



DELAWARE FORM

DIVISION OF REVENUE REW-EST



REAL ESTATE TAX RETURN DECLARATION OF ESTIMATED INCOME TAX Formerly 5403

Form REW-EST must be completed for all conveyances, and must be presented at the time of recording.

PART 1	DESCRIPTION OF THE PROPERTY	ADDRESS OF THE PROPERTY	
		ADDRESS	
		ADDRESS 2	
		CITY	
		STATE	ZIP CODE

TAX PARCEL NO. **NEW CASTLE** **KENT** **SUSSEX** **DATE OF TRANSFER**

PART 2	TRANSFEROR/SELLER IS:	
	<input type="checkbox"/> Individual or Revocable Living Trust	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Corporation	<input type="checkbox"/> S Corporation
	<input type="checkbox"/> Trust or Estate	<input type="checkbox"/> Limited Liability Company
	<input type="checkbox"/> Business Trust	<input type="checkbox"/> Other: <input type="text"/>

PART 3	TRANSFEROR OR SELLER ACQUIRED PROPERTY BY:	
	<input type="checkbox"/> Purchase	<input type="checkbox"/> Foreclosure / Repossession
	<input type="checkbox"/> Gift	<input type="checkbox"/> Other
	<input type="checkbox"/> Inheritance	
	<input type="checkbox"/> 1031 Exchange	

PART 4	TRANSFEROR/SELLER'S NAME; SSN OR EIN; AND ADDRESS TO WHICH CORRESPONDENCE IS TO BE MAILED AFTER SETTLEMENT	
	FIRST NAME <input type="text"/>	ADDRESS <input type="text"/>
	LAST NAME <input type="text"/>	ADDRESS 2 <input type="text"/>
	TAXPAYER ID <input type="text"/>	CITY <input type="text"/>
		STATE <input type="text"/> ZIP CODE <input type="text"/>

Enter only one name and SSN or EIN per return. If more than one transferor/seller, use separate forms for each; however, if transferors/sellers are spouses, enter only the primary taxpayer name and SSN, and only file one return. If transferor/seller is a pass-through entity, list EIN of the pass-through entity and attach a schedule listing each non-resident member or stockholder and their share of the tax being paid with the return.

PART 5	IF APPLICABLE, CHECK APPROPRIATE BOX. (Check no more than one box.)
	<input type="checkbox"/> Transferor/seller is a resident (a) individual, (b) pass-through entity or (c) corporation, and not subject to withholding under 30 Del. C §§ 1126, 1606 or 1909;
	<input type="checkbox"/> Sale or exchange exempt from gain realization;
	<input type="checkbox"/> Gain realized excluded from income for tax year of sale or exchange;
	<input type="checkbox"/> Sale exempt due to foreclosure. (See Instructions)

If any box in Part 5 is checked, **DO NOT** complete Parts 6, 7 and 8 below. No payment is due at this time.

PART 6	COMPUTATION OF PAYMENT AND TAX TO BE WITHHELD (See instructions.)	
	6a TOTAL SALES PRICE	\$ <input type="text"/>
	6b LESS SELLING EXPENSES/REDUCTIONS TO SALE PRICE	\$ <input type="text"/>
	6c NET SALES PRICE (Subtract Line 6b from Line 6a)	\$ <input type="text"/>
	6d ADJUSTED BASIS OF PROPERTY OR LIENS PAID AT SETTLEMENT	\$ <input type="text"/>
	6e TOTAL GAIN (Subtract line 6d from line 6c)	\$ <input type="text"/>
	6f DELAWARE ESTIMATED INCOME TAX DUE - Multiply line 6e by 8.7% for C corp., and by 6.6% for all others	\$ <input type="text"/>

NOTE: If Part 6 is not filled out or is incomplete, the required 6.6% or 8.7% will be withheld from the net proceeds at settlement and submitted to the Division of Revenue as required by law.

PART 7	<input type="checkbox"/> Check this box if the transferor/seller is reporting gain under the installment method. No tax is payable at this time.	NOTE: If completing this section, when you recognize any gain arising from the sale of property in the State of Delaware, you must report and remit the tax due to the State of Delaware on that transaction.

PART 8	8 DELAWARE ESTIMATED INCOME TAX PAID (See instructions)	\$ <input type="text"/>

Under penalty of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the transferor/seller, the declaration is based on all information of which the preparer has any knowledge. Transferor/Seller, please sign and print full name and title (if any):

AUTHORIZED SIGNATURE

PRINT NAME

DATE

TITLE

DFREWEST2021019999V2
Revision 20230202

MAIL COMPLETED FORM TO:
Delaware Division of Revenue
820 N. French Street
PO Box 8763
Wilmington, DE 19899-8763