AFFIDAVIT OF COMPLIANCE WITH SMOKE DETECTOR REQUIREMENT FOR ONE-AND TWO-FAMILY DWELLINGS

State of New York)				
) SS.:				
County of)				
The unders	igned, being duly sw	vorn, depose and say	under per	nalty of perjury that	they are the grantor and
		Street Address			Unit/Apt.
		New Yo	rk,		(the "Premises")
	Borough		,	Block	Lot
and that installed in the of Subchapter 17 of Cl	e Premises is an appro- napter 1 of Title 27 of take affidavit in comple	oved and operational sr the Administrative Co iance with New York	noke detect de of the Ci City Admin	ing device in complian ty of New York concer	in a one- or two-family dwellin ice with the provisions of Article rning smoke detecting devices; 11-2105 (g). (The signatures of
Name of	Grantor (Type or Prin	nt)		Name of Grantee	(Type or Print)
Sign	nature of Grantor			Signature of	Grantee
Sworn to before me				before me	
this date of	·	20	this	date of	20
			I		

These statements are made with the knowledge that a willfully false representation is unlawful and is punishable as a crime of perjury under Article 210 of the Penal Law.

NEW YORK CITY REAL PROPERTY TRANSFER TAX RETURNS FILED ON OR AFTER FEBRUARY 6TH, 1990, WITH RESPECT TO THE CONVEYANCE OF A ONE- OR TWO-FAMILY DWELLING, OR A COOPERATIVE APARTMENT OR A CONDOMINIUM UNIT IN A ONE- OR TWO-FAMILY DWELLING, WILL NOT BE ACCEPTED FOR FILING UNLESS ACCOMPANIED BY THIS AFFIDAVIT.



N Y C 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						
(check one)	ship (must complete Schedule 3)	Telephone N	umber		DO NOT WR	ITE IN THIS SPACE
Permanent mailing address <u>after</u> transfer (num		1				TICE USE ONLY ▼
• City and State		Zip Code				
				-		
EMPLOYER IDENTIFICATION NUMBER	• SOCIAL SECURITY N OR	шмвек 			• RETURN NUMBI	ER ▲
GRANTEE ▼						
• Name						
(check one)	ship (must complete Schedule 3)	Telephone No	umber			
Permanent mailing address after transfer (num					• DEED SERIAL N	UMBER ▲
• City and State		Zip Code				
EMPLOYER IDENTIFICATION NUMBER	SOCIAL SECURITY	/ NUMBER				
	OR				• NYS REAL ESTAT	TE TRANSFER TAX PAID 🛦
PROPERTY LOCATION ▼						
	LIST EACH LOT SEPARATELY, ATTACH A	A RIDER IF ADDITIO	NAL SPACE IS REQUI		l g	1371
• Address (number and street)	Apt. Borough	A RIDER IF ADDITIO	NAL SPACE IS REQUI	# of Floors	Square Feet	Assessed Value of Property
	Apt. Rorough	I	_	# of	_ <u>*</u>	
	Apt. Rorough	I	_	# of	_ <u>*</u>	
	Apt. Rorough	I	_	# of	_ <u>*</u>	
• Address (number and street)	Apt. Rorough	Block	Lot	# of Floors	Feet	of Property
Address (number and street) DATE OF TRANSFER TO GRANTEE:	Apt. Borough	Block	_	# of Floors	Feet	
Address (number and street) Date of transfer to grantee: CONDITION OF TRANSFER	Apt. Borough No. Borough	Block PERCEN	Lot NTAGE OF INTER	# of Floors	Feet NSFERRED:	of Property
Address (number and street) Date of transfer to grantee: CONDITION OF TRANSFER	Apt. Borough No. Borough	Block PERCEN	Lot NTAGE OF INTER	# of Floors	Feet NSFERRED:	of Property
Address (number and street) DATE OF TRANSFER TO GRANTEE: CONDITION OF TRANSFER Check () all of the conditions that apply and fill	Apt. Borough No. Borough	Block PERCEN	Lot NTAGE OF INTER	# of Floors	Feet NSFERRED: les 1 and 2 must be	of Property
	Apt. Borough No. Borough V SEE INSTRUCTIONS out the appropriate schedules on pa	Block PERCEN ages 5-11 of this mTran	Lot NTAGE OF INTER	# of Floors	Feet NSFERRED: les 1 and 2 must be	of Property
	Apt. Borough No. Borough V SEE INSTRUCTIONS out the appropriate schedules on parameters are schedules on parameters.	Block PERCEI nges 5-11 of this i m. \(\sqrt{\cdots}\)Tran n. \(\sqrt{\cdots}\)Tran o. \(\sqrt{\cdots}\)Tran	NTAGE OF INTER return. Additionall sfer to a government of the deed sfer by or to a tax	# of Floors EEST TRA y, Schedu mental boox exempt	NSFERRED:les 1 and 2 must be dy organization (com	of Property
