

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 V							
	Name							
•	Grantor is a(n): individual partnership (must comple (check one) corporation of other)	Telephone Number			DO NOT WRI	TE IN THIS SPACE
•	Permanent mailing address <u>after</u> transfer (number and street)						FOR OFF	ICE USE ONLY
•	City and State			Zip Code				
•	EMPLOYER IDENTIFICATION NUMBER	● SOCIA	AL SECURITY NUME	ER				
	- (OR	_	-		•	RETURN NUMBER	A
	GRANTEE ▼							
	Name							
	Grantee is a(n): ☐ individual ☐ partnership (must comple (check one) ☐ corporation ☐ other)	Telephone Number				
•	Permanent mailing address <u>after</u> transfer (number and street)		'				DEED SERIAL NUM	IBER ▲
•	City and State			Zip Code				
_	EMPLOYER IDENTIFICATION NUMBER	0001	AL SECURITY NUME	IFD.				
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	PROPERTY LOCATION Y						NYS REAL ESTATE	TRANSFER TAX PAID A
	PROPERTY LOCATION Y	LOT SEPARA		A RIDER IF ADDITIONAL	I		Square	▲ Assessed Value
	PROPERTY LOCATION V	LOT SEPARA	TELY. ATTACH Borough	A RIDER IF ADDITIONAL Block	SPACE IS REQU	IRED		
	PROPERTY LOCATION V	LOT SEPARA		1	I	IRED # of	Square	▲ Assessed Value
	PROPERTY LOCATION V	LOT SEPARA		1	I	IRED # of	Square	▲ Assessed Value
	PROPERTY LOCATION V	LOT SEPARA		1	I	IRED # of	Square	▲ Assessed Value
	PROPERTY LOCATION V LIST EACH Address (number and street)	LOT SEPARA		Block	Lot	# of Floors	Square Feet	Assessed Value of Property
	PROPERTY LOCATION V LIST EACH Address (number and street) Date of transfer to grantee:	LOT SEPARA Apt. No.	Borough	Block PERCENTAGE	Lot	# of Floors	Square Feet	▲ Assessed Value
	PROPERTY LOCATION V LIST EACH Address (number and street)	LOT SEPARA Apt. No.	Borough	Block PERCENTAGE	Lot	# of Floors	Square Feet	Assessed Value of Property
	PROPERTY LOCATION V LIST EACH Address (number and street) Date of transfer to grantee:	LOT SEPARA Apt. No.	Borough	● PERCENTAGE	Lot OF INTEREST	# of Floors	Square Feet	Assessed Value of Property %
a.	PROPERTY LOCATION V LIST EACH Address (number and street) DATE OF TRANSFER TO GRANTEE: CONDITION OF TRANSFER V	LOT SEPARA Apt. No.	Borough	PERCENTAGE ons ges 5-11 of this return	Lot OF INTEREST	# of Floors TRANSFE	Square Feet	Assessed Value of Property %
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orm NYC-RPT	Pag
● TYPE OF PROPERTY (✓)	● TYPE OF INTEREST (✓)
a.	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. Fee
SCHEDULE 1 - DETAILS OF CONSIDE	ERATION 7
COMPLETE THIS SCHEDULE FOR ALL TRANSFERS AFTER COMPL THE TRANSFER REPORTED WAS WITHOUT CONSIDERATION.	eting the appropriate schedules on pages $f 5$ through $f 11.$ enter "zero" on line $f 11$ i
. Cash	• 1.
Purchase money mortgage	2.
Unpaid principal of pre-existing mortgage(s)	
Accrued interest on pre-existing mortgage(s)	
. Accrued real estate taxes	
Amounts of other liens on property	
. Value of shares of stock or of partnership interest reco	eived 7.
s. Value of real or personal property received in exchang	ge• 8.
Amount of Real Property Transfer Tax and/or other ta are paid by the grantee	axes or expenses of the grantor which 9.
D. Other (describe):	● 10.
. TOTAL CONSIDERATION (add lines 1 through 10 - r of Schedule 2) (see instructions)	
	lating to transfers of cooperative units, liquidations, marital ty to a business entity in return for an interest in the entity.
SCHEDULE 2 - COMPUTATION OF T	AX Y
. Payment Pay amount shown on line 14	- See Instructions
Total Consideration (from line 11, above)	● 1.
Excludable liens (see instructions)	
Consideration (Line 1 less line 2)	
Tax Rate (see instructions)	
Percentage change in beneficial ownership (see instru	2/
- Coordage change in perferible ewilerally (366 1/131)	

Α.	Payment	Pay amount shown on line 14 - See Instructions		,	
1	Total Consideration	(from line 11, above)	1.		
2.	Excludable liens (se	ee instructions)	2.		
3.	Consideration (Line	1 less line 2)	3.		
4.	Tax Rate (see instru	uctions)	4.		%
5.		in beneficial ownership (see instructions)	5.		%
6.	Taxable considerati	on (multiply line 3 by line 5)	6.		
7.	Tax (multiply line 6	by line 4)	7.		
8.	Credit (see instructi	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	ines 9, 10 and 11)	12.		
13.	Filing Fee		13.	25	00
		Due (line 12 plus line 13)	14.		

