2023

MAINE INDIVIDUAL INCOME TAX FORM 1040ME



01 01 **2023** to 12 31 2023 See instructions. **Print neatly in blue or black ink only.**

Check here if this is an AMENDED return.

23022V0

١	DEPX . LS Your First Name			МІ	Your Social Security		54 9	197
١	A Your Last Name				urity Numbe	r		
S	Spouse's First Name			MI	Home Phone Numbe r			
ŝ	Spouse's Last Name			,	Work Phone Number			
C	Current Mailing Address (PO Box, number, street and apartn	nent number)	City or Town		Stat	e Z	IP Code	
F	Foreign country name			Foreign pro	ovince/state/county	Foreign p	oostal co	de
A.	Schedule PTFC/STFC. Check this bo	x if you are filing a	return only to	claim the Propert	y Tax Fairness Credit	on line 25c		
1./	Maine Clean Election Fund. Maine Residents Only. Che				,		RCIAL	
here	e if you, or your spouse, if filing jointly, want \$3 to go to this f	und. You	Spouse	FARMING C	R FISHING during 2	023		
•	FILING STATUS (Check one)							
3.	Single	II KA KK	M Home Phone Number M Home Phone Number University Work Phone Number It number) City or Town State ZIP Code M Foreign province/state/county Foreign postal code Mone Sales Tax Fairness Credit - Maine residents and part-year residents only. See Mone Sales Tax Fairness Credit - Maine residents and part-year residents only. See Province/state/county Foreign postal code See Mone Sales Tax Fairness Credit - Maine residents and part-year residents only. See Province/state/county Foreign postal code See Mone Sales Tax Fairness Credit - Maine resident Sand part-year residents only. See State You Spouse 2. Check here if you were engaged in COMMERCIAL FARMING OR FISHING during 2023 MonesidentAlien (Maine nonresident) Theck here if you are filing Schedule NRH Schedule NRH 11. NonresidentAlien (Maine nonresident) Check here if you are filing Schedule NRH 12b bind Spouse 12c 6 or over 12d bind 12b bind Spouse 12c 6 or over 13a					
4.	M arried filing j ointly (Even if only one had income)		n na sina si					
5.	Married filing separately. Enter spouse's social security number and full name above.		Haria - Langar Harian, Harian (1997) Harian (Harian (Harian (1997) - 1987) Harian (Harian (Harian (1997) - 1987)		◇運搬到的設備非常認識 的		ZIP Code Toreign postal code idents only. See n line 25d and/or the CC/STFC. COMMERCIAL 23 Check here if you are filing Schedule NRH 12d. blind 12d. blind 1 13. 1 13a. 1 20000.00 .00 .00 .00 .00 .00 .00	
6.								
-								
7.	Qualifying surviving spouse							
	with dependent child (Year spouse died)							
	(,							
	RESIDENCY STATUS (Check one)							
8. 9.	XResident8a.Safe HaPart-Year Resident10.Nonresident	rbor Resident Jent		,	,			•
12.	CHECK IF: You were: 12a. 65 or over	12b. blind	Spou	se was : 12c	. 65 or over	12d.	blind	
	Enter the TOTAL number of EXEMPTIONS. See a. Enter the TOTAL number of qualifying children an		see Form 104			· · · · · · · · · · · · · · · · · · ·		
e	14. FEDERAL ADJUSTED GROSS INCOME			14.		2	0000	.00
ncom	15a. INCOME ADDITION MODIFICATIONS . (F	rom Schedule 1A, I	line 12.) • • •	· · 15a.				
Calculate Your Taxable Income	15b. INCOME SUBTRACTION MODIFICATIONS.	(From Schedule	e 1S, line 27.).	15b.				.00
	16. MAINE ADJUSTED GROSS INCOME . (Li		,			2	0000	.00
	17. DEDUCTION X Standard (See page 4			. –				
late	Itemized (See Maine	Itemized (See Maine Schedule 2 and page 4 of the instructions.)						
alcul	18. EXEMPTION (Multiply line 13 x \$4,700.)							
0	CAUTION - your exemption amount may be limited.	See instructions.			Continue on Fo	rm 1040M	E, page	2



