



2009

MAINE INDIVIDUAL INCOME TAX 1040S-ME RESIDENT SHORT FORM



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0902200

DO NOT STAPLE OR TAPE FORMS TO YOUR RETURN. ENCLOSE CHECK OR MONEY ORDER AND W-2 OR 1099 FORMS IN THE ENVELOPE WITH YOUR RETURN.

STEP 1

Print Neatly in Blue or Black Ink, Using Upper Case Letters
DO NOT USE RED INK

Your First Name	MI	Your Last Name
Spouse's First Name	MI	Spouse's Last Name
Mailing Address (PO Box, number, street and apt. no)		
City	State	Zip Code

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

Your Social Security Number _____

Spouse's Social Security Number _____

Home Phone Number _____

Work Phone Number _____

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.

STEP 2

Indicate Your Filing Status

<p>1 Maine Clean Election Fund – (See instructions on page 3.) NOTE: Checking the box will <u>not</u> increase your tax or reduce your refund.</p> <p>Do you want \$3 to go to this fund..... <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If a joint return, does your spouse want \$3 to go to this fund..... <input type="checkbox"/> <input type="checkbox"/></p>	<p>2 Check here if you were engaged in COMMERCIAL FARMING OR FISHING during 2009. (See Instructions) <input type="checkbox"/></p>										
<p>FILING STATUS (Check one)</p> <p>3 <input type="checkbox"/> Single</p> <p>4 <input type="checkbox"/> Married filing joint return (Even if only one had income)</p> <p>5 <input type="checkbox"/> Married filing separate return. Enter spouse's social security number and full name above.</p> <p>6 <input type="checkbox"/> Head of household (With qualifying person)</p> <p>7 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died _____)</p>		<p>8 CHECK IF:</p> <table border="0"> <tr> <td></td> <td>You were</td> <td>Spouse was</td> </tr> <tr> <td>65 or over</td> <td>8a <input type="checkbox"/></td> <td>8c <input type="checkbox"/></td> </tr> <tr> <td>Blind.....</td> <td>8b <input type="checkbox"/></td> <td>8d <input type="checkbox"/></td> </tr> </table>		You were	Spouse was	65 or over	8a <input type="checkbox"/>	8c <input type="checkbox"/>	Blind	8b <input type="checkbox"/>	8d <input type="checkbox"/>
	You were	Spouse was									
65 or over	8a <input type="checkbox"/>	8c <input type="checkbox"/>									
Blind	8b <input type="checkbox"/>	8d <input type="checkbox"/>									

STEP 3

Enter Your Exemptions

9 Enter the TOTAL number of **EXEMPTIONS** claimed on your federal return9 _____

STEP 4

Calculate Your Taxable Income

10 FEDERAL ADJUSTED GROSS INCOME. (See instructions on page 3 for line references to federal forms. If negative, enter a minus sign in the space to the left of the number.) 10 _____ , _____ ▪ _____

11 MAINE PUBLIC EMPLOYEES RETIREMENT SYSTEM CONTRIBUTIONS and **UNEMPLOYMENT COMPENSATION BENEFITS.** (See instructions.) 11 _____ , _____ ▪ _____

12 U.S. GOVERNMENT BOND INTEREST included in your federal adjusted gross income 12 _____ , _____ ▪ _____

13 SOCIAL SECURITY AND RAILROAD RETIREMENT BENEFITS included in your federal adjusted gross income 13 _____ , _____ ▪ _____

14 PENSION INCOME DEDUCTION. (See instructions and worksheet on page 8) 14 _____ , _____ ▪ _____

15 MAINE ADJUSTED GROSS INCOME. (Add lines 10 and 11, subtract lines 12, 13, and 14. If negative, enter a minus sign in the space to the left of the number.) 15 _____ , _____ ▪ _____

16 STANDARD DEDUCTION. (See instructions on page 3) 16 _____ , _____ ▪ _____

17 EXEMPTION. (Multiply number of exemptions on line 9 by \$2,850)..... 17 _____ , _____ ▪ _____

18 TAXABLE INCOME. (Line 15 minus lines 16 and 17. If negative, enter a minus sign in the space to the left of the number.) 18 _____ , _____ ▪ _____

