



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

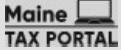
\*2302111\*

Name(s) as shown on Form 1040ME

Your Social Security Number

TAX DUE

- 34a. TAX 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 amount due on this line. .... 34a. [ ] .00
b. Underpayment Penalty. (Attach Form 2210ME.) Check here if you checked the box on Form 2210ME, line 17. [ ] ..... 34b. [ ] .00
c. TOTAL AMOUNT DUE. (Add lines 34a and 34b.) (Pay in full with return.) ..... 34c. [ ] .00



MAINE TAX PORTAL at revenue.maine.gov or ENCLOSE CHECK payable to: Treasurer, State of Maine. DO NOT SEND CASH.

IMPORTANT NOTE

If taxpayer is deceased, enter date of death.

(Month) (Day) (Year)

If spouse is deceased, enter date of death.

(Month) (Day) (Year)

See the instructions and check each box that applies.

HEALTH CARE COVERAGE

- 35a. [ ] I would like the Maine DHHS, Office of the Health Insurance Marketplace ("CoverME.gov") to contact me to see if I or my household qualify for free or reduced-cost health coverage. I authorize MRS to share the information indicated in boxes 35b through 35e with CoverME.gov.
35b. [ ] I do not have health care coverage
35c. [ ] My spouse does not have health care coverage.
35d. [ ] One or more of my dependent(s) do not have health care coverage
35e. My preferred method of contact is (select one): [ ] Mailing address listed on page 1 [ ] Phone number listed on page 1 [ ] Email address listed below

Third Party Designee

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: [ ] 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.

SIGN HERE Keep a copy of this return for your records.

Your signature Date signed Your occupation
Spouse's signature (If joint return, both must sign) Date signed Spouse's occupation
Your email address

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

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.
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 REFUND, 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 Plan [ ] Injured Spouse [ ]

DO NOT SEND PHOTOCOPIES OF RETURNS