# Form REW-5 2025

## Request for Exemption or Reduction in Withholding of Maine Income Tax on the Disposition of Maine Real Property



## File Form REW-5 online at <u>revenue.maine.gov</u>.

| Not          |   | occurring in 2025; subr<br>business days before th           |            |  |                             |                     |      |                    |                    |       |
|--------------|---|--|------------|--|-----------------------------|---------------------|------|--------------------|--------------------|-------|
|              | *****   | *****  | XX         | XXXXXXXX                               | XXXXXXXXX                   | XXXXXX              | 999  | 999999             | 99                 |       |
|              | Applicant's last name (or name of entity)               |  |            | Applicant's first name (if applicable) |                             |                     |      | SSN or federal EIN |                    |       |
|              | *****   | *****  | XX         | XXXXXXXX                               | XXXXXXXXX                   | XXXXXX              | 999  | 999999             | 99                 |       |
|              | Applicant spouse's last                                 | t name (if applicable)                                       |            | Spouse's firs                          | t name                      |                     | Spo  | use's SSI          | N                  |       |
|              | Applicant's mailing add                                 | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                       | et)        | XXXX<br>City/T                         | XXXXXXXXX<br>Fown           | XXXXXXXX<br>999 999 |      | State              | 999999<br>Zip Code |       |
|              | Applicant's email addre                                 |  |            |  |                             | Applicant's of      |      |                    | umber              |       |
|              |   |  |            |  |                             |                     |      | •                  |                    |       |
|              | Check here if applicant                                 | t is a corporation require                                   | ed to file | Form 1120ME                            |                             |                     |      |                    | Х                  |       |
| 1.           | Applicant's percentage                                  | of ownership. (If less tha                                   | an 100.0   | 00%, line 1a m                         | ust be complete             | ed.)1.              |      | 99                 | 9.99               | %     |
| 1a.          | *****   | ******   | XXXXX      | XXXXXXXXX                              | XXXXXXXXX                   | XXXXXXXX            | XXXX | XXXXX              | XXXXXX             | X     |
| . ui         | Name(s) of all other se                                 | ellers (if applicable)                                       |            |  |                             |                     |      |                    |                    |       |
| 2.           | *****   | *****  | XXXXX      | XXXXXXXXX                              | XXXXXXXXX                   | XXXXXXXX            | XXXX | XXXXX              | XXXXXX             | X     |
|              | Buyer(s) name(s)  |  |            |  |                             |                     |      |                    |                    |       |
| <b>3</b> . 2 | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                  | XXXXXXXXXXXXXXX<br>operty                                    | XX         |  | XXXXXXXXX<br>Municipality/T |                     | XXXX |                    | 99 99<br>sing date | 99    |
|              |   | <b>isition.</b> Enter the date t<br>sition. Additional docum |            |  |                             |                     |      |                    |                    | s the |
| 4.           | Date of acquisition or da                               | ate of decedent's death.                                     | See ins    | structions                             |                             | 4.                  |      | 99 9               | 9 9999             |       |
|              | Method of acquisition:<br>(check one)                   | X a) Purchase  |            |  |                             |                     |      |                    |                    |       |
|              | (   | $_{\rm X}$ b) Inheritance: (                                 |            |  | XXXXXXXX                    | XXXXX               |      | 999                | 9999999            | )     |
|              |   | $\mathbf{X}$ c) Gift or other                                | Deced      | lent's name                            |                             |                     | SSN  |                    |                    |       |
|              |   |  |            |  |                             |                     |      |                    |                    |       |
|              |   | X d) Like-kind excl  | nange      |  |                             |                     |      |                    |                    |       |
| 6.           | Original purchase price                                 | e/basis. See instruction                                     | s          |  |                             | 6. \$               |      | 99999              | 9999999            | 9.00  |
| 7.           | Applicant's allowable closing costs from original purch |  |            | nase of propert                        | ons7. \$                    |                     | 9999 | 9999999            | 9.00               |       |
| 8.           | Capital improvements. See instructions                  |  |            | 8. \$                                  |                             |                     | .00  |                    |                    | 9.00  |
| 9.           | Add lines 6.7 and 8                                     |  |            |  |                             | a ¢                 |      | 9999               | 999999             | 9 00  |
|              |   |  |            |  |                             |                     |      |                    |                    |       |
| 10a.         | commercial use. If ther                                 | he applicant's ownership<br>e was no rental/commer           | cial use,  | e property was i<br>, continue to line | used for rental o<br>e 11   | or<br>10a.          | 999  | years              | 999 m              | onths |
| 10b          | . Allowed or allowable a                                | accumulated depreciatio                                      | n. See i   | instructions                           |                             | 10b. <b>\$</b>      |      | 9999               | 9999999            | 9.00  |

