

2024

Form 1041ME - Income Tax Return
For Resident and Nonresident Estates and Trusts
For calendar year 2024 or tax year beginning in 2024



99

Tax period (mm dd yyyy)

2024

to

2409100

Amended Return

Name of Estate or Trust (as it appears on federal Form SS-4)

Estate/Trust/QFT EIN (do not enter / or -)

Name and Title of Fiduciary or Trustee

Address of Fiduciary (number and street)

City

State

ZIP Code

Type of entity (check one box):

Decedent's estate (enter decedent's SSN)

Qualified Funeral Trust (QFT)

Qualified Disability Trust

Bankruptcy estate (Chapter 7)

Simple Trust

Complex Trust

ESBT (S Portion Only)

Pooled Income

Bankruptcy estate (Chapter 11)

Check the boxes that apply:

Resident estate or trust

Nonresident estate or trust

Initial return

Final return

Table with 10 rows of tax items and amounts. Row 1: Federal taxable income. Row 2: Fiduciary Adjustment. Row 3: Maine taxable income. Row 4: Maine income tax. Row 5: Adjustments to tax. Row 6: Adjusted Maine income tax. Row 7: Tax payments (a-d). Row 8: Overpayment. Row 9: Line 7d minus line 8. Row 10: Total amount due.



ESTATE/ TRUST EIN

2409101

11. If line 9 is greater than line 6, enter **OVERPAYMENT**. (Line 9 minus line 6.)..... 11. [] .00

12. Overpayment to be **CREDITED** [] .00 to next year's estimated tax..... 12a. [] .00 **REFUNDED**..... 12b. [] .00

REFUND DEPOSITED DIRECTLY TO YOUR CHECKING ACCOUNT (\$20,000 or less). SEE INSTRUCTIONS.

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

12c. Routing Number []

12d. Checking Account Number []

Third Party Designee Do you want to allow another person to discuss this return with Maine Revenue Services? Yes (complete the following). No.

Designee's name: [] Phone no.: ([]) [] Personal Identification number: []

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.

[]
Signature of fiduciary or officer representing estate or trust

[]
Date signed

[]
Date estate or trust created

[]
Signature of preparer other than fiduciary

[]
Date signed

[]
Print preparer's name

[]
Preparer's phone number

[]
Preparer's SSN or PTIN



If payment is enclosed, mail to: Maine Revenue Services, P.O. Box 1065, Augusta, ME 04332-1065. **DO NOT SEND CASH.**
If payment is not enclosed, mail to: Maine Revenue Services, P.O. Box 1064, Augusta, ME 04332-1064



ESTATE/ TRUST EIN

SCHEDULE 1 - Fiduciary Adjustment

(Enter combined amounts for both the beneficiaries and the estate or trust.)

2409103

1. ADDITIONS — Income exempt from federal income tax, but taxable by Maine:			
a. Income from municipal and state bonds, other than Maine.	1a.	<input type="text"/>	.00
b. Net operating loss adjustment. (Attach schedule.).....	1b.	<input type="text"/>	.00
c. Income taxes imposed by Maine or other states.....	1c.	<input type="text"/>	.00
d. Qualified business income deduction add-back. (See instructions.).....	1d.	<input type="text"/>	.00
e. Bonus depreciation add-back. (See instructions.).....	1e.	<input type="text"/>	.00
f. Maine capital investment credit bonus depreciation add-back. (See instructions.).....	1f.	<input type="text"/>	.00
g. Certain gains on installment sales of real or tangible property - nonresident estates or trusts only. (See instructions.).....	1g.	<input type="text"/>	.00
h. Other. (See instructions.) (Attach worksheet(s)).....	1h.	<input type="text"/>	.00
i. Total Additions. (Add lines 1a through 1h.)	1i.	<input type="text"/>	.00
2. SUBTRACTIONS — Income exempt from Maine income tax, but taxable by federal law:			
a. U.S. Government Bond interest included in federal taxable income.	2a.	<input type="text"/>	.00
b. Maine Public Employees Retirement System pick-up contributions paid during 2024 which have been previously taxed by the state. (See instructions.).....	2b.	<input type="text"/>	.00
c. Bonus depreciation and section 179 recapture. (See instructions.).....	2c.	<input type="text"/>	.00
d. Medical cannabis business expenses. (See instructions.).....	2d.	<input type="text"/>	.00
Enter your registration number or sales tax number. _____			
e. Adult use cannabis business expenses. (See instructions.).....	2e.	<input type="text"/>	.00
Enter your registration number or sales tax number. _____			
f. Contributions to Qualified Tuition Programs - 529 Plans. (Limited to \$1,000 per beneficiary. See instructions.)	2f.	<input type="text"/>	.00
g. Net operating loss recapture. (See instructions.).....	2g.	<input type="text"/>	.00
h. Other. (See instructions.) (Attach worksheet(s)).....	2h.	<input type="text"/>	.00
i. Total Subtractions. (Add lines 2a through 2h.).....	2i.	<input type="text"/>	.00
3. Net Fiduciary Adjustment. (Subtract line 2i from line 1i — see instructions [may be a negative amount].).....	3.	<input type="text"/>	.00
All estates or trusts: Multiply line 3 by Schedule 2, line f, column 3.			
Resident estates or trusts: Enter on page 1, line 2. Nonresident estates or trusts: Enter on Schedule NR, line 7, column A.			



ESTATE/ TRUST EIN

**SCHEDULE 2 - Allocation of
Federal Income and Maine-source Income**

2409108

1. Name B = beneficiary E/T = estate or trust	2. Share of income (copy from federal return)	3. Percent	4. State of domicile	5. Social security number/EIN of beneficiaries	6. Maine-source income allocated to nonresident & safe harbor resident beneficiaries
(a) B-	\$	%			\$
(b) B-	\$	%			\$
(c) B-	\$	%			\$
(d) B-	\$	%			\$
(e) B-	\$	%			\$
(f) E/T-	\$	%			\$
(g) Total	\$	100%			\$

Line g, Column 6: If required to complete Schedule NR, enter the amount from Schedule NR, line 4, column B. Complete column 6 for nonresident and safe harbor resident beneficiaries based on the amount entered on line g, column 6, and also based on the percentages in column 3.