DO NOT SEND PHOTOCOPIES OF RETURNS

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

Name(s)	as shown on Form 1040ME		Your Social Security Number
TAX DUE	TAX DUE. (Add lines 29, 30, 30a and 31.) - Note: If total of lines 31 is greater than line 28, enter the difference as an amount due.  Underpayment Penalty. (Attach Form 2210ME.) Check here if you checked the box on Form 2210ME, line 17.  TOTAL AMOUNT DUE. (Add lines 34a and 34b.) (Pay in full with EZ PAY at <a href="https://portal.maine.gov/ezpay">https://portal.maine.gov/ezpay</a> or ENCLOSE	on this line 34a 34b. return.) 34c.	ceased,
Third Pa	(Month) (Day)  Party Do you want to allow another person to discuss this return with	(Year)	(Month) (Day) (Year)  Yes (complete the following).  No.
Designe (See pag the instru Designe	ge 5 of		Personal identification #:
Jnder pe pelief, the SIGN HERE Keep a	enalties of perjury, I declare that I have examined this return and active are true, correct and complete. Declaration of preparer (other the second	ccompanying schedules and st an taxpayer) is based on all inf	atements, and to the best of my knowledge and formation of which preparer has any knowledge.  Your occupation
opy of his return or your ecords.	Spouse's signature (If joint return, <b>both</b> must sign)	Date signed	Spouse's occupation
	Your email address		
aid reparer's Ise 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     Use black or blue ink. Do not use red ink.     Be sure to enter amounts on correct lines.     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.	<ul> <li>processing of returns:</li> <li>Double check social security numbers, filing status, and number of exemptions.</li> <li>Double check mathematical calculations.</li> <li>Be sure to sign your return.</li> <li>Enclose W-2 forms with the return.</li> </ul>	
	equesting a <u>REFUND</u> , mail to: Maine Revenue Services, P.O. Box 1066  NOT requesting a refund, mail to: Maine Revenue Services, P.O. Box 1067		Payment Injured Plan Spouse