



**FINANCE**  
**NEW YORK**  
THE CITY OF NEW YORK  
DEPARTMENT OF FINANCE

# NYC RPT

## 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.



**GRANTOR** ▼

● Name \_\_\_\_\_

● Grantor is a(n):  individual  partnership (must complete Schedule 3) Telephone Number \_\_\_\_\_  
(check one)  corporation  other \_\_\_\_\_

● Permanent mailing address after transfer (number and street) \_\_\_\_\_

● City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

● EMPLOYER IDENTIFICATION NUMBER \_\_\_\_\_ OR ● SOCIAL SECURITY NUMBER \_\_\_\_\_

**GRANTEE** ▼

● Name \_\_\_\_\_

● Grantee is a(n):  individual  partnership (must complete Schedule 3) Telephone Number \_\_\_\_\_  
(check one)  corporation  other \_\_\_\_\_

● Permanent mailing address after transfer (number and street) \_\_\_\_\_

● City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

● EMPLOYER IDENTIFICATION NUMBER \_\_\_\_\_ OR ● SOCIAL SECURITY NUMBER \_\_\_\_\_

DO NOT WRITE IN THIS SPACE  
FOR OFFICE USE ONLY

● RETURN NUMBER ▲ \_\_\_\_\_

● DEED SERIAL NUMBER ▲ \_\_\_\_\_

● NYS REAL ESTATE TRANSFER TAX PAID ▲ \_\_\_\_\_

**PROPERTY LOCATION** ▼

LIST EACH LOT SEPARATELY. ATTACH A RIDER IF ADDITIONAL SPACE IS REQUIRED

● Address (number and street)	Apt. No.	Borough	Block	Lot	# of Floors	Square Feet	● Assessed Value of Property

● DATE OF TRANSFER TO GRANTEE: \_\_\_\_\_ ● PERCENTAGE OF INTEREST TRANSFERRED: \_\_\_\_\_ %

**CONDITION OF TRANSFER** ▼ See Instructions

● Check (✓) all of the conditions that apply and fill out the appropriate schedules on pages 5-11 of this return. Additionally, Schedules 1 and 2 **must** be completed for all transfers.

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

**● TYPE OF PROPERTY (✓)**

a.  ..... 1-3 family house

b.  ..... Individual residential condominium unit

c.  ..... Individual cooperative apartment

d.  ..... Commercial condominium unit

e.  ..... Commercial cooperative

f.  ..... Apartment building

g.  ..... Office building

h.  ..... Industrial building

i.  ..... Utility

j.  ..... OTHER. (describe): \_\_\_\_\_

**● TYPE OF INTEREST (✓)**

Check box at LEFT if you intend to record a document related to this transfer. Check box at RIGHT if you do not intend to record a document related to this transfer.

REC.		NON REC.
a. <input type="checkbox"/>	..... Fee .....	<input type="checkbox"/>
b. <input type="checkbox"/>	..... Leasehold Grant .....	<input type="checkbox"/>
c. <input type="checkbox"/>	..... Leasehold Assignment or Surrender .....	<input type="checkbox"/>
d. <input type="checkbox"/>	..... Easement .....	<input type="checkbox"/>
e. <input type="checkbox"/>	..... Development Rights .....	<input type="checkbox"/>
f. <input type="checkbox"/>	..... Stock .....	<input type="checkbox"/>
g. <input type="checkbox"/>	..... Partnership Interest .....	<input type="checkbox"/>
h. <input type="checkbox"/>	..... OTHER. (describe): .....	<input type="checkbox"/>

**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 THE 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. Other (describe):.....	● 10.		
11. <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 ▼**

A. <b>Payment</b>	Pay amount shown on line 14 - See Instructions	Payment Enclosed
1. Total Consideration (from line 11, above).....	● 1.	
2. Excludable liens (see instructions).....	● 2.	
3. Consideration (Line 1 less line 2).....	● 3.	
4. Tax Rate (see instructions).....	● 4.	%
5. Percentage change in beneficial ownership (see instructions) .....	● 5.	%
6. Taxable consideration (multiply line 3 by line 5) .....	● 6.	
7. Tax (multiply line 6 by line 4) .....	● 7.	
8. Credit (see instructions).....	● 8.	
9. Tax due (line 7 less line 8) (if the result is negative, enter zero).....	● 9.	
10. Interest (see instructions).....	● 10.	
11. Penalty (see instructions).....	● 11.	
12. Total tax due (add lines 9, 10 and 11) .....	● 12.	
13. Filing Fee .....	● 13.	<b>5000</b>
14. <b>Total Remittance Due</b> (line 12 plus line 13).....	● 14.	