2302101

s		DO NOT ENTER \$ signs, commas, or decimals	:	
Calculate Your Tax and Nonrefundable Credits	19 20	TAXABLE INCOME . (Line 16 minus lines 17 and 18.) INCOME TAX . (Find the tax for the amount on line 19 in the tax table in this booklet or compute your tax using the tax table or tax rate schedules	19	-5500.00
		available at <u>www.maine.gov/revenue/tax-return-forms.</u>)	20	0.00
	20a	TAX CREDIT RECAPTURE AMOUNTS (Enclose worksheet(s) - see instructions)	20a	.00
√ pu	21	NONRESIDENT CREDIT. (For part-year residents, nonresidents and		
lax a		safe harbor residents only.) From Schedule NR, line 9 or NRH, line 11	21	.00
our	22	(You MUST attach a copy of your federal return and TDY papers, if applicable.) TOTAL TAX . (Line 20 plus line 20a minus line 21)	22	0.00
ite Y	~~			
Calcula	23	NONREFUNDABLE TAX CREDITS. (From Maine Schedule A, line 23.)	23	.00
	24	NET TAX. (Line 22 minus line 23.) (Nonresidents see instructions.)	24	0.00
	25	TAX PAYMENTS .		
dits		a Maine income tax withheld. (Enclose W-2, 1099 and 1099ME forms.) \Rightarrow	25a	.00
e Cre		b 2023 estimated tax payments and 2022 credit carried forward, extension		
lable		payments and payments with original return. (Include any REAL ESTATE WITHHOLDING tax payments.)	25b	.00
fund		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	200	
ents/Re		c REFUNDABLE TAX CREDITS. (From Maine Schedule A, line 7.).	25c	999.00
Tax Payments/Refundable Credits		d Property Tax Fairness Credit (Schedule PTFC/STFC, line 15) . (See instructions.) (For Maine residents and part-year residents only.)	25d	.00
Ta		e Sales Tax Fairness Credit. (Schedule PTFC/STFC, line 16 or 16a.)	25e	200.00
		(See instructions.) (For Maine residents and part-year residents only.)		1100
		f TOTAL. (Add lines 25a, b, c, d, and e.)	25f	1199.00
	26	If this is an amended return, enter overpayment, if any, on original return or as previously adjusted	26	.00
	27	Line 25f minus line 26. (If negative, enter a minus sign in the box to the left of the number.)	27	1199.00
	28	INCOME TAX OVERPAID. If line 27 is larger than line 24, enter amount overpaid. (Line 27 minus line 24 - if line 24 is negative, enter line 27 here.)	28	1199.00
	29	INCOME TAX UNDERPAID. If line 24 is larger than line 27, enter amount underpaid. (Line 24 minus line 27). (See instructions.)	29	0.00
	30	USE TAX (SALES TAX). (See instructions.)	30	0.00
е				
Calculate Use Tax / Voluntary Contributions / Refund Due	30a	SALES TAX ON CASUAL RENTALS OF LIVING QUARTERS. (See instructions.)	30a	.00
	31	CHARITABLE CONTRIBUTIONS and PARK PASSES . (From Maine Schedule CP, line 12.)	31	.00
	32	NET OVERPAYMENT. (Line 28 minus lines 30, 30a and 31.) - Note: If total of		1100 00
ribu	33	lines 30, 30a and 31 is greater than line 28, enter as amount due on line 34a Amount of line 32 to be	32	1199.00
Cont		CREDITED to 2024 estimated tax33a $0.00 \text{ REFUND} \rightarrow 0.00$	33h	1199.00
tary (000	
/ Volun		OU WOULD LIKE YOUR REFUND SENT DIRECTLY TO YOUR BANK ACCOUNT he lines below.		(\$20,000 or less), see page 5 of the instructions and fill
se Tax / Volu		Check here if this refund will go to an account sutside the United		
ulate U		outside the United States. 33d Account Number		
Calc	33e	Type of Account: Checking Savings		

