2023

MAINE INDIVIDUAL INCOME TAX **FORM 1040ME**



For tax period 1/1/2023 to 12/31/2023 or See instructions. Print neatly in blue or black ink only.

2023

to

,	Your First Name				Note: If either spouse is deceased, enter date of death on Form 1040ME, page 3 in			
					spaces provided abo	ove the signature area.		
١	our L	ast Name			Check here if this i	s an AMENDED return.		
5	Spous	e's First Name		MI	Your Social Security	/ Number		
5	Spous	e's Last Name			Spouse's Social Sec	curity Number		
,	urren	t Mailing Address (P.O. Box, street, and apartment ու	ımher)		Home Phone Number			
	Juliel	t Mailing Address (1 .O. Box, sileet, and apartment no	arriber)		Tierre Harris			
(City or	Town	State	ZIP Code	Work Phone Number			
	-oroia	n country roma		Caraign province/state	a laquativ	Faraign pastal and		
	-oreig	n country name Maine Property Tax Fairness Credit / Mai	ine Sales Tax	Foreign province/state x Fairness Credit. Maine		Foreign postal code r residents only. See		
Α.		Schedule PTFC/STFC. Check this box if you Sales Tax Fairness Credit on line 25e. Other						
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.				Spouse 2. Check here if you were engaged in FARMING OR FISHING during 20			
		FILING STATUS (Check one) Single		NCY STATUS (Check one)	12. CHECK IF:	You Spouse were was		
3.		Unigic	8.	Resident				
4.		M arried filing j ointly (Even if only one had income)	8a.	Safe Harbor Resident	65 or over 12a.	12c.		
5.		Married filing separately. Enter spouse's social security number and full name above.	9.	P art-year Resident	Blind12b.	12d.		
٥.		security number and full name above.	10.	Nonresident Alien	13. Enter the TOTAL r			
6.		Head of household (with qualifying person)	11.	(Maine Nonresident)	instructions 13a. Enter the TOTAL	13.		
-		Qualifying surviving spouse	11a.	Nonresident Alien (Maine Resident)	of qualifying child dependents. Also	ren and		
7.		with dependent child (Year spouse died		Check here if you are filing Schedule NRH	Form 1040ME, Schedule A, line 8	3 13a.		
		DO NOT ENTER	\$ signs, com	ımas, or decimals.				
ome	14.	FEDERAL ADJUSTED GROSS INCOME		.00				
le Inc	15a.	INCOME ADDITION MODIFICATIONS. (From Scheen		.00				
Taxak	15b.	INCOME SUBTRACTION MODIFICATIONS. (From		.00				
Your		MAINE AD ILISTED CROSS INCOME (Line 14 plus						
(I)	16.	MAINE ADJUSTED GROSS INCOME. (Line 14 plus	line 15a, min	us line 15b.) 16.		.00		
Calculate Your Taxable Income		DEDUCTION. Standard (See page 4 of the i	nstructions.)	17.		.00		

ts				*2302101*			
redi		DO NOT ENTER \$ signs, commas, or decir	mals.				
lable C	19. 20.	TAXABLE INCOME. (Line 16 minus lines 17 and 18.)		.00			
refunc		in this booklet or compute your tax using the tax table or tax rate schedules available at www.maine.gov/revenue/tax-return-forms .)	20.	.00			
Non	20a.	TAX CREDIT RECAPTURE AMOUNTS. (Enclose worksheet(s) - see instructions)	20a.	.00			
Calculate Your Tax and Nonrefundable Credits	21.	NONRESIDENT CREDIT. (For part-year residents, nonresidents and safe harbor residents only.) From Schedule NR, line 9 or NRH, line 11	21.	.00			
You	22.	TOTAL TAX. (Line 20 plus line 20a minus line 21)	22.	.00			
Ilculate	23.	NONREFUNDABLE TAX CREDITS. (From Maine Schedule A, line 23.)	23.	.00			
ပိ	24.	NET TAX. (Line 22 minus line 23.) (Nonresidents see instructions.)	24.	.00			
its	25.	TAX PAYMENTS. a. Maine income tax withheld. (Enclose W-2, 1099 and 1099ME forms.) →	25a.	.00			
Tax Payments/Refundable Credits		b. 2023 estimated tax payments and 2022 credit carried forward, extension payments and payments with original return. (Include any REAL ESTATE WITHHOLDING tax payments.)	25b.	.00			
Refunda		c. REFUNDABLE TAX CREDITS. (From Maine Schedule A, line 7.)	25c.	.00			
ments/F		d. Property Tax Fairness Credit (Schedule PTFC/STFC, line 15)	25d.	.00			
ax Pay		e. Sales Tax Fairness Credit. (Schedule PTFC/STFC, line 16 or 16a.)	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			
and bu	30.	USE TAX (SALES TAX). (See instructions.)	30.	.00			
/ Refui	30a.	SALES TAX ON CASUAL RENTALS OF LIVING QUARTERS. (See instructions.)	30a.	.00			
tions	31.	CHARITABLE CONTRIBUTIONS and PARK PASSES. (From Maine Schedule CP, line 12.)	31.	.00			
ontribu		NET OVERPAYMENT. (Line 28 minus lines 30, 30a and 31.) – Note: If total of lines 30, 30a and 31 is greater than line 28, enter as amount due on line 34a Amount of line 32 to be	32.	.00			
ary C	00.	CREDITED to 2024 estimated tax 33a	33b.	.00			
Volunt	IF YOU WOULD LIKE YOUR REFUND SENT DIRECTLY TO YOUR BANK ACCOUNT (\$20,000 or less), see page 5 of the instructions and fill in the lines below.						
Calculate Use Tax / Voluntary Contributions / Refund Due		Check here if this refund will go to an account outside the United 33c. Routing Number					
ulate I		States					
Calci	33e.	Type of Account: Checking Savings					

