



**FORM REW-5**  
**MAINE REVENUE SERVICES**  
**INCOME/ESTATE TAX DIVISION - REW**  
 P.O. Box 1068  
 Augusta, ME 04332-1068  
 Tel. 207-626-8473 Fax 207-624-5062

**REQUEST FOR EXEMPTION OR REDUCTION IN WITHHOLDING OF MAINE INCOME TAX ON  
 THE DISPOSITION OF MAINE REAL PROPERTY**

**This form must be submitted and granted prior to closing. No exemptions or reduced withholding certificates will be granted after the closing date.**

Applicant (seller) name: \_\_\_\_\_  
 Mailing address \_\_\_\_\_  
 SSN or Fed. EIN: \_\_\_\_\_ Daytime phone no. \_\_\_\_\_

This is a request for a withholding rate reduction/exemption, per the Internal Revenue Code as operative under 36 MRSA, Part 8, or the provision of any United States treaty because the State of Maine liability on this sale will be less than the withholding. Rate of withholding is 2.5% of total consideration or at the request of the seller, the Executive Director may prescribe a reduced amount of withholding, based only on the gain, at the rate of 8.5%

1. **Attach a draft copy of the current Maine Real Estate Transfer Tax Declaration.** If this form is not attached, Maine Revenue Services will be unable to process your request. Contact your real estate escrow person (usually your real estate agent, title company or attorney) for assistance in acquiring this form.
2. Date property acquired \_\_\_\_\_ Method of acquisition (purchase, gift, inheritance other/explain) \_\_\_\_\_
3. Estimated date of closing: \_\_\_\_\_
4. Total sales price of pending sale: \$ \_\_\_\_\_
5. List all uses of property during your ownership: (i.e., principal residence, rental, commercial, vacation home, etc.) \_\_\_\_\_  
 If rental/commercial use during your ownership, length of time: years \_\_\_\_\_ months \_\_\_\_\_
- 6.\* Explain your gain/loss for this property for the year of sale, including an explanation of your adjusted basis computation per IRS rules. \_\_\_\_\_  
 \_\_\_\_\_
7. Which IRS rule do you intend to follow to report the sale of property (i.e., exclusion of capital gain on principal residence, like kind exchange, installment sale, etc.) \_\_\_\_\_  
 \_\_\_\_\_
- 7A. How do you qualify for this rule (list the highlights of this rule and how they relate to your sale). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Attach copies of supporting documentation (i.e., proof of purchase price, notarized affidavit of intent to follow a nonrecognition of gain rule, etc.).

**\* Consult the Internal Revenue Service or your tax preparer for assistance in completing lines 6 through 7A. Complete lines 7 and 7A only if you have a gain on line 6 and intend to follow a nonrecognition of gain rule or qualify to reduce this gain for the year of sale per the Internal Revenue Code. Call this office for assistance in completing this form.**

Under penalties of perjury, I declare that I have examined this application and attached schedules and statements, and to the best of my knowledge and belief they are true, correct and complete. You must have power of attorney to sign this form if you are not the applicant. Do not forward the power of attorney to this office.

Signed:  \_\_\_\_\_ Title: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_