Name(s) as shown on Form 1040ME



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

Your Social Security Number

34a 7AX 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 amound due on this line	I	DEPX	K.LS A							490 54	9197	
31 is greater than line 28, enter the difference as an amount due on this line 34a 0.00 31 is greater than line 28, enter the difference as an amount due on this line 34a 0.00 31 is greater than line 28, enter the difference as an amount due on this line 34a 0.00 31 is greater than line 28, enter the difference as an amount due on this line 34a 0.00 31 is greater than line 28, enter the difference as an amount due on this line 34a 0.00 31 is greater than line 28, enter the difference as an amount due on this line 34b 0.000 attemet Control Line Line State of Maine - DO NOT SEND CASH. Maine		34a [°]	TAX DUF (Add	lines 29, 30, 30a and 31.)- Note If	total of lines 30	30a and					
budgepyment Penalty: (Attach Form 2210ME.) c) d) d)										0.0	0	
Check here if you checked the box on Form 2210ME, line 17			-								•	
a to Torial AMOUNT DUE - (Add lines 34a and 34b) (Pay) in full with return),, 34c 0 + 300 White Twe Portal MAINE TAX PORTAL if symmet a deceased. (Mann) If source is deceased. (Mann) If source	(DUE				,	917	34b				0.0	0
TW PORTAL If spaces is deceased. If spaces is deceased. Important NOT If spaces is deceased. If spaces is deceased. See the instructions and check each box that apples. Sas. Novel like the Mane DHHS. Office of the Health insumere Matkeplace (* Countain Macand in boxes 3bb through 35e with the Countain Macand in the countain Macand in the countain Macand in the countain Macand in page 1 35c. Ido not have health care coverage See page 50 35c. No to allow another person to discuss this return with Maine Revenue Services? Yes (complete the following). No. 35c. No up ware discustered the Set man and accompanying schedules and statements, and to the beset of ny k	TA	С	TOTAL AMOUNT	T DUE . (Add lines 34a an	d 34b.) (Pay in	full with return.	34c				0.0	0
Important note If spouse is decessed. created of death. If spouse is decessed. created of death. (Month) (Day) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) </td <td></td> <td>Maine</td> <td>MAINE</td> <td>TAX PORTAL at reven</td> <td>ue.maine.gov</td> <td>or ENCLOSE CH</td> <td>IECK payabl</td> <td>e to: Treasurer,</td> <td>State of Ma</td> <td>aine . DO NO</td> <td>OT SEND CA</td> <td>SH.</td>		Maine	MAINE	TAX PORTAL at reven	ue.maine.gov	or ENCLOSE CH	IECK payabl	e to: Treasurer,	State of Ma	aine . DO NO	OT SEND CA	SH.
Production of the instructions and check each box that applies. 35. I would like the Maine DHHS, Office of the Health Insurance Marketplace ('CoverMEg.gov') to contact me to see if 1 or my household quality for free or reduced-cost health coverage 35. I would like the Maine DHHS, Office of the Health Insurance Marketplace ('CoverMEg.gov') to contact me to see if 1 or my household quality for free or reduced-cost health coverage 35. I do not have health care coverage 35. 35. I do not have health care coverage 35. My spouse does not have health care coverage. Phone number listed on page 1 35. Cover more of my dependent(s) do not have health care coverage. Phone number listed on page 1 35. Cover more of my dependent(s) do not have health care coverage. Phone number listed on page 1 35. Do you want to allow another person to discuss this return with Maine Revenue Services? Yes (complete the following). No. 36. One orrer of or plriny, 1 declare that have examined this return and accompanying schedules and statements, and to the best of my knowledge. 37. Vour signature Date signed Your occupation 38. Your signature Date signed Preparer's phone number 38. How preferred method. Cover that deay presers of the return. No. 38. Lob or thave health		TAX P	PORTAL									
