



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.

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GRANTOR V Name

 Grantor is a(n): □ individual □ partnership (must complete Schedule 3) (check one) □ corporation □ other 	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					
 Grantee is a(n): □ individual □ partnership (must complete Schedule 3) (check one) □ corporation □ other 	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 Floors	Square Feet	 Assessed Value of Property

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

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. b. c. d. e. f. g. 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. n. o. p. q. 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. j. k. 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. u. 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 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.	
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.	
	TOTAL CONSIDERATION (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 ue (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 - EMPLOYER IDENTIFICATION NUMBER - SOCIAL SECURITY NUMBER - OR - OR
PERMANENT MAILING ADDRESS AFTER TRANSFER CITY AND STATE NAME PERMANENT MAILING ADDRESS AFTER TRANSFER		- OR - EMPLOYER IDENTIFICATION NUMBER - SOCIAL SECURITY NUMBER - OR - 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 IDENTIFICATION NUMBER OR	SOCIAL SECURITY NUMBER	-	

GRANTEE'S ATTORNEY

Name of Attorney		Telephone Number	
		()	
Address (number and street)	City and State		Zip Code
IDENTIFICATION – OR	SOCIAL SECURITY 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 SOCIAL SECURITY NUMBER	before me on this day	EMPLOYER IDENTIFICATION NUMBER OR 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 stamp or seal		Notany's stamp or seal	
		GRANTEE: To ensure that your property and water/ must complete the Registration forms in can also be obtained by calling the Deps	cluded in this packet. Owner's Registration Cards

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FINANCE NEW • YORK THE CITY OF NEW YORK DEPARTMENT OF PRAVICE	

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 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) ▼ Bank/Lender □ Owner □ Tenant □ Agent □
Owner Tenant Agent I 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 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. BOCIAL BECURITY NUMBER 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 Department of Environmental Prote reau of Customer and Conservation 59-17 Junction Boulevard	
	RTMENT OF NTAL PROTECTION	Customer	Corona, NY 11368-5107 Registration Form for Water and	d Sewer Billing
× •	wner Information 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 ce: ()	er: 	Business: ()	
Residen Customer l	ce: () Billing Informatio	 	Business: () sible for paying water/sewer bills at this premis	
Residen Customer I (Please provide	ce: () Billing Informatio the following informatio t Number (if availabl	 	sible for paying water/sewer bills at this premis	
Residen Customer I (Please provide	ce: () Billing Informatio the following informatio t Number (if available Business:	n about the customer respon	sible for paying water/sewer bills at this premis	
Residen Customer I (Please provide (6) Account	ce: () Billing Informatio the following informatio t Number (if availabl	n about the customer respon	sible for paying water/sewer bills at this premis	
Residen Customer I (Please provide (6) Account (7) Name:	ce: () Billing Informatio the following informatio t Number (if availabl Business: Individual:	n about the customer respon e):	sible for paying water/sewer bills at this premis	ж.)
Residen Customer I (Please provide (6) Account (7) Name:	ce: () Billing Informatio the following informatio t Number (if available Business: Individual: Address: Street	n about the customer respon e): (Last Name)	sible for paying water/sewer bills at this premis	ж.)
Residen Customer I (Please provide (6) Account (7) Name: (8) Mailing	ce: () Billing Informatio the following informatio t Number (if available Business: Individual: Address: Street City	n about the customer respon e): (Last Name)	sible for paying water/sewer bills at this premis	ж.) ~ (MI)
Residen Customer I (Please provide (6) Account (7) Name: (8) Mailing	ce: () Billing Informatio the following informatio t Number (if available Business: Individual: Address: Street City	n about the customer respon e): (Last Name)	sible for paying water/sewer bills at this premis	e.) ~ (MI)
Residen Customer I (Please provide (6) Account (7) Name: (8) Mailing (9) Relation Owner's A (The property o "Delinquer	ce: () Billing Informatio the following informatio the following informatio t Number (if available Business: Individual: Address: Street City nship of Customer to pproval: wher must approve some 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 Customer I (Please provide (6) Account (7) Name: (8) Mailing (9) Relation Owner's A (The property o "Delinquer (10) Owner	ce: () Billing Informatio the following informatio the following informatio the following informatio the following informatio Business: Individual: Address: Street City aship of Customer the pproval: wher must approve some may actions which may the 's EIN OR SSN:	n about the customer response 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: () Billing Informatio the following informatio the following informatio the following informatio the following informatio Business: Individual: Address: Street City aship of Customer the pproval: wher must approve some may actions which may the 's EIN OR SSN:	n about the customer respon 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: () Billing Informatio the following informatio t Number (if available Business: Individual: Address: Street City aship of Customer to pproval: wner must approve some new? actions which may to 's EIN OR SSN: ne and title if applicable)	n about the customer respon e):	sible for paying water/sewer bills at this premis	e.) (MI) Tenant: ater/sewer bills will initiate tien sale.)