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Name(s) as shown on Form 1040ME						Your Social Security Number		
	34a TAX DUE. (Add lines 29, 30, 30a and 31) - NO 31 is greater than line 28, enter the difference as	*	34a			.00		
TAX DUE	b Underpayment Penalty. (Attach Form 2210ME. Check here if you checked the box on Form 22		34b			.00		
Δ	c TOTAL AMOUNT DUE. (Add lines 34a and 34b				of Maine DOA	IOT SEND CASH	.00	
_	EZ PAY at <u>www.maine.gov/revenue</u> o		K payable to: I	State	of Maine. DO N			
	If taxpayer is deceased, enter date of death.	(Month) (Day)	(Year)	If spouse is dece enter date of dea		(Day) (Year)		
Des i (See	rd Party Do you want to allow another person to disc ignee e page 5 of	cuss this return wit	h Maine Reven	ue Services?	Yes (comple	ete the following).	No.	
	instructions) signee's name	Phone no.	Personal iden			ntification #:		
SIGN HERE Keep a copy of this re	E Your signature of return	Your signature		Date signed		Your occupation		
ecor	rds	Spouse's signature (If joint return, both must sign)			Spouse's occupation			
Paid Prepa	Preparer's signature	Preparer's signature			Preparer's phone number			
Jse Only	Print preparer's name and name of business		Preparer's SSN or PTIN					
		rors that delay Jse black or blue i	•	_				
	 Line A. Check the Proper Line 20. Use the Refund. If you overpaid Double check social 	e correct column for your tax, enter the	redit/Sales Tax l rom the tax tabl e amount you w s, filing status, a	Fairness Credit be for your filing sent to be refunded and number of excent	tatus. ed on line 33b.			
			ign your return.					

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

Payment Injured
Plan Spouse