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3d. My splose does not have health the levent (all or wardeg). Phone number listed on page 1 3d. One or more of my dependent(s) do not have health care coverage Email address listed below Third Party Do you want to allow another person to discuss this return with Maine Revenue Services? Yes (complete the following). No. See page 5 of the instructions.) Designee's name: Personal identification #: Mone number listed on page 1 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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signee 5 name: Pour signature Date signed Your occupation Signey of regards Your signature Date signed Your occupation Your email address Preparer's signature (If joint return, -b.both must sign) Date signed Preparer's phone number Your email address Preparer's signature Date signed Preparer's phone number Your email address Preparer's signature (If joint return, -b.both must sign) Date signed Preparer's SN or PTIN Avoid errors that delay processing of returns: 1. Use black or blue ink. Do not use red ink. Be sure to enter amounts on corre					•	surance Market	place (" <u>Cove</u>	erME.gov") to co	ontact me to	see if I or m	y household	qualify
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36. One or more of my dependent(s) do not have health care coverage Imail address 37. De you want to allow another person to discuss this return with Maine Revenue Services? Yes (complete the following). No. 38. Designed's name: Phone no: Personal identification #: 17. Drade are marking to the best of my knowledge and statements, and to the best of my knowledge and statements, and to the best of my knowledge and statements. An our occupation #: 17. Drade are marking and the statum of preparer (other than taxpayei) is based on all information of which preparer has knowledge and statements, and to the best of my knowledge and statements. An our occupation 18. Our signature Date signed Your occupation 19. Your end address Date signed Spouse's occupation 19. Vour endial address Preparer's signature (If joint return, vour endial address Date signed Preparer's SN or PTIN 10. Date with on to the ord to the statum of business Preparer's SN or PTIN Spouse's occupation 19. Preparer's signature Date signed Preparer's SN or PTIN 10. Date with one the mounts on correct maters. Preparer's SN or PTIN 10. Spouse's occupation Spouse's occupation	HEAC	35c.						, , , , , , , , , , , , , , , , , , , ,				
Care coverage Email address listed below Third Party Designed Do you want to allow another person to discuss this return with Maine Revenue Services? Yes (complete the following). No. Step age 5 of he instructions.) Designed's name: Personal identification #: No. Designed's name: Phone no: Personal identification #: 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. Storn Your signature Date signed Your occupation Storn Spouse's signature (If joint return, <b.both must="" sign)<="" td=""> Date signed Spouse's occupation Your email address Preparer's signature Date signed Preparer's phone number Vour email address Preparer's signature Date signed Preparer's sSN or PTIN Avoid errors that delay processing of returns: • Nouble check social security numbers, filing status, and number of exemptions. • Double check mathematical calculations. • Line 20. Use the correct column from the tax table for your fing status. • Double check social security numbers, filing status, and number of exemptions. • Double check social security numbers, filing status, and number of exemptions. • Line 20. Use the Correct column from the tax table for your fing stat</b.both>		354	000 00 000	ro of my donordant(a)	not have hard	th						
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Sign Here Here Here Solver Your signature Date signed Your occupation Sign Here Here Solver Your signature Date signed Your occupation Solver Spouse's signature (if joint return, <b.both must="" sign)<="" td=""> Date signed Spouse's occupation Your email address Your email address Preparer's signature Date signed Preparer's signature Paid Preparer's Only Preparer's name and name of business Date signed Preparer's SSN or PTIN 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 Faimess Credit/Sales Tax Faimess Credit box, if it applies. Line 20. Use the correct column from the tax table for your fling status. If requesting a REFUND, mail to: Maine Revenue Services, P.O. Box 1066, Augusta, ME 04332-1067 Payment injured Paint injured Paint injured Paint injured Paint injured Paint injured Paint injured Paint injured Paint injured Paint injured Paint injured Paint injured Paint injured Paint injured</b.both>	Des	signee's	s name:		Phor	ne no.:		Pe	rsonal identi	fication #:		