19 INCOME TAX. (Find the tax for the amount on line 18 in the tax table on pages 9-11 or compute your tax using the tax rate schedule on page 11. If line 18 is negative, enter zero.) 19 _____ , _____ ▪ _____



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STEP 5
Calculate Your Tax and Voluntary Contributions

20 **INCOME TAX.** (From line 19, page 1)..... 20 _____ , _____ , _____

21 **LOW-INCOME CREDIT.** If the amount on line 18 is \$2,000 or less and neither you nor your spouse (if married) are claimed on another person's return, enter the amount on line 20 here21 _____ . _____
NOTE: You are not required to file a return if you qualify for this credit. (See instructions)

22 **EARNED INCOME TAX CREDIT (EIC).** Your federal EIC \$ _____ x .04. Enter result here..... 22 _____ , _____ , _____

23 **NET INCOME TAX.** Line 20 minus lines 21 and 22 (If less than zero, enter zero) 23 _____ , _____ , _____

24 **MAINE INCOME TAX WITHHELD.** (Enclose W-2 and 1099 forms).....→ 24 _____ , _____ , _____
(DO NOT include estimated tax payments)

25 **OVERPAYMENT.** If line 24 is larger than line 23, subtract line 23 from line 24. Enter result here...25 _____ , _____ , _____

26 **UNDERPAYMENT.** If line 23 is larger than line 24, subtract line 24 from line 23. Enter result here .. 26 _____ , _____ , _____

27 **USE TAX (SALES TAX).** (See instructions) 27 _____ , _____ , _____

27a **SALES TAX ON CASUAL RENTALS OF LIVING QUARTERS.** (See instructions) 27a _____ , _____ , _____

28 **TOTAL VOLUNTARY CONTRIBUTIONS AND PARK PASS PURCHASES.** (From Schedule CP, line 14) 28 _____ , _____ , _____

STEP 6
Calculate Your Refund or Amount Due

29 **REFUND.** (Line 25 minus lines 27, 27a and 28) - NOTE: If total of lines 27, 27a and 28 is greater than ☺ line 25, subtract line 25 from the total of lines 27, 27a and 28 and enter the amount on line 31 below....29 _____ , _____ , _____

IF YOU WOULD LIKE YOUR REFUND DEPOSITED DIRECTLY TO YOUR BANK ACCOUNT (\$10,000 or less) OR TO A NEXTGEN COLLEGE INVESTING PLAN® ACCOUNT, read the instructions on page 4 and fill out the information below.

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

30a Routing Number* _____ 30c Type of Account: Checking Savings NextGen®
*For NextGen Accounts, enter 043000261

30b Account Number* _____
*For NextGen Accounts, enter the account owner's 9-digit social security number (do not enter hyphens).

31 **AMOUNT DUE.** Line 26 plus lines 27, 27a and 28. (OR If total of lines 27, 27a and 28 is greater than line 25, subtract line 25 from the total of lines 27, 27a and 28). (If \$1,000 or more, see instructions.) Enter result here.31 _____ , _____ , _____

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

32 **FOR MAINE RESIDENTS ONLY:** Check this box if you would like to receive a Maine Residents Property Tax and Rent Refund Application in 2010: →
See instructions on page 4 for information about the Tax and Rent "Circuitbreaker" Program. **THE APPLICATION WILL BE MAILED TO YOU IN AUGUST 2010 unless your income on line 15 exceeds the income limits for this program.**

To reduce printing and postage costs if you file your return electronically, use tax preparation software or have your return done by a tax preparer and do not need Maine income tax forms and instructions mailed to you next year, check box at right. →

IMPORTANT NOTE

If taxpayer is **deceased**, (Month) (Day) (Year) enter **date of death**. _____ / _____ / _____

If spouse is **deceased**, (Month) (Day) (Year) enter **date of death**. _____ / _____ / _____

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 4) 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

Paid Preparer's Use Only

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 _____