2017 FORM 1040ME, Page 3



				1702111			
Name(s) a	s shown on Form 1040ME			Your Social Secu	urity Number		
34a	TAX DUE . (Add lines 29, 30, 30a and 31) - N 31 is greater than line 28, enter the difference			34a			.00
TAX DUE	Underpayment Penalty. (Attach Form 2210M Check here if you checked the box on Form 2		34b			.00	
	TOTAL AMOUNT DUE. (Add lines 34a and 34b.) (Pay in full with return.) EZ PAY at <u>www.maine.gov/revenue</u> or ENCLOSE CHECK payable to: T				Maine. DO NOT SE	ND CASH	.00
IM	PORTANT NOTE If taxpayer is deceased, enter date of death.	(Month) (Day)	(Year)	If spouse is deceas enter date of death) (Year)	
Third Par Designee (See pag	e 5 of	iscuss this return wi	ith Maine Reven	ue Services?	Yes (complete the fe	ollowing).	No.
the instructions) Designee's name Phone no.				Personal identification #:			
Under per belief, the	nalties of perjury, I declare that I have examine y are true, correct and complete. Declaration	ed this return and ac of preparer (other th	ccompanying sc an taxpayer) is	hedules and statem based on all informa	nents, and to the best ation of which prepare	t of my knowle er has any kn	∋dge ano owledge
	ş-						
Keep a copy of this return for your	Your signature	Date signed		Your occupation			
records	Spouse's signature (If joint return, both must	Date signed		Spouse's occupation			
Paid Preparer's	Preparer's signature		Date		Preparer's phone number		
Use Only	Print preparer's name and name of business		Preparer's SSN or PTIN				
	Avoid e	errors that dela	y processin	g of returns:			
	●Line A. Check the Prop ●Lines 12 and 17. If you are over 65 and	 Use black or blue Be sure to enter ar berty Tax Fairness C 	ink. Do not use mounts on corre Credit/Sales Tax structions on pa	red ink. ct lines. Fairness Credit box ge 4 and claim the a	additional amount as	allowed.	

• 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 <u>REFUND</u>, 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 Plan Spouse

DO NOT SEND PHOTOCOPIES OF RETURNS