	Apt. Borough No. Borough V SEE INSTRUCTIONS out the appropriate schedules on parameters are schedules on parameters. Schedule A, page 5)	Block PERCEN nges 5-11 of this m. m. Cran n. Cran p. Tran	NTAGE OF INTER return. Additionall sfer to a government of the section deed sfer by or to a tall sfer of property proper	# of Floors EEST TRA y, Schedu mental boox exempt oartly with	NSFERRED:	of Property
● Address (number and street) ■ DATE OF TRANSFER TO GRANTEE: CONDITION OF TRANSFER ● Check (✔) all of the conditions that apply and fill □Arms length transfer □Transfer in exercise of option to purchase □Transfer from cooperative sponsor to coop □Transfer by referee or receiver (complete Second complete Second comple	Apt. Borough No. Borough V SEE INSTRUCTIONS out the appropriate schedules on particle appropriate schedul	Block PERCEN ages 5-11 of this in the control of	NTAGE OF INTER return. Additionall sfer to a government of the step of the step of the step of successful st	# of Floors EEST TRA y, Schedu mental boox exempt opartly wit I bid purs	NSFERRED:	of Property % completed for all transfers. plete Schedule G, page 8) out NYC
● Address (number and street) ■ DATE OF TRANSFER TO GRANTEE: CONDITION OF TRANSFER ● Check (✔) all of the conditions that apply and fill □Arms length transfer □Transfer in exercise of option to purchase □Transfer from cooperative sponsor to coope □Transfer by referee or receiver (complete Secondary Complete Secondary Complete Secondary Complete School	Apt. Borough No. Borough V SEE INSTRUCTIONS out the appropriate schedules on particle appropriate schedul	Block PERCEN ages 5-11 of this r m. \(\subseteq \text{Tran} \) n. \(\subseteq \text{Tran} \) p. \(\subseteq \text{Tran} \) q. \(\subseteq \text{Tran} \) r. \(\subseteq \text{Tran} \)	NTAGE OF INTER return. Additionall usfer to a government of a tau usfer by or to a tau usfer of property pusfer of successfu usfer by borrower	# of Floors EEST TRA y, Schedu mental boox exempt to partly with the partly with the partly as solely as solely as	NSFERRED:	of Property
● Address (number and street) ● DATE OF TRANSFER TO GRANTEE: CONDITION OF TRANSFER ● Check (✔) all of the conditions that apply and fill □Arms length transfer □Transfer in exercise of option to purchase □Transfer from cooperative sponsor to coop □Transfer by referee or receiver (complete School) □Transfer pursuant to marital settlement agr □Deed in lieu of foreclosure (complete School) □Transfer pursuant to liquidation of an entite □Transfer from principal to agent, dummy, so	Apt. Borough No. Borough V SEE INSTRUCTIONS out the appropriate schedules on particle appropriate schedul	Block PERCEN ages 5-11 of this n m. \(\sum_{}\) Corr o. \(\sum_{}\) Tran p. \(\sum_{}\) Tran q. \(\sum_{}\) Tran r. \(\sum_{}\) Tran solel s. \(\sum_{}\) Tran	NTAGE OF INTER return. Additionall sfer to a government of the state o	# of Floors EEST TRA y, Schedu mental boox exempt to partly with a bid pursuit solely as security artly exempt to the partly of the partly	NSFERRED:	of Property % completed for all transfers. plete Schedule G, page 8) out NYC