2023 FORM 1040ME, Page 3



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

	2(3) 43 3110	wn on Form 1	040IVIL				10	ur Social Security Numl	301
L									
			es 29, 30, 30a, and 31.) - N line 28, enter the difference			. 34a.			.00
TAX DUE		. Underpayment Penalty. (Attach Form 2210ME.) Check here if you checked the box on Form 2210ME, line 17.				. 34b.			.00
₹	c. TOTA	AL AMOUNT	DUE. (Add lines 34a and 34	lb.) (Pay in full with	return.)	. 34c.			. 00
	Maine _ TAX POR		TAX PORTAL at revenue.m	naine.gov or ENCL	OSE CHECK pa	ayable to: Trea	surer, State	of Maine. DO NOT SE	END CASH.
i	IMPORTA	ANT NOTE	If taxpayer is deceased ,			If spouse is ded			
ij			enter date of death. (M	Month) (Day)	(Year)	enter date of d		(Month) (Day) (Ye	ear)
- 5	See the ins	structions and	check each box that applie	·S.					
AGE			e Maine DHHS, Office of the uced-cost health coverage. I		share the inform	nation indicated	in boxes 35		
COVERAGE	35b.	l do not have	health care coverage			oreferred metho ontact is (select		Mailing address listed	d on page 1
	35c.	My spouse do	oes not have health care co	overage.				Phone number listed	on page 1
3	350.								
	35d.	One or more care coverage	of my dependent(s) do not	have health				Email address listed	below
hird esig	35d. Party gnee page 5 of	o you want to	• • • • • • • • • • • • • • • • • • • •		h Maine Reven	ue Services?	Yes (c	Email address listed omplete the following).	No.
hird esiç See ne in	35d.	care coverage by you want to	e , , , , , , , , , , , , , , , , , , ,		h Maine Reven	ue Services?	·		
hird Pesiç See ne in Desi	I Party page Dogram page 5 of structions. gnee's nan	care coverage you want to ne:	e , , , , , , , , , , , , , , , , , , ,	cuss this return with Phone no.:	companying so	chedules and st	Person	omplete the following). all identification #:	No.
Third Designe in Designed	Party Dognee page 5 of structions. gnee's nan r penalties they are t	care coverage you want to ne:	allow another person to disc	cuss this return with Phone no.:	companying so	chedules and st	Person	omplete the following). all identification #:	No.
Chird Designe in Designe in Unde elief	Party page Dogram of Structions. gnee's nan r penalties , they are t	care coverage you want to ne:	allow another person to disc leclare that I have examined and complete. Declaration of	cuss this return with Phone no.:	companying so	chedules and st	Person atements, a formation of	omplete the following). all identification #:	No.
Third Designe in Designee	Party proper page 5 of structions. gnee's name r penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the penalties they are they are to the penalties they are the penalties they are	care coverage you want to) me: of perjury, I dirue, correct a	allow another person to disc leclare that I have examined and complete. Declaration of	Phone no.: d this return and acf preparer (other that	companying sc an taxpayer) is	chedules and st	Person atements, a formation of Your o	omplete the following). all identification #: and to the best of my know which preparer has any	No.
Chird Designe in Designe in Designe in Designe IGN IGN IERE Geep in is re-	Party proper page 5 of structions. gnee's name r penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the penalties they are they are to the penalties they are the penalties they are	care coverage you want to) me: of perjury, I dirue, correct a	allow another person to disconding the clare that I have examined and complete. Declaration of the complete are the complete and complete are the complete are	Phone no.: d this return and acf preparer (other that	companying so an taxpayer) is Date signed	chedules and st	Person atements, a formation of Your o	omplete the following). al identification #: and to the best of my knowhich preparer has any	No.
Chird Designer in	Party proper page 5 of structions. gnee's name r penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the proper page 1 of penalties they are to the penalties they are they are to the penalties they are the penalties they are	o you want to) me: of perjury, I dirue, correct a	allow another person to disconding the clare that I have examined and complete. Declaration of the complete are the complete and complete are the complete are	Phone no.: d this return and acf preparer (other that	companying so an taxpayer) is Date signed	chedules and st	Person atements, a formation of Your o	omplete the following). al identification #: and to the best of my knowhich preparer has any	No.
Chird Designer See in e in Designer Unde elief GERE Geep Gopy Germis re	Party proper page 5 of structions. gnee's name rependities they are to a confecturing the structuring the stru	o you want to) me: of perjury, I dirue, correct a	allow another person to disconding the clare that I have examined and complete. Declaration of the complete of	Phone no.: d this return and acf preparer (other that	companying so an taxpayer) is Date signed	chedules and st	Person atements, a formation of Your o	omplete the following). al identification #: and to the best of my knowhich preparer has any	No.

- 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.
- 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	Injured	
Plan	Spouse	