



NEW YORK CITY DEPARTMENT OF FINANCE

# REAL PROPERTY TRANSFER TAX RETURN

(Pursuant to Title 11, Chapter 21, NYC Administrative Code)

### TYPE OR PRINT LEGIBLY

If the transfer involves more than one grantor or grantee or a partnership, the names, addresses and Social Security Numbers or Employer Identification Numbers of all grantors or grantees and general partners must be provided on Schedule 3, page 3.

| 1 | $\frown$     |
|---|--------------|
| ( | $\mathbf{D}$ |
|   | <b>K</b> /   |
|   |              |

# GRANTOR V Name

| <ul> <li>Grantor is a(n): □ individual □ partnership (must complete Schedule 3)</li> <li>(check one) □ corporation □ other</li> </ul> | Telephone Number             |                  |                |                 | TE IN THIS SPACE                                   |
|---|------------------------------|------------------|----------------|-----------------|--|
| Permanent mailing address after transfer (number and street)  | I                            |                  |                | _ FOR OFFI      | CE USE ONLY  |
| City and State  | Zip Code                     |                  |                |                 |  |
| EMPLOYER IDENTIFICATION NUMBER     SOCIAL SECUR     OR     OR   |                              |                  |                | RETURN NUMBER A | •  |
| GRANTEE V   |                              |                  |                |                 |  |
| Name  |                              |                  |                |                 |  |
| <ul> <li>Grantee is a(n): □ individual □ partnership (must complete Schedule 3)</li> <li>(check one) □ corporation □ other</li> </ul> | Telephone Number             |                  |                |                 |  |
| Permanent mailing address <u>after</u> transfer (number and street)   |                              |                  |                | DEED SERIAL NUM | BER 🛦  |
| City and State  | Zip Code                     |                  |                |                 |  |
| EMPLOYER IDENTIFICATION NUMBER     SOCIAL SECUR     OR     OR   |                              |                  |                | NYS REAL ESTATE | TRANSFER TAX PAID                                  |
| PROPERTY LOCATION V   |                              | )                | <u> </u>       |                 |  |
| LIST EACH LOT SEPARATELY.   | ATTACH A RIDER IF ADDITIONAL | SPACE IS REQUIRE | D              |                 |  |
| Address (number and street)     Apt.     No.     Bo   | brough Block                 | Lot              | # of<br>Floors | Square<br>Feet  | <ul> <li>Assessed Value<br/>of Property</li> </ul> |

|                              |             |         | -     |               |                |                |  |
|------------------------------|-------------|---------|-------|---------------|----------------|----------------|--|
| DATE OF TRANSFER TO GRANTEE: |             |         |       | OF INTEREST T | RANSFE         | RRED.          | %  |
|                              |             |         |       |               |                |                |  |
|                              |             |         |       |               |                |                |  |
|                              |             |         |       |               |                |                |  |
| Address (number and street)  | Apt.<br>No. | Borough | Block | Lot           | # of<br>Floors | Square<br>Feet | <ul> <li>Assessed Value<br/>of Property</li> </ul> |

## CONDITION OF TRANSFER **V** See Instructions

| ullet  | Check ( $\checkmark$ ) all of the conditions that apply and fill out the appropriate schedules on page   | es 5-1                           | 1 of this return. Additionally, Schedules1 and 2 must be completed for all transfers.  |
|--|--|----------------------------------|--|
| a.<br>b.<br>c.<br>d.<br>e.<br>f.<br>g.<br>h. | Arms length transfer    Transfer in exercise of option to purchase    Transfer from cooperative sponsor to cooperative corporation    Transfer by referee or receiver (complete Schedule A, page 5)    Transfer pursuant to marital settlement agreement or divorce decree    Deed in lieu of foreclosure (complete Schedule C, page 6)    Transfer pursuant to liquidation of an entity (complete Schedule D, page 6)    Transfer from principal to agent, dummy, strawman or | m.<br>n.<br>o.<br>p.<br>q.<br>r. | Transfer to a governmental body    Correction deed    Transfer by or to a tax exempt organization (complete Schedule G, page 8).    Transfer of property partly within and partly without NYC    Transfer of successful bid pursuant to foreclosure    Transfer by borrower solely as security for a debt or a transfer by lender solely to return     such security    Transfer wholly or partly exempt as a mere change of identity or form of ownership.     Complete Schedule M, page 9) |
| i.<br>j.<br>k.<br>I.                         | conduit or vice-versa (complete Schedule E, page 7) Transfer pursuant to trust agreement or will (attach a copy of trust agreement or will) Gift transfer not subject to indebtedness Gift transfer subject to indebtedness Transfer to a business entity in exchange for an interest in the business entity (complete Schedule F, page 7)   | t.<br>u.<br>v.                   | Complete Schedule W, page 9)    Transfer to a REIT or to a corporation or partnership controlled by a REIT.     (Complete Schedule R, pages 10 and 11)    Other transfer in connection with financing (describe):  |