◆ Address (number and street) ◆ DATE OF TRANSFER TO GRANTEE: CONDITION OF TRANSFER ◆ Check () all of the conditions that apply and fill a. □Arms length transfer c. □Transfer in exercise of option to purchase c. □Transfer from cooperative sponsor to coope c. □Transfer pursuant to marital settlement agr c. □Transfer pursuant to ilquidation of an entit d. □Transfer pursuant to liquidation of an entit d. □Transfer from principal to agent, dummy, so vice-versa (complete Schedule E, page 7) □Transfer pursuant to trust agreement or with the complete Schedule E, page 7)	Apt. Borough No. Borough V SEE INSTRUCTIONS out the appropriate schedules on particle appropriate schedules	Block PERCEN ages 5-11 of this amount of the property of the	NTAGE OF INTER return. Additionall sfer to a government of the state	# of Floors EEST TRA y, Schedu mental boo x exempt boartly wit l bid purs solely as security urtly exen Schedule t to a corp	NSFERRED:	of Property
● Address (number and street) ● DATE OF TRANSFER TO GRANTEE: CONDITION OF TRANSFER ● Check (✔) all of the conditions that apply and fill aArms length transfer bTransfer in exercise of option to purchase cTransfer from cooperative sponsor to coope cTransfer by referee or receiver (complete Street) cTransfer pursuant to marital settlement agr cDeed in lieu of foreclosure (complete Schedule Inc.) mTransfer pursuant to liquidation of an entity mTransfer from principal to agent, dummy, so vice-versa (complete Schedule E, page 7) mTransfer pursuant to trust agreement or with agreement or will)	Apt. Borough No. Borough V SEE INSTRUCTIONS out the appropriate schedules on particle appropriate schedules	Block PERCEN m.	return. Additionall sfer to a government of a tauser of property paster of successfur sfer by borrower by to return such a sfer wholly or paster wholly or paster by complete sfer to a REIT on a plete Schedule F	# of Floors EEST TRA y, Schedu mental boo x exempt bartly with bid purs solely as security artly exen Schedule to a corp, pages 1	NSFERRED:	of Property
◆ Address (number and street) ◆ DATE OF TRANSFER TO GRANTEE: CONDITION OF TRANSFER ◆ Check () all of the conditions that apply and fill a. □Arms length transfer c. □Transfer in exercise of option to purchase c. □Transfer from cooperative sponsor to coope c. □Transfer pursuant to marital settlement agr c. □Transfer pursuant to ilquidation of an entit d. □Transfer pursuant to liquidation of an entit d. □Transfer from principal to agent, dummy, so vice-versa (complete Schedule E, page 7) □Transfer pursuant to trust agreement or with the complete Schedule E, page 7)	Apt. Borough No. Borough V SEE INSTRUCTIONS out the appropriate schedules on particle appropriate schedules	Block PERCEN m.	return. Additionall sfer to a government of a tauser of property paster of successfur sfer by borrower by to return such a sfer wholly or paster wholly or paster by complete sfer to a REIT on a plete Schedule F	# of Floors EEST TRA y, Schedu nental boox exempt bartly with bid purs solely as security artly exen Schedule to a corp. A, pages I nection with the property of the security of the security exen schedule to a corp. A pages I nection with the security of the security	reet NSFERRED: les 1 and 2 must be dy organization (compliant of the property of the proper	of Property

	TWING OF PROPERTY (. 1)	TYPE OF THE PROPERTY ()	
• ′	TYPE OF PROPERTY (✓)	• TYPE OF INTEREST (🗸)	
a.	□1-3 family house	Check box at LEFT if you intend to record a document related if you do not intend to record a document related to this tran	
b.	☐Individual residential condominium unit	REC.	NON REC.
c.	☐Individual cooperative apartment	a. 🗅Fee	П
d.	☐Commercial condominium unit	b. Leasehold Grant	
e.	□Commercial cooperative	c. Leasehold Assignment or Su	
f.	☐Apartment building	d. Easement	
g.	☐Office building	e. Development Rights	
h.	□Industrial building	f. \(\sigma\)Stock	
i.	□Utility	g. Partnership Interest	
j.	□OTHER. (Describe):	h. UOTHER. (Describe):	
		ii. GOTTLER. (Describe)	
SC	CHEDULE 1 - DETAILS OF CONSIDERATION	▼	
C	OMPLETE THIS SCHEDULE FOR ALL TRANSFERS AFTER O	COMPLETING THE APPROPRIATE SCHEDULES	ON PAGES 5 THROUGH 11.
