2004 MAINE INDIVIDUAL INCOME TAX
1040ME LONG FORM

L

04021V0 00

For tax period 1/1/04 to 12/31/04 or 99-99-99 **04** to 99-99-9999

Check here if this is a **Composite Return** (Partnerships, LLCs, and S Corporations only) ➡ X

Your First Name	MI	Your Last Name
XXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX
Spouse's First Name	**MI**	**Spouse's Last Name**
XXXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXX

Mailing Address (P.O. Box, number, street and apt. no.)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

City	State	Zip Code
XXXXXXXXXXXXXXXXXXXX	XX	XXXXX-XXXX

X

Your Social Security Number 999-99-9999

Spouse's Social Security Number 999-99-9999

Home Phone Number 999-999-9999

Work Phone Number 999-999-9999

Proof as of August 10, 2004 (subject to change)

1 X X X X

2 X

FILING STATUS (Check one)

3 X
4 X
5 X
6 X
7 X 9999

RESIDENCY STATUS (Check one)

8 X
9 X
10 X
11 X

12 12a X 12c X 12b X 12d X

13 99

14 999999999.99

15 999999999.99

16 999999999.99

17 X X 17 999999999.99

18 99999.99

19 999999999.99

20 999999999.99

21 999999999.99

22 9999.99

23 999999999.99

24 999999999.99

25 999999999.99

26 999999999.99

2004 1040ME LONG FORM

04021V1 00

27	27		999999999.99
28 TAX PAYMENTS		➡28a	999999999.99
		28b	999999999.99
		28c	999999999.99
		28d	999999999.99
		28e	999999999.99
29		29	999999999.99
30		30	999999999.99
31		31	999999999.99
32		32	999999999.99
33		33	999999999.99
34	34a 999999.99	REFUND 34b	999999999.99
	34c 999999999	34e	X Checking
	34d 9999999999999999		X Savings X NextGen®
35 a		35a	999999999.99
b	X	35b	999999999.99
c		35c	999999999.99
36			X

X

If taxpayer is **deceased**, enter **date of death**. 99-99-9999

If spouse is **deceased**, enter **date of death**. 99-99-9999

Designee's name XXXXXXXXXXXXXXXX Phone no. 999-999-9999 X **Yes** Personal identification #: X **No.** XXXXX

YOUR SIGNATURE | DATE SIGNED | YOUR OCCUPATION

SPOUSE'S SIGNATURE (IF JOINT RETURN, BOTH MUST SIGN) | DATE SIGNED | SPOUSE'S OCCUPATION

PREPARER'S SIGNATURE | DATE | PREPARER'S PHONE NUMBER

PRINT PREPARER'S NAME and NAME OF BUSINESS | PREPARER'S SSN or **PTIN**

OFFICE USE ONLY: CK $ _____ **PP** __ **IS** __ _____

Proof as of August 10, 2004 (subject to change)