



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

2402111

Name(s) as shown on Form 1040ME

Your Social Security Number

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.

REFUND DUE

Check here if this refund will go to an account outside the United States.

34c. Routing Number

34d. Account Number

34e. Type of Account: Checking Savings

TAX DUE

35. Total Amount Due. (Add lines 29, 30, 30a, 31, and 32.) - Note: If line 28 is greater than zero and lines 30, 30a, 31, 32 is greater than line 28, enter the difference as an amount due on this line (Pay in full with your return).

Maine MAINE TAX PORTAL at revenue.maine.gov or ENCLOSE CHECK payable to: Treasurer, State of Maine. DO NOT SEND CASH.

IMPORTANT NOTE

If taxpayer is deceased, enter date of death.

If spouse is deceased, enter date of death.

(Month) (Day) (Year)

(Month) (Day) (Year)

HEALTH CARE COVERAGE

See the instructions and check each box that applies.

- 36a. I would like the Maine DHHS, Office of the Health Insurance Marketplace ("CoverME.gov") to contact me to see if I or my household qualify for free or reduced-cost health coverage. I authorize MRS to share the information indicated in boxes 36b through 36e with CoverME.gov.
36b. I do not have health care coverage
36c. My spouse does not have health care coverage.
36d. One or more of my dependent(s) do not have health care coverage
36e. My preferred method of contact is (select one): Mailing address listed on page 1, Phone number listed on page 1, Email address listed below

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 5 of the instructions.)

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

Your email address

Paid Preparer's Use Only

Preparer's signature

Date signed

Preparer's phone number

Print preparer's name and name of business

Preparer's SSN or PTIN

DO NOT SEND PHOTOCOPIES OF RETURNS

Payment Plan Injured Spouse