	ENTER "ZERO" ON LINE 11 IF THE TRA	NSFER REPORTED WAS WITHOUT CONSIDERA	TION.
1.	Cash	• 1. T	
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		
8.			
9.	Amount of Real Property Transfer Tax and/or other taxes or earth		
	which are paid by the grantee	• 9.	
10.	Other (describe):	• 10.	
11.	TOTAL CONSIDERATION (add line 1 through 10 - must e		
	line 1 of Schedule 2) (see instructions)	• 11.	
	See instructions for special rules relating to transf	fore of accompative units liquidations monits	al cottlements and
	transfers of property to a busines	s entity in return for an interest in the entity	
90	CHEDULE 2 - COMPUTATION OF TAX ▼		
			Payment Enclosed —
Α.	Payment Pay amount shown on line 14 - Make check paya		T dymon Entroped
1.	, , , , , , , , , , , , , , , , , , , ,		
2.	Excludable liens (see instructions)	• 2.	
3.	Consideration (Line 1 less line 2)	······································	
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		
10.	Interest (see instructions)		
	Penalty (see instructions)		
11.			
12.	Total tax due (add lines 9, 10 and 11)		27.00
13.	Č		25.00
14.	Total Remittance Due (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)	/PARINER(S)	
NAME		SOCIAL SECURITY NUMBER
PERMANENT MAILING ADDRESS AFTER TRANSFER		OR EMPLOYER IDENTIFICATION NUMBER
CITY AND STATE	ZIP CODE	
NAME		SOCIAL SECURITY NUMBER
PERMANENT MAILING ADDRESS AFTER TRANSFER		OR
CITY AND STATE	ZIP CODE	
NAME		SOCIAL SECURITY NUMBER
PERMANENT MAILING ADDRESS AFTER TRANSFER		OR L
CITY AND STATE	ZIP CODE	EMPLOYER IDENTIFICATION NUMBER
CH I AND STATE	zii cobe	
NAME		SOCIAL SECURITY NUMBER
		SOCIAL SECURITY NUMBER
PERMANENT MAILING ADDRESS AFTER TRANSFER		OR
		EMPLOYER IDENTIFICATION NUMBER
CITY AND STATE	ZIP CODE	
GRANTEE(S)	PARTNER(S)	
NAME		SOCIAL SECURITY NUMBER
PERMANENT MAILING ADDRESS AFTER TRANSFER		OR EMPLOYER IDENTIFICATION NUMBER
CITY AND STATE	ZIP CODE	
NAME		
		SOCIAL SECURITY NUMBER
PERMANENT MAILING ADDRESS AFTER TRANSFER		SOCIAL SECURITY NUMBER OR
PERMANENT MAILING ADDRESS AFTER TRANSFER CITY AND STATE	ZIP CODE	SOCIAL SECURITY NUMBER
	ZIP CODE	SOCIAL SECURITY NUMBER OR
	ZIP CODE	SOCIAL SECURITY NUMBER OR
CITY AND STATE	ZIP CODE	SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER
CITY AND STATE	ZIP CODE	SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER SOCIAL SECURITY NUMBER OR
NAME PERMANENT MAILING ADDRESS AFTER TRANSFER		SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER SOCIAL SECURITY NUMBER
CITY AND STATE NAME	ZIP CODE	SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER SOCIAL SECURITY NUMBER OR
NAME PERMANENT MAILING ADDRESS AFTER TRANSFER CITY AND STATE		SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER
NAME PERMANENT MAILING ADDRESS AFTER TRANSFER		SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER SOCIAL SECURITY NUMBER OR
NAME PERMANENT MAILING ADDRESS AFTