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**RETTD**

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

TITLE 36, M.R.S.A. SECTIONS 4641-4641N

**PLEASE TYPE OR PRINT CLEARLY**

BOOK/PAGE—REGISTRY USE ONLY

1. COUNTY

**DO NOT USE RED INK!**

2. MUNICIPALITY/TOWNSHIP

3. GRANTEE/  
PURCHASER

3a) Name (LAST, FIRST, MI)

3b) SSN or Federal ID

3c) Name (LAST, FIRST, MI)

3d) SSN or Federal ID

3e) Mailing Address

3f) City

3g) State 3h) Zip Code

4. GRANTOR/  
SELLER

4a) Name (LAST, FIRST, MI)

4b) SSN or Federal ID

4c) Name (LAST, 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

Check any that apply:

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

5c) Physical Location

- No tax maps exist
- Multiple parcels
- Portion of parcel

5d) Acreage:

6. TRANSFER  
TAX

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

6a \$ \_\_\_\_\_ .00

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

6b \$ \_\_\_\_\_ .00

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)

MONTH DAY YEAR

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

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

11. OATH

Aware of penalties as set forth by Title 36 §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 \_\_\_\_\_ E-Mail Address \_\_\_\_\_