HERE Your signature Date signed Your occupation Spouse's signature (If joint return, <b.both must="" sign)<="" td=""> Date signed Spouse's occupation Your email address Your email address Date signed Spouse's occupation Your email address Date signed Preparer's occupation Preparer's signature Preparer's blee Date signed Preparer's phone number Print preparer's name and name of business Preparer's SSN or PTIN Avoid errors that delay processing of returns: • Refund. If you overpaid your tax, enter the amount you want to be refunded on line 33b. • Leave unused lines blank. Do not enter zero . • Double check social security numbers, filing status, and number of exemptions. • Line A. Check the Property Tax Faimess Credit/Sales Tax Faimes</b.both>	Unde belie	er pena f, they	alties of perjury, I are true, correct	declare that I have exami and complete. Declaration	ned this return of preparer (c	and accompan other than taxpa	ying schedules yer) is based o	and statements on all information	s, and to the of which p	e best of my reparer has a	knowledge a any knowledo	nd ge.
Instrument Spouse's signature (If joint return, <b.both must="" sign)<="" th=""> Date signed Spouse's occupation Your email address Your email address Date signed Preparer's occupation Praid Preparer's lignature Date signed Preparer's phone number Preparer's name and name of business Preparer's SSN or PTIN Print preparer's name and name of business Preparer's SSN or PTIN Avoid errors that delay processing of returns: • Refund. If you overpaid your tax, enter the amount you want to be refunded on line 33b. • Leave unused lines blank. Do not use red ink. • Ouble check social security numbers, filing status, and number of exemptions. • Line A. Check the Property Tax Fairness Credit/Sales Tax, Fairness Credit box, if it applies. • Double check mathematical calculations. • Line 20. Use the correct column from the tax table for your filing status. • Double check mathematical calculations. • Duble check social security numbers, filing status, and number of exemptions. • Double check mathematical calculations. • Enclose W-2 forms with the return. • Enclose W-2 forms with the return. If requesting a REFUND, mail to: Maine Revenue Services, P.O. Box 1066, Augusta, ME 04332-1067 Payment Injured Spouse</b.both>	HERE Keep copy	E ∂a °of	Your signat	ure		Date	signed	Yo	our occupatio	วท		
Paid Preparer's Use Only Preparer's signature Date signed Preparer's phone number Print preparer's name and name of business Preparer's SSN or PTIN Print preparer's name and name of business Preparer's SSN or PTIN Avoid errors that delay processing of returns: Preparer's solution of use red ink. Be sure to enter amounts on correct lines. • Refund. If you overpaid your tax, enter the amount you want to be refunded on line 33b. Line A. Check the Property Tax Fairness Credit/Sales Tax Fairness Credit box, if it applies. • Double check social security numbers, filing status, and number of exemptions. Itine 20. Use the correct column from the tax table for your filing status. • Double check mathematical calculations. Be sure to sign your return. • Enclose W-2 forms with the return. If requesting a <u>REFUND</u> , mail to: Maine Revenue Services, P.O. Box 1066, Augusta, ME 04332-106f ItMOT requesting a refund, mail to: Maine Revenue Services, P.O. Box 1067, Augusta, ME 04332-106f Payment Injured Spouse	for ye	your		gn) Date	Date signed Sp			ouse's occupation				
Preparer's Use Only Preparer's signature Date signed Preparer's phone number Print preparer's name and name of business Preparer's SSN or PTIN Print preparer's name and name of business Preparer's SSN or PTIN 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. • • Leave unused lines blank. Do not enter zero . • • Line A. Check the Property Tax Fairness Credit/Sales Tax Fairness Credit box, if it applies. • • Line 20. Use the correct column from the tax table for your filing status. • If requesting a <u>REFUND</u> , mail to: Maine Revenue Services, P.O. Box 1066, Augusta, ME 04332-1067 Payment Injured Spouse			Your email	address								_
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