| ● TYPE OF PROPERTY (✓)                       | ● TYPE OF INTEREST (✓)   |                       |
|--|--|-----------------------|
| a. 🗌 1-3 family house                        | Check box at LEFT if you intend to record a do<br>box at RIGHT if you do not intend to record a do |                       |
| b. 🗌 Individual residential condominium unit | REC.   | NON REC.              |
| c Individual cooperative apartment           | a. 🗌 Fee   |                       |
| d. 📋 Commercial condominium unit             | b. 🗌 Leasehold   | Grant                 |
| e. 🗋 Commercial cooperative                  | c. 🗌 Leasehold As  | signment or Surrender |
| f Apartment building                         | d. 🗌 Easement  |                       |
| g. U Office building                         | e. 🗌 Developme   | ent Rights            |
| h. U Industrial building                     | f. 🗌 Stock   |                       |
| i. U   | g. 🗌 Partnershi  | p Interest            |
| j. 🗌 OTHER. (describe):                      | h. 🗌 OTHER. (d   | describe):            |

### SCHEDULE 1 - DETAILS OF CONSIDERATION

COMPLETE THIS SCHEDULE FOR ALL TRANSFERS AFTER COMPLETING THE APPROPRIATE SCHEDULES ON PAGES 5 THROUGH 11. ENTER "ZERO" ON LINE 11 IF TRANSFER REPORTED WAS WITHOUT CONSIDERATION.

| 1. | Cash   | 1.  | <br> |
|----|--|-----|------|
| 2. | Purchase money mortgage  | 2.  |      |
| 3. | Unpaid principal of pre-existing mortgage(s)   | 3.  |      |
| 4. | Accrued interest on pre-existing mortgage(s)   | 4.  |      |
| 5. | Accrued real estate taxes  | 5.  |      |
| 6. | Amounts of other liens on property   | 6.  |      |
| 7. | Value of shares of stock or of partnership interest received   | 7.  |      |
| 8. | Value of real or personal property received in exchange  | 8.  |      |
| 9. | Amount of Real Property Transfer Tax and/or other taxes or expenses of the grantor which are paid by the grantee           | 9.  |      |
|    |  | 10. |      |
|    | <b>TOTAL CONSIDERATION</b> (add lines 1 through 10 - must equal amount entered on line 1 of Schedule 2) (see instructions) | 11. |      |

See instructions for special rules relating to transfers of cooperative units, liquidations, marital settlements and transfers of property to a business entity in return for an interest in the entity.

