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**MAINE REVENUE SERVICES
REAL ESTATE TRANSFER TAX
DECLARATION**

36 M.R.S. §§ 4641-4641N

BOOK/PAGE—REGISTRY USE ONLY

1. County

2. Municipality/Township

3. GRANTEE/
PURCHASER

3a) Name LAST or BUSINESS, FIRST, MI

3b) SSN or Federal ID

3c) Name, LAST or BUSINESS, FIRST, MI

3d) SSN or Federal ID

3e) Mailing Address after purchase of this property

3f) City

3g) State

3h) ZIP Code

4. GRANTOR/
SELLER

4a) Name, LAST or BUSINESS, FIRST, MI

4b) SSN or Federal ID

4c) Name, LAST or BUSINESS, FIRST, MI

4d) SSN or Federal ID

4e) Mailing Address

4f) City

4g) State

4h) ZIP Code

5. PROPERTY

5a) Map Block Lot Sub-Lot

5b) Type of property—Enter the code number that **best** describes the property being **sold**. (See instructions)→

5c) Physical Location

Check any that apply:

No tax maps exist

5d) Acreage

Multiple parcels

Portion of parcel

6. TRANSFER TAX

6a) Purchase Price (If the transfer is a gift, enter "0")

6a

6b) Fair Market Value (enter a value **only** if you entered "0" in 6a) or if 6a) was of nominal value)

6b

6c) Exemption claim – Check the box if either grantor or grantee is claiming exemption from transfer tax and explain.

7. DATE OF TRANSFER (MM-DD-YYYY)

8. WARNING TO BUYER—If the property is classified as Farmland, Open Space, Tree Growth, or Working Water-front a substantial financial penalty could be triggered by development, subdivision, partition or change in use.

MONTH DAY YEAR

CLASSIFIED

9. SPECIAL CIRCUMSTANCES—Were there any special circumstances in the transfer which suggest that the price paid was either more or less than its fair market value? If yes, check the box and explain:

10. INCOME TAX WITHHELD—Buyer(s) not required to withhold Maine income tax because:

Seller has qualified as a Maine resident

A waiver has been received from the State Tax Assessor

Consideration for the property is less than \$50,000

Foreclosure sale

11. OATH

Aware of penalties as set forth by 36 M.R.S. § 4641-K, we hereby swear or affirm that we have each examined this return and to the best of our knowledge and belief, it is true, correct, and complete. Grantee(s) and Grantor(s) or their authorized agent(s) are required to sign below:

Grantee _____ Date _____ Grantor _____ Date _____

Grantee _____ Date _____ Grantor _____ Date _____

12. PREPARER

Name of Preparer _____ Phone Number _____

Mailing Address _____ Email Address _____

Fax Number _____