#### 2025 Form REW-5, Page 2 99 9999999999 Applicant's SSN or EIN 2402401 999999999999 .00 11. 999999999999 .00 12 Total sales price. See instructions ......12. \$ 999999999999 .00 13. 999999999999 .00 Amount realized. Subtract line 13 from line 12......14. \$ 14. Estimated gain/loss subject to federal and Maine income tax. Subtract line 11 from 15. 999999999999 .00 line 14......15. \$

16. How will this sale of real property be reported on the applicant's federal income tax return? See instructions.

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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. If you are signing on behalf of the applicant(s), you must provide a written power of attorney authorization with this request. To assign a designated representative, complete the Representative Information and Limited Power of Attorney below. You <u>must</u> sign the authorization or complete Form 2848-ME (available at <u>www.maine.gov/revenue/tax-return-forms/general-forms</u>) before MRS can speak with your designated representative. If you are signing on behalf of your employer, include authorization.

### Applicant's signature

Applicant's name

Date

This request for a withholding rate reduction or exemption is submitted in accordance with 36 M.R.S. §§ 5250-A(3)(B) and (4), which authorizes the State Tax Assessor to issue a certificate of exemption or reduction in the amount of tax to be withheld. **The rate of withholding is 2.5% of the total consideration or, at the request of the seller, the State Tax Assessor may authorize a reduced amount of withholding equal to the gain multiplied by 7.15% for individuals or 8.93% for a C corporation, in calendar year 2025.** 

Limited Power of Attorney (complete only if you want someone to represent you during the real estate withholding process)

By signing below, the selling party appoints the individual named in the Representative Information section below to act as their representative with authority to receive confidential information and to discuss your tax records, related to this form, with MRS. I understand that my representative may not act on my behalf, unless I provide a Form 2848-ME, Power of Attorney. I also understand that signing this form does not revoke other power of attorney forms on file with MRS.

|                            | Applicant's signature                                |          | Print r                               | name (and title, if applicable) |      | Date      |          |  |  |
|----------------------------|--|----------|---------------------------------------|---------------------------------|------|-----------|----------|--|--|
|                            |  |          |                                       |                                 |      |           |          |  |  |
|                            | Applicant spouse's signature (if applicable)         |          | Print name (and title, if applicable) |                                 | Date |           |          |  |  |
| Representative Information |  |          |                                       |                                 |      |           |          |  |  |
|                            |  |          |                                       |                                 |      |           |          |  |  |
|                            | Representative name (and title, if applicable)       |          |                                       | Firm or company name            |      |           |          |  |  |
|                            |  |          |                                       |                                 |      |           |          |  |  |
|                            | Representative's mailing address (number and street) |          |                                       | City/Town                       |      | State     | Zip Code |  |  |
|                            |  |          |                                       |                                 |      |           |          |  |  |
|                            | Country (if not United States)                       | Email ad | ldress                                |                                 | Te   | lephone n | umber    |  |  |
|                            |  |          |                                       |                                 |      |           |          |  |  |