

2011

MAINE INDIVIDUAL INCOME TAX
1040ME LONG FORM



99

For tax period 1/1/2011 to 12/31/2011 or

2011 to

1102100

See instructions on pages 2 and 3. Print neatly in blue or black ink only.

Form fields for personal information: Your First Name, Your Last Name, Spouse's First Name, Spouse's Last Name, Mailing Address, City, State, Zip Code.

Form fields for identification: Your Social Security Number, Spouse's Social Security Number, Home Phone Number, Work Phone Number.

IMPORTANT! You must enter your SSN(s) below.

NOTE: If either spouse is deceased, enter the date of death on the back of this page in the spaces provided above the signature area.

1 Maine Clean Election Fund. Maine Residents Only. Check here if you, or your spouse, if filing jointly, want \$3 to go to this fund.
2 Check here if you were engaged in COMMERCIAL FARMING OR FISHING during 2011

FILING STATUS (Check one), RESIDENCY STATUS (Check one), 12 CHECK IF: You were, Spouse was, 13 Enter the TOTAL number of EXEMPTIONS claimed on your federal return.

Table with 3 columns: Line number, Description, Amount. Rows include: 14 FEDERAL ADJUSTED GROSS INCOME, 15 INCOME MODIFICATIONS, 16 MAINE ADJUSTED GROSS INCOME, 17 DEDUCTION, 18 EXEMPTION, 19 TAXABLE INCOME, 20 INCOME TAX, 21 TAX ADDITIONS, 22 LOW-INCOME TAX CREDIT, 23 TOTAL TAX, 24 TAX CREDITS, 25 NONRESIDENT CREDIT, 26 NET TAX.



Tax Payments/Refundable Credit

27 Amount from line 26. (NET TAX) If less than zero, enter zero here..... .00

28 TAX PAYMENTS.

- a Maine Income Tax Withheld. (Enclose W-2, 1099 and 1099ME forms) 0.00
b 2011 Estimated Tax Payments and 2010 Credit Carried Forward and Extension payment. (Include any REAL ESTATE WITHHOLDING Tax Payments) 0.00
REFUNDABLE TAX CREDITS. Enclose applicable worksheet with your return.
c. Rehabilitation of historic properties after 2007 (worksheet, line 6) 0.00
d. Child care credit. (Child Care Credit worksheet, line 5 on page 10) 0.00
e TOTAL (Add lines 28a, b, c and d) 0.00

Use Tax/Voluntary Contributions

- 29 INCOME TAX OVERPAID. If line 28e is larger than line 27, enter amount overpaid (Line 28e minus line 27) 0.00
30 INCOME TAX UNDERPAID. If line 27 is larger than line 28e, enter amount underpaid (Line 27 minus line 28e) 0.00
31 USE TAX (SALES TAX). (See instructions.) 0.00
31a. SALES TAX ON CASUAL RENTALS OF LIVING QUARTERS. (See instructions.) 0.00
32 VOLUNTARY CONTRIBUTIONS and PARK PASSES. (From Schedule CP, line 14) 0.00

REFUND or TAX DUE

- 33 NET OVERPAYMENT. (Line 29 minus lines 31, 31a and 32) - NOTE: If total of lines 31, 31a and 32 is greater than line 29, enter as amount due on line 35a below 0.00
34 Amount to be CREDITED to 2012 estimated tax 0.00 REFUND
IF YOU WOULD LIKE YOUR REFUND SENT DIRECTLY TO YOUR BANK ACCOUNT (\$10,000 or less) OR TO A NEXTGEN COLLEGE INVESTING PLAN® ACCOUNT, see the instructions on page 3 and fill in the lines below.

Check here if this refund will go to an account outside the United States. Routing Number* Type of Account: Checking Savings NextGen® Account Number*

*For NextGen Accounts, enter 043000261 on line 34c and the account owner's 9-digit social security number on line 34d (do not enter hyphens).

- 35 a TAX DUE. (Add lines 30, 31, 31a and 32) - NOTE: If total of lines 31, 31a and 32 is greater than line 29, enter the difference as an amount due on this line 35a 0.00
b Underpayment Penalty (Attach Form 2210ME) Check here if you checked the box on Form 2210, line 17 35b 0.00
c TOTAL AMOUNT DUE. (Add lines 35a and 35b) (Pay in full with return) 35c 0.00

EZ PAY at www.maine.gov/revenue or ENCLOSE CHECK payable to: Treasurer, State of Maine. DO NOT SEND CASH



36 MAINE RESIDENTS ONLY: Check this box if you would like to receive a Maine Residents Property Tax and Rent Refund Application in 2012: See www.maine.gov/revenue for information about the Tax and Rent "Circuitbreaker" Program. THE APPLICATION WILL BE MAILED TO YOU IN AUGUST 2012 unless your income on line 16 exceeds the income limits for this program.

IMPORTANT NOTE If taxpayer is deceased, enter date of death. (Month) (Day) (Year) If spouse is deceased, enter date of death. (Month) (Day) (Year)

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 3) 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 Preparer's signature Date Preparer's phone number Print preparer's name and name of business Preparer's SSN or PTIN

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 DO NOT SEND PHOTOCOPIES OF RETURNS

Payment Plan Injured Spouse