



# OWNER'S REGISTRATION CARD

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

FOR OFFICE USE ONLY

**ONLY ONE (1) PROPERTY (BLOCK AND LOT) MAY BE REGISTERED WITH THIS CARD. MAKE PHOTOCOPIES IF YOU ARE REGISTERING MORE THAN ONE PROPERTY.**  
Type or print in ink. Additional instructions appear on the reverse side of this card.

**PROPERTY OWNER'S INFORMATION (FOR GENERAL CORRESPONDENCE)**

1. Borough the property is in: \_\_\_\_\_ Block: [ ] [ ] [ ] [ ] [ ] Lot: [ ] [ ] [ ] [ ]  
Owner's name - Fill either 2a or 2b only ▼

Individual Owner FIRST M. I. LAST

2a. Business Owner

2b. Owner's Residence or Company's Business Address

City State Zip Code

3. Property Address City State Zip Code

4. If the property has more than one owner, check this box and see instructions →

6. Owner's Tax Identification Number: SSN (if owner is an individual or trust) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] or EIN (if owner is a corporation or partnership) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

7. Indicate owner's daytime telephone number: ( ) \_\_\_\_\_

**BILLING INFORMATION - REAL ESTATE TAX BILLS**

IF YOUR MORTGAGE PAYMENTS INCLUDE YOUR REAL ESTATE TAXES, FILL IN THE NAME AND ADDRESS OF YOUR BANK/LENDER 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.

8. Indicate to whom Real Estate Tax bills should be mailed (Check one) ▼

Bank/Lender  Owner  Tenant  Agent

If "TENANT" or "AGENT" is checked provide either Social Security Number or Employer Identification Number, whichever is applicable.

SSN → [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] or EIN → [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

9. Name of Real Estate Tax Bill Recipient Address City State Zip Code

Have you recently paid off your mortgage? (✓) .....  Yes .....  No

**BILLING INFORMATION - SPECIAL ASSESSMENT BILLS**

INDICATE TO WHOM SPECIAL ASSESSMENT BILLS SHOULD BE MAILED. (SEE INSTRUCTIONS FOR LINE 10)

10. TYPE OF SPECIAL ASSESSMENT BILL:

Name of Recipient Address City State Zip Code

Relationship of addressee to property (Check ✓ one) ▼

Owner  Tenant  Agent

If "TENANT" is checked provide either Social Security Number or Employer Identification Number, whichever is applicable.

SSN → [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] EIN → [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

TYPE OF SPECIAL ASSESSMENT BILL:

Name of Recipient Address City State Zip Code

Relationship of addressee to property (Check one) ▼

Owner  Tenant  Agent

If "TENANT" is checked provide either Social Security Number or Employer Identification Number, whichever is applicable.

SSN → [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] EIN → [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

NOTE: Water and Sewer Charge registration requires a different form. Contact the Bureau of Water and Energy Conservation at (718) 595-7000.

11. Signature of owner or corporate officer (required by statute) 12. Date / /

If you need assistance in completing this form, please call Taxpayer Assistance at (718) 935-9500. Si usted necesita recibir asistencia en Español para llenar este formulario, llame al (718) 935-9500 y solicite un Representante que hable Español.

**- INSTRUCTIONS FOR COMPLETING OWNER'S REGISTRATION CARD -**

**LINE 1**  
Enter the borough in which the property is located and the block and lot numbers of the property. Only one property (block and lot) may be registered with this card. Make photocopies if you want to register more than one property.

**LINE 2A**  
Enter the full name of the owner if the property is owned by an individual. Please **DO NOT** abbreviate. If the property has more than one owner, see instructions for line 5.

**LINE 2B**  
Enter the name of the owner if the property is owned by a business entity. If the property has more than one owner, see instructions for line 5.

**LINE 3**  
Enter the address of the owner. (Please note that the address at which the owner lives, or at which the company is located, is not necessarily the property address itself.)

**LINE 4**  
Enter the actual address of the property.

**LINE 5**  
Check the box if the property has more than one owner, and attach an additional sheet with the name, address and EIN/SSN of the other owner(s). Include the property block and lot number.

**LINE 6**  
Enter the owner's Social Security Number, or if the owner is a corporation or partnership, enter the Employer Identification Number. This is required by Section 11-102.1 of the New York City Administrative Code and will be used for tax compliance purposes. This will be used for tax compliance purposes. (The same is true of the tenant and agent identification number information requested for real estate and assessment bills.)

**LINE 7**  
In order that we may provide you with better service, please provide a telephone number at which you can be reached during normal business hours.

**IMPORTANT**

If your mortgage payments include your real estate taxes, fill in the name and address of your bank/lender in the space provided on line 9. If not, fill in the address to which you are choosing to have real estate tax bills sent.

**LINE 8**  
Check the box next to the appropriate relationship. For example, if bills are to be sent to your bank/lender, check the box which is marked "Bank/Lender."

**LINE 9**  
Enter the name and address to which you would like Real Estate Tax bills mailed.

**LINE 10**  
Special Assessment bills are for items such as Sidewalk Assessment, Mall Maintenance and Boiler and Elevator Inspection Charges. In most cases the owner should register to receive these bills. Enter the name and address to which Special Assessment bills should be sent.

**LINE 11**  
The owner or corporate officer **must** sign the Registration Card in order for it to be valid.

**LINE 12**  
Indicate the date signed.

The law provides that senior citizens and handicapped taxpayers may designate someone to receive duplicate tax bills. If you are interested, contact Taxpayer Assistance at (718) 935-9500 and ask for a third party notification form.

IF YOU NEED FURTHER ASSISTANCE IN COMPLETING THIS FORM, PLEASE CALL (718) 935-6153 OR 935-9500.

SI USTED NECESITA RECIBIR ASISTENCIA EN ESPANOL PARA LLENAR ESTO FORMULARIO, LLAME (718) 935-9500.