2018

MAINE INDIVIDUAL INCOME TAX **FORM 1040ME**



For tax period 1/1/2018 to 12/31/2018 or

2018 to

See instructions. Print neatly in blue or black ink only.

1802100

,	Your First Name Your Last Name Spouse's First Name				MI	NOTE: If either spouse is deceased, enter the date of death on Form 1040ME, page 3 in the spaces provided above the signature area. Check here if this is an AMENDED return Your Social Security Number		
		e's Last Name t Mailing Address (PO Box, number, street and apartment number	r)			Spouse's Social Secu	rity Numbel	r
	City or	Town n country name	State	ZIP Code Foreign prov	ince/state/	Work Phone Number	Foreign p	ostal code
A 1	Che	Maine Property Tax Fairness Credit / Maine Sa PTFC/STFC. Check this box if you are filing a re Fairness Credit on line 25e. Otherwise, leave thing The Clean Election Fund. Maine Residents Only. It is a possible of the second	eturn <u>onl</u> y	to claim the Propent. Follow the instr	erty Tax Fructions o	Fairness Credit on line 25	comme	the Sales Tax
3	wan	t \$3 to go to this fund. FILING STATUS (Check one) Single	RESID 8	PENCY STATUS (Ch	neck one)	12 CHECK IF:	You were	Spouse was
4 5 6		Married filing jointly (Even if only one had income) Married filing separately. Enter spouse's social security number and full name above. Head of household (with qualifying person)	9 10	"Safe Harbor" Part-year Res Nonresident		Blind12b		12c
7		Qualifying widow(er) with dependent child (Year spouse died) Composite Return (Pass-through Entities ONLY)	11	Nonresident A Check here if y filing Schedul	ou are	13 Enter the TOTAL n of EXEMPTIONS - instructions	see 13 number en see	
able Income	14	FEDERAL ADJUSTED GROSS INCOME INCOME MODIFICATIONS. (From Schedule 1, line 3.).		1	15			.00
Calculate Your Taxable Income	17	MAINE ADJUSTED GROSS INCOME. (Line 14 plus or DEDUCTION. Standard (See page 4 of the instructions.) Itemized (See Maine Schedule 2 a EXEMPTION. (See instructions.)	ructions.) nd page 4	of the instructions.)	17	18		.00

99

1902101

				1802101
edits				
dable Cr	19 20	TAXABLE INCOME. (Line 16 minus lines 17 and 18.)	. 19	.00
refunc		available at www.maine.gov/revenue/forms.	20	.00
nd Non	20a	TAX CREDIT RECAPTURE AMOUNTS (Enclose worksheet(s) - see instructions).	20a	.00
ır Tax a	21	TOTAL TAX. (Line 20 plus line 20a)	21	.00
e You	22	TAX CREDITS. (From Maine Schedule A, line 23.)	22	.00
Calculate Your Tax and Nonrefundable Credits	23	NONRESIDENT CREDIT. (For part-year residents, nonresidents and "Safe Harbor" residents only.) From Schedule NR, line 9 or NRH, line 11(You MUST attach a copy of your federal return and TDY papers, if applicable.)	23	.00
	24	NET TAX . (Subtract lines 22 and 23 from line 21.) (Nonresidents see instructions.)	24	.00
"	25	TAX PAYMENTS. a Maine income tax withheld. (Enclose W-2, 1099 and 1099ME forms.) →	25a	.00
edit		b 2018 estimated tax payments and 2017 credit carried forward, extension		
dable Cr		payments and payments with original return. (Include any REAL ESTATE WITHHOLDING tax payments.)	25b	.00
s/Refund		c REFUNDABLE TAX CREDITS (from Maine Schedule A, line 7)	25c	.00
Tax Payments/Refundable Credits		d Property Tax Fairness Credit (Schedule PTFC/STFC, line 12). (See instructions.) (For Maine residents and part-year residents only)	25d	.00
Tax P		e Sales Tax Fairness Credit (Schedule PTFC/STFC, line 13 or 13a)	25e	.00
		f TOTAL. (Add lines 25a, b, c, d, and e.)	25f	.00
	26	If this is an amended return, enter overpayment, if any, on original return or as previously adjusted	26	.00
	27	Line 25f minus line 26. (If negative, enter a minus sign in the box to the left of the number.)	27	.00
	28	INCOME TAX OVERPAID. If line 27 is larger than line 24, enter amount overpaid. (Line 27 minus line 24 - if line 24 is negative, enter line 27 here.)	28	.00
	29	INCOME TAX UNDERPAID. If line 24 is larger than line 27, enter amount underpaid. (Line 24 minus line 27 - see instructions.)	29	.00
one	30	USE TAX (SALES TAX). (See instructions.)	30	.00
Sefund L	30a	SALES TAX ON CASUAL RENTALS OF LIVING QUARTERS. (See instructions.)	30a	.00
l/su	31	CHARITABLE CONTRIBUTIONS and PARK PASSES. (From Maine Schedule CP, line 10.)	31	.00
butio	32	NET OVERPAYMENT. (Line 28 minus lines 30, 30a and 31.) – NOTE: If total of		
Contril	33	lines 30, 30a and 31 is greater than line 28, enter as amount due on line 34a. Amount of line 32 to be CREDITED to	32	.00
intary		2019 estimated tax 33a	33b	.00
x / Volu		OU WOULD LIKE YOUR REFUND SENT DIRECTLY TO YOUR BANK ACCOUNT he lines below.	NT (\$20,000 or les	s), see page 5 of the instructions and fill
Calculate Use Tax / Voluntary Contributions / Refund Due		Check here if this refund will go to an account autride the United		
alculat		outside the United States		
S	33e	Type of Account: Checking Savings		

DO NOT SEND PHOTOCOPIES OF RETURNS

ame(s) as sh	hown on Form 1040ME				Your Social Security Number		
	AX DUE. (Add lines 29, 30, 30al is greater than line 28, enter the	,	·	34a	.00		
	b Underpayment Penalty. (Attach Form 2210ME.) Check here if you checked the box on Form 2210, line 17			34b	.00		
c TO	OTAL AMOUNT DUE. (Add line		,		.00		
A do	EZ PAY at www.maine.	gov/revenue or ENCLOSE CHI	ECK payable to: 1	reasurer, State	e of Maine. DO NOT SEND CASH		
IMPO	DRTANT NOTE If taxpayer is enter date o		(Year)	If spouse is dec	-		
ird Party signee ee page 5	of	person to discuss this return v	with Maine Reven	ue Services?	Yes (complete the following).		
e instruction esignee's	,	Phone no			Personal identification #:		
N RE D P P P P P P P P P P P P P P P P P P	Your signature		Date signed		Your occupation		
your ords	Spouse's signature (If joint retu	rn, both must sign)	gn) Date signed		Spouse's occupation		
d parer's	Preparer's signature		Date		Preparer's phone number		
e ly	Print preparer's name and name of business				Preparer's SSN or PTIN		
	●L ●Refund. l		e ink. Do not use a amounts on corre- Credit/Sales Tax in from the tax tab the amount you wers, filing status, a	red ink. ct lines. Fairness Credit le for your filing ant to be refund and number of e lations.	box, if it applies. status. ded on line 33b.		
	esting a <u>REFUND,</u> mail to: Maine requesting a refund, mail to: Main			4332-1067	Payment Injured Plan Spouse		