### SCHEDULE 2 - COMPUTATION OF TAX

|     |                         |   |     | Payment Enclosed |    |
|-----|-------------------------|---|-----|------------------|----|
| Α.  | Payment                 | Pay amount shown on line 14 - See Instructions  |     |                  |    |
| 1   | Total Consideration     | (from line 11, above)                           | 1.  |                  |    |
| 2.  | Excludable liens (se    | e instructions)                                 | 2.  |                  |    |
| 3.  | Consideration (Line     | 1 less line 2)                                  | 3.  |                  |    |
| 4.  |                         | ictions)  | 4.  |                  | %  |
| 5.  |                         | in beneficial ownership (see instructions)      | 5.  |                  | %  |
| 6.  | Taxable consideration   | on (multiply line 3 by line 5)                  | 6.  |                  |    |
| 7.  | Tax (multiply line 6    | by line 4)                                      | 7.  |                  |    |
| 8.  | Credit (see instruction | ons)  | 8.  |                  |    |
| 9.  | Tax due (line 7 less    | line 8) (if the result is negative, enter zero) | 9.  |                  |    |
| 10. | Interest (see instruc   | tions)  | 10. |                  |    |
| 11. | Penalty (see instruc    | tions)  | 11. |                  |    |
| 12. | Total tax due (add li   | nes 9, 10 and 11)                               | 12. |                  |    |
|     |                         | •   | 13. | 25               | 00 |
| 14. | Total Remittance D      | 0 <b>ue</b> (line 12 plus line 13)●             | 14. |                  |    |

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### SCHEDULE 3 - TRANSFERS INVOLVING MULTIPLE GRANTORS AND/OR GRANTEES OR A PARTNERSHIP

NOTE If additional space is needed, attach copies of this schedule or an addendum listing all of the information required below.

| Gr  | RANTOR(S)/PARTNER(S) |  |
|---|----------------------|--|
| NAME  |                      | SOCIAL SECURITY NUMBER   |
|   |                      |  |
| PERMANENT MAILING ADDRESS AFTER TRANSFER  |                      |  |
|   |                      |  |
| CITY AND STATE  | ZIP CODE             | EMPLOYER IDENTIFICATION NUMBER   |
|   |                      |  |
|   |                      |  |
| NAME  |                      |  |
|   |                      | _      ' '  =  '  =  ' ' '   |
| PERMANENT MAILING ADDRESS AFTER TRANSFER  |                      |  |
|   |                      | EMPLOYER IDENTIFICATION NUMBER   |
| CITY AND STATE  | ZIP CODE             |  |
|   |                      |  |
|   |                      |  |
|   |                      |  |
| NAME  |                      | SOCIAL SECURITY NUMBER   |
| NAME  |                      |  |
| NAME PERMANENT MAILING ADDRESS AFTER TRANSFER   |                      |  |
|   |                      |  |
| PERMANENT MAILING ADDRESS AFTER TRANSFER  | ZIP CODE             |  |
|   | ZIP CODE             |  |
| PERMANENT MAILING ADDRESS AFTER TRANSFER  | ZIP CODE             |  |
| PERMANENT MAILING ADDRESS AFTER TRANSFER CITY AND STATE   | ZIP CODE             |  |
| PERMANENT MAILING ADDRESS AFTER TRANSFER  | ZIP CODE             |  |
| PERMANENT MAILING ADDRESS AFTER TRANSFER CITY AND STATE NAME  | ZIP CODE             |  |
| PERMANENT MAILING ADDRESS AFTER TRANSFER CITY AND STATE   | ZIP CODE             | -                  |
| PERMANENT MAILING ADDRESS AFTER TRANSFER CITY AND STATE NAME PERMANENT MAILING ADDRESS AFTER TRANSFER |                      | -                  |
| PERMANENT MAILING ADDRESS AFTER TRANSFER CITY AND STATE NAME  | ZIP CODE             | - OR<br>- EMPLOYER IDENTIFICATION NUMBER<br>- SOCIAL SECURITY NUMBER<br>- OR<br>- OR |
| PERMANENT MAILING ADDRESS AFTER TRANSFER CITY AND STATE NAME PERMANENT MAILING ADDRESS AFTER TRANSFER |                      | - OR<br>- EMPLOYER IDENTIFICATION NUMBER<br>- SOCIAL SECURITY NUMBER<br>- OR<br>- OR |