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NOTE If additional space is needed, attach copies of this	schedule or an addendum listing	g all of the information required below.
CR	ANTOR(S)/PARTNER(S)	
	ANTOR(3)/PARTNER(3)	
NAME		SOCIAL SECURITY NUMBER
PERMANENT MAILING ADDRESS AFTER TRANSFER		OR
	T	EMPLOYER IDENTIFICATION NUMBER
CITY AND STATE	ZIP CODE	
NAME		SOCIAL SECURITY NUMBER
PERMANENT MAILING ADDRESS AFTER TRANSFER		
		OR
CITY AND STATE	ZIP CODE	EMPLOYER IDENTIFICATION NUMBER
NAME		SOCIAL SECURITY NUMBER
PERMANENT MAILING ADDRESS AFTER TRANSFER		OR
CITY AND STATE	ZIP CODE	EMPLOYER IDENTIFICATION NUMBER
CIT AND STATE	ZIP CODE	
NAME		SOCIAL SECURITY NUMBER
PERMANENT MAILING ADDRESS AFTER TRANSFER		
		OR
CITY AND STATE	ZIP CODE	EMPLOYER IDENTIFICATION NUMBER
		- -
GR.	ANTEE(S)/PARTNER(S)	
	ANTEE(S)/PARTNER(S)	SOCIAL SECURITY NUMBER
OR.	ANTEE(S)/PARTNER(S)	
	ANTEE(S)/PARTNER(S)	SOCIAL SECURITY NUMBER
NAME	ANTEE(S)/PARTNER(S)	OR
NAME	ANTEE(S)/PARTNER(S) ZIP CODE	
PERMANENT MAILING ADDRESS AFTER TRANSFER		OR
PERMANENT MAILING ADDRESS AFTER TRANSFER CITY AND STATE		OR EMPLOYER IDENTIFICATION NUMBER
PERMANENT MAILING ADDRESS AFTER TRANSFER		OR EMPLOYER IDENTIFICATION NUMBER SOCIAL SECURITY NUMBER
NAME PERMANENT MAILING ADDRESS AFTER TRANSFER CITY AND STATE NAME		OR EMPLOYER IDENTIFICATION NUMBER
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Form NYC-RPT

GRANTOR'S ATTORNEY Name of Attorney Telephone Number) Address (number and street) City and State Zip Code EMPLOYER SOCIAL OR IDENTIFICATION SECURITY NUMBER NUMBER Name of Attorney Telephone Number) Address (number and street) City and State Zip Code EMPLOYER SOCIAL OR IDENTIFICATION SECURITY NUMBER 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 Sworn to and subscribed to Sworn to and subscribed to EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER before me on this _____ day before me on this _____ day Name of Grantor Name of Grantee Signature of Notary Signature of Grantor Signature of Notary Signature of Grantee 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.

Agent Zip Code Agent Agent Zip Code Zip Code	City State City Relationship of addressee to property (Check V one) Owner Tenant Finant Finant	State State Zip Code Zip Code
A SEES MENT BILLS (SEE INSTRUCTIONS FOR LINE 10)	BILLING INFORMATION - SPECIAL ASSESSMENT BILLS WIDICATE TO WHOM SPECIAL ASSESSMENT BILLS SHOULD BE MAILED. (SEE INSTRUCTIONS FOR LIME 10) [1] TYPE OF SPECIAL ASSESSMENT BILL:	1. Borough the property is in:, Block: Lot:
FOR OFFICE USE ONLY -	REGISTRATION FORM RATION 25 ELM PLACE, 3RD FLOOR BROOKLYN, NY 11201 COPIES IF YOU ARE REGISTERING MORE THAN ONE PROPERTY. In the reverse side of this form.	FINANCE NEW • YORK THE CITY OF HEW 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. Type or print in ink. Additional instructions appear on the reverse side of this form.

THE CITY OF NEW YORK



DEPARTMENT OF ENVIRONMENTAL PROTECTION

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: Lot:	
Meter # (if available):	ם
(2) Service Address: (3) Mailing Addres Street City	S (if different from Service Address)
•	.,
(4) Owner's Name: Business:	
Individual:(Last Name) (First Name)	(MI)
(5) Owner's Telephone Number: Residence: (<u> </u>
Customer Billing Information (Please provide the following information about the customer responsible for paying water/sewer bills a	at this premise.)
(6) Account Number (if available):	
Individual: (Last Name) - (First Name)	(MI)
(8) Mailing Address: Street	
City State Zip	
(9) Relationship of Customer to this premise (Check one) Agent: Ow	vner: Tenant:
Owner's Approval: (The property owner must approve someone as a customer at this property. The failure by a Customer a "Delinquency" actions which may ultimately result in the property being taken over by the City or	to pay the water/sewer bills will initiate placed in a lien sale.)
(10) Owner's EIN OR SSN:	
(11)	
(Print name and title if applicable)	
(12)	(Date)
	(Patt)