the amount here. Otherwise, leave this line blank. (Attach Schedule ETM.)                                                  | 25. | .00 |
| 26. Other. (Attach worksheet(s).)                                                                                                                                                                                              | 26. | .00 |
| 27. <b>Total Subtractions.</b> (Add lines 1 through 26 - enter here and on 1040ME, line 15b.)                                                                                                                                  | 27. | .00 |

### Worksheet for Pension Income Deduction - Schedule 1S, Line 4

Enclose this worksheet and copies of your 1099 form(s) with Form 1040ME.

**CAUTION:** If the amount on Form 1040ME, line 14 is more than \$125,000 if single or married filing separately; \$187,500 if head of household; or \$250,000 if married filing jointly or qualifying surviving spouse, you must complete the Worksheet for Phaseout of Non-Military Pension Income Deduction to calculate the **non-military** pension income deduction amount.

**Note:** Enter the total eligible **non-military** pension benefits on line P1 and eligible **military** retirement pay on line P9.

|                                                                                                                                                                                                                                                                                                                                      |      | <u>Taxpayer</u> | <u>Spouse*</u> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------|----------------|
| P1. Total eligible <b>non-military</b> pension income (both Maine and non-Maine sources) included in your federal adjusted gross income (from federal Form 1040, lines 4b and 5b or Form 1040-SR, lines 4b and 5b) See instructions.<br>CAUTION: Include only deductible pension benefits that are <u>not</u> specifically excluded. | P1.  | .00             | .00            |
| P2. Maximum allowable deduction                                                                                                                                                                                                                                                                                                      | P2.  | 48,216.00       | 48,216.00      |
| P3. Total social security and railroad retirement benefits you received - whether taxable or not.                                                                                                                                                                                                                                    | P3.  | .00             | .00            |
| P4. Subtract line P3 from line P2 (if zero or less, enter zero)                                                                                                                                                                                                                                                                      | P4.  | .00             | .00            |
| P5. Enter the smaller of line P1 or line P4                                                                                                                                                                                                                                                                                          | P5.  | .00             | .00            |
| P6. If applicable, enter the amount from the Worksheet for Phaseout of Non-Military Pension Income Deduction, line 5. Otherwise, skip lines P6 and P7 and enter the amount from line P5 on line P8                                                                                                                                   | P6.  | .               | .              |
| P7. Non-military pension income deduction phaseout amount (multiply line P5 by line P6).                                                                                                                                                                                                                                             | P7.  | .00             | .00            |
| P8. Non-military pension income deduction amount (subtract line P7 from line P5).                                                                                                                                                                                                                                                    | P8.  | .00             | .00            |
| P9. Total eligible <b>military</b> retirement pay included in your federal adjusted gross income (from federal Form 1040, lines 4b and 5b or Form 1040-SR, lines 4b and 5b)                                                                                                                                                          | P9.  | .00             | .00            |
| P10. Add lines P8 and P9. Enter the total for both spouses on Schedule 1S, line 4.                                                                                                                                                                                                                                                   | P10. | .00             | .00            |

**\*Use this column only if you are married filing jointly and only if your spouse separately earned an eligible pension.**

### Worksheet for Phaseout of Non-Military Pension Income Deduction (for Pension Income Deduction Worksheet, line P6)

Use this worksheet to calculate your **non-military** pension income deduction amount if your federal adjusted gross income for 2025 is greater than \$125,000 if single or married filing separately; \$187,500 if head of household; or \$250,000 if married filing jointly or qualifying surviving spouse.

|                                                                                                                                                        |    |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 1. Enter your 2025 federal adjusted gross income (Form 1040ME, line 14)                                                                                | 1. | 243173 |
| 2. Enter \$125,000 if single or married filing separately; \$187,500 if head of household; or \$250,000 if married filing jointly or surviving spouse. | 2. | 250000 |
| 3. Subtract line 2 from line 1. If zero or less, STOP here. Your deduction is not limited                                                              | 3. | -6827  |
| 4. Enter \$100,000 if single or head of household or married filing jointly or qualifying surviving spouse; \$50,000 if married filing separately.     | 4. | 100000 |
| 5. Divide line 3 by line 4. If one or more, enter 1.0000.<br>Enter here and on the Pension Inco Deduction Worksheet, line P6.                          | 5. |        |