| NAME                                     | SOCIAL SECURITY NUMBER         |
|--|--------------------------------|
|  |                                |
|  |                                |
| PERMANENT MAILING ADDRESS AFTER TRANSFER |                                |
|  | OR                             |
|  | EMPLOYER IDENTIFICATION NUMBER |
| CITY AND STATE ZIP CODE                  |                                |
|  |                                |
|  |                                |
|  |                                |
|  |                                |
| PERMANENT MAILING ADDRESS AFTER TRANSFER |                                |
|  | OR                             |
| CITY AND STATE ZIP CODE                  | EMPLOYER IDENTIFICATION NUMBER |
|  | -                              |
|  |                                |
| NAME                                     | SOCIAL SECURITY NUMBER         |
|  |                                |
| PERMANENT MAILING ADDRESS AFTER TRANSFER | -                              |
|  | OR                             |
|  | EMPLOYER IDENTIFICATION NUMBER |
| CITY AND STATE ZIP CODE                  |                                |
|  |                                |
|  |                                |
|  | SOCIAL SECURITY NUMBER         |
|  |                                |
| PERMANENT MAILING ADDRESS AFTER TRANSFER |                                |
|  | OR                             |
| CITY AND STATE ZIP CODE                  | EMPLOYER IDENTIFICATION NUMBER |
|  | ·  _ · · · · · · ·             |
|  |                                |

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### GRANTOR'S ATTORNEY

| $\bigcap$ | Name of Attorney                        |                              | Telephone Number |          |
|-----------|---|------------------------------|------------------|----------|
|           |   |                              | ()               |          |
|           | Address (number and street)             | City and State               |                  | Zip Code |
|           | EMPLOYER<br>IDENTIFICATION<br>NUMBER OR | SOCIAL<br>SECURITY<br>NUMBER | -                |          |

# GRANTEE'S ATTORNEY

| Name of Attorney            |                              | Telephone Number |          |
|-----------------------------|------------------------------|------------------|----------|
|                             |                              | ()               |          |
| Address (number and street) | City and State               |                  | Zip Code |
| IDENTIFICATION – OR         | SOCIAL<br>SECURITY<br>NUMBER | -                |          |

### CERTIFICATION **V**

| GRAI                              | NTOR  | GRA   | NTEE  |
|-----------------------------------|---|---|---|
| ${f S}$ worn to and subscribed to |   | $\mathbf{S}$ worn to and subscribed to  |   |
| before me on this day             | EMPLOYER IDENTIFICATION NUMBER OR<br>SOCIAL SECURITY NUMBER | before me on this day   | EMPLOYER IDENTIFICATION NUMBER OR<br>SOCIAL SECURITY NUMBER |
| of,                               |   | of,   |   |
|                                   | Name of Grantor   |   | Name of Grantee   |
| Signature of Notary               | Signature of Grantor  | Signature of Notary   | Signature of Grantee  |
| Notary's<br>stamp<br>or seal      |   | Notany's<br>stamp<br>or seal  |   |
|                                   |   |   |   |
|                                   |   | GRANTEE: To ensure that your property and water/<br>must complete the Registration forms in<br>can also be obtained by calling the Deps | cluded in this packet. Owner's Registration Cards           |

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| FINANCE<br>NEW • YORK<br>THE CITY OF NEW YORK<br>DEPARTMENT OF PRAVICE |  |
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Page 1

# **PROPERTY OWNER'S REGISTRATION FORM**

FOR OFFICE USE ONLY

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NEW YORK CITY DEPARTMENT OF FINANCE CENTRAL REGISTRATION 25 ELM PLACE, 3RD FLOOR BROOKLYN, NY 11201

ONLY ONE (1) PROPERTY (BLOCK AND LOT) MAY BE REGISTERED WITH THIS CARD. MAKE PHOTOCOPIES IF YOU ARE REGISTERING MORE THAN ONE PROPERTY.

| Contact the Bureau of Water and Energy Conservation at (718) 595-7000.  | Have you recently paid off your mongage? (1)  |
|---|---|
| NOTE: Water and Sewer Charge registration requires a different form.  | City State Zip Code   |
| Español para llenar esto formulario, llame al (718) 935-9500 y solicite un Representante que hable Español.                                   | Addree  |
| If you need assistance in completing this form, please call Taxpayer<br>Assistance at (718) 935-9500. SI usted necesita recibir asistencia en | 9. Name of Real Estate Tax Bill Recipient   |
|   |   |
| 11 Signature of owner or comorate officer (required by statute) 12 Date   | H "TENANT" or "AGENT" is checked provide either Social Security Number or Employer Identification Number, whichever is applicable.  |
|   | 8. Indicate to whom Real Estate Tax bills should be mailed (Check ✓ one) ▼<br>Bank/Lender □ Owner □ Tenant □ Agent □  |
| Owner Tenant Agent I<br>K "TENANT" is checked provide either Social Security Number of Employer Identification Number,                        | IF YOUR MORTGAGE PAYMENTS INCLUDE YOUR REAL ESTATE TAXES, FILL IN THE NAME AND ADDRESS OF YOUR BANK/LEMDER IN THE SPACE<br>Provided in 9 below. If not, fill in the name and address to which you are choosing to have real estate tax bills sent |
| Relationship of addressee to property (Check 🗸 ene)   | BILLING INFORMATION - REAL ESTATE TAX BILLS   |
| City State Zip Code   | 7. Indicate owner's daytime telephone number: ()  |
| Addree  |   |
| Name of Recipient   |   |
| TYPE OF SPECIAL ASSESSMENT BILL:  | 6. Owner's Tax Identification Number -  |
|   | 5. If the property has more than one owner, check this box and see instructions -   |
| Whichever is applicable.<br>BOCIAL BECURITY NUMBER<br>EMPLOYER IDENTIFICATION NUMBER  | City State Zip Code   |
| Winter ( ) Henseling Social Security Number or Employer Identification Number,  | 4. Property Addrese   |
| ddressee to   | City State Zip Code   |
|   | 3. Owner's Residence or Company's Businese Address  |
| City State Zio Code   | 2b. Business Owner  |
| Address Address   | 28. Individual Owner First W. I. LAST   |
| 10. TYPE OF SPECIAL ASSESSMENT BILL:  | Owner's name - FILL EITHER 2A OR 2B ONLY  |
| INDICATE TO WHOM SPECIAL ASSESSMENT BILLS SHOULD BE MAILED. (SEE INSTRUCTIONS FOR LINE 10)  | 1. Borough the property is in:, Block:  |
| BILLING INFORMATION · SPECIAL ASSESSMENT BILLS  | PROPERTY OWNER'S INFORMATION (FOR GENERAL CORRESPONDENCE)   |
| rerse side of this form.  | Type or print in ink. Additional instructions appear on the reverse side of this form.  |

| THE CITY  |  |   | The City of New York<br>Department of Environmental Prote<br>reau of Customer and Conservation<br>59-17 Junction Boulevard |   |
|---|--|---|--|---|
|   | RTMENT OF<br>NTAL PROTECTION   | Customer  | Corona, NY 11368-5107<br>Registration Form for Water and   | d Sewer Billing   |
| × •   | wner Information<br>y is located in the b  |   |  |   |
| Bloc  | ek: 🖸 🖸 🗖  | Lot:  |  |   |
| Met   | er # (if available):   |   |  |   |
|   | <u></u>  |   |  | nt from Service Address)                                    |
| •   |  | · =   |  |   |
|   | Name: Business:  |   |  | OR  |
|   |  |   |  |   |
|   | s Telephone Numbe<br>ce: ()  | er:<br>   | Business: ()   |   |
| Residen<br>Customer l   | ce: ()<br>Billing Informatio   | <br>  | Business: ()<br>sible for paying water/sewer bills at this premis  |   |
| Residen<br>Customer I<br>(Please provide  | ce: ()<br>Billing Informatio<br>the following informatio<br>t Number (if availabl  | <br>  | sible for paying water/sewer bills at this premis  |   |
| Residen<br>Customer I<br>(Please provide  | ce: ()<br>Billing Informatio<br>the following informatio<br>t Number (if available<br>Business:  | n about the customer respon   | sible for paying water/sewer bills at this premis  |   |
| Residen<br>Customer I<br>(Please provide<br>(6) Account   | ce: ()<br>Billing Informatio<br>the following informatio<br>t Number (if availabl  | n about the customer respon   | sible for paying water/sewer bills at this premis  |   |
| Residen<br>Customer I<br>(Please provide<br>(6) Account<br>(7) Name:  | ce: ()<br>Billing Informatio<br>the following informatio<br>t Number (if availabl<br>Business:<br>Individual:  | n about the customer respon e):   | sible for paying water/sewer bills at this premis  | ж.)<br>   |
| Residen<br>Customer I<br>(Please provide<br>(6) Account<br>(7) Name:  | ce: ()<br>Billing Informatio<br>the following informatio<br>t Number (if available<br>Business:<br>Individual:<br>Address:<br>Street   | n about the customer respon e): (Last Name)   | sible for paying water/sewer bills at this premis  | ж.)<br>   |
| Residen<br>Customer I<br>(Please provide<br>(6) Account<br>(7) Name:<br>(8) Mailing   | ce: ()<br>Billing Informatio<br>the following informatio<br>t Number (if available<br>Business:<br>Individual:<br>Address:<br>Street<br>City   | n about the customer respon e): (Last Name)   | sible for paying water/sewer bills at this premis  | ж.)<br>~<br>(MI)  |
| Residen<br>Customer I<br>(Please provide<br>(6) Account<br>(7) Name:<br>(8) Mailing   | ce: ()<br>Billing Informatio<br>the following informatio<br>t Number (if available<br>Business:<br>Individual:<br>Address:<br>Street<br>City   | n about the customer respon e): (Last Name)   | sible for paying water/sewer bills at this premis  | e.)<br>~<br>(MI)  |
| Residen<br>Customer I<br>(Please provide<br>(6) Account<br>(7) Name:<br>(8) Mailing<br>(9) Relation<br>Owner's A<br>(The property o<br>"Delinquer               | ce: ()<br>Billing Informatio<br>the following informatio<br>the following informatio<br>t Number (if available<br>Business:<br>Individual:<br>Address:<br>Street<br>City<br>nship of Customer to<br>pproval:<br>wher must approve some<br>ncy" actions which may u   | n about the customer respon e): (Last Name) co this premise (Check one as a customer at this pro- | sible for paying water/sewer bills at this premis  | e.) (MI) Tenant:  |
| Residen<br>Customer I<br>(Please provide<br>(6) Account<br>(7) Name:<br>(8) Mailing<br>(9) Relation<br>Owner's A<br>(The property o<br>"Delinquer<br>(10) Owner | ce: ()<br>Billing Informatio<br>the following informatio<br>the following informatio<br>the following informatio<br>the following informatio<br>Business:<br>Individual:<br>Address:<br>Street<br>City<br>aship of Customer the<br>pproval:<br>wher must approve some<br>may actions which may the<br>'s EIN OR SSN: | n about the customer response<br>e):  | sible for paying water/sewer bills at this premis  | e.) (MI) Tenant:  |
| Residen Customer I (Please provide (6) Account (7) Name: (8) Mailing (9) Relation (9) Relation Owner's A (The property o "Delinquer (10) Owner (11)             | ce: ()<br>Billing Informatio<br>the following informatio<br>the following informatio<br>the following informatio<br>the following informatio<br>Business:<br>Individual:<br>Address:<br>Street<br>City<br>aship of Customer the<br>pproval:<br>wher must approve some<br>may actions which may the<br>'s EIN OR SSN: | n about the customer respon<br>e):  | sible for paying water/sewer bills at this premis  | e.) (MI) Tenant:  |
| Residen Customer I (Please provide (6) Account (7) Name: (8) Mailing (9) Relation (9) Relation (9) Relation (10) Owner (11) (Print nar (12)                     | ce: ()<br>Billing Informatio<br>the following informatio<br>t Number (if available<br>Business:<br>Individual:<br>Address:<br>Street<br>City<br>aship of Customer to<br>pproval:<br>wner must approve some<br>new? actions which may to<br>'s EIN OR SSN:<br>ne and title if applicable)                             | n about the customer respon<br>e):  | sible for paying water/sewer bills at this premis  | e.) (MI) Tenant: ater/sewer bills will initiate tien sale.) |