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.

GRANTOR(S)/PARTNER(S)

NAME
PERMANENT MAILING ADDRESS AFTER TRANSFER
CITY AND STATE ZIP CODE

SOCIAL SECURITY NUMBER
OR
EMPLOYER IDENTIFICATION NUMBER

NAME
PERMANENT MAILING ADDRESS AFTER TRANSFER
CITY AND STATE ZIP CODE

SOCIAL SECURITY NUMBER
OR
EMPLOYER IDENTIFICATION NUMBER

NAME
PERMANENT MAILING ADDRESS AFTER TRANSFER
CITY AND STATE ZIP CODE

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EMPLOYER IDENTIFICATION NUMBER

NAME
PERMANENT MAILING ADDRESS AFTER TRANSFER
CITY AND STATE ZIP CODE

SOCIAL SECURITY NUMBER
OR
EMPLOYER IDENTIFICATION NUMBER

GRANTEE(S)/PARTNER(S)

NAME
PERMANENT MAILING ADDRESS AFTER TRANSFER
CITY AND STATE ZIP CODE

SOCIAL SECURITY NUMBER
OR
EMPLOYER IDENTIFICATION NUMBER

NAME
PERMANENT MAILING ADDRESS AFTER TRANSFER
CITY AND STATE ZIP CODE

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NAME
PERMANENT MAILING ADDRESS AFTER TRANSFER
CITY AND STATE ZIP CODE

SOCIAL SECURITY NUMBER
OR
EMPLOYER IDENTIFICATION NUMBER

**GRANTOR'S ATTORNEY ▼**

Name of Attorney		Telephone Number (    )    (    )	
Address (number and street)		City and State	Zip Code
EMPLOYER IDENTIFICATION NUMBER	-	<b>OR</b>	SOCIAL SECURITY NUMBER

**GRANTEE'S ATTORNEY ▼**

Name of Attorney		Telephone Number (    )    (    )	
Address (number and street)		City and State	Zip Code
EMPLOYER IDENTIFICATION NUMBER	-	<b>OR</b>	SOCIAL SECURITY NUMBER

**CERTIFICATION ▼**

I swear or affirm that this return, including any accompanying schedules, affidavits and attachments, has been examined by me and is, to the best of my knowledge, a true and complete return made in good faith, pursuant to Title 11, Chapter 21 of the Administrative Code and the regulations issued thereunder.

**GRANTOR**

**GRANTEE**

**S**worn to and subscribed to

before me on this \_\_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_.

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Signature of Notary

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Signature of Grantor

**S**worn to and subscribed to

before me on this \_\_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_.

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Signature of Notary

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Signature of Grantee

Notary's stamp or seal

Notary's stamp or seal

**GRANTEE:** To ensure that your property and water/sewer tax bills are sent to the proper address you must complete the Registration forms included in this packet. Owner's Registration Cards can also be obtained by calling the Department of Finance at (718) 935-9500.





The City of New York  
 Department of Environmental Protection  
 Bureau of Customer and Conservation Services  
 59-17 Junction Boulevard  
 Corona, NY 11368-5107  
**Customer Registration Form for Water and Sewer Billing**

**Property Owner Information**

(1) Property is located in the borough of: \_\_\_\_\_

Block:      Lot:

Meter # (if available):

(2) Service Address: \_\_\_\_\_ (3) Mailing Address (if different from Service Address)  
 Street \_\_\_\_\_  
 City \_\_\_\_\_  
 State, Zip \_\_\_\_\_, \_\_\_\_\_ - \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ - \_\_\_\_\_

(4) Owner's Name: Business: \_\_\_\_\_ OR  
 Individual: \_\_\_\_\_  
(Last Name) (First Name) (MI)

(5) Owner's Telephone Number:  
 Residence: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Customer Billing Information**

(Please provide the following information about the customer responsible for paying water/sewer bills at this premise.)

(6) Account Number (if available): \_\_\_\_\_

(7) Name: Business: \_\_\_\_\_  
 Individual: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Last Name) (First Name) (MI)

(8) Mailing Address:  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(9) Relationship of Customer to this premise (Check one) Agent: \_\_\_\_\_ Owner: \_\_\_\_\_ Tenant: \_\_\_\_\_

**Owner's Approval:**

(The property owner must approve someone as a customer at this property. The failure by a Customer to pay the water/sewer bills will initiate "Delinquency" actions which may ultimately result in the property being taken over by the City or placed in a lien sale.)

(10) Owner's EIN OR SSN: \_\_\_\_\_

(11) \_\_\_\_\_  
(Print name and title if applicable)

(12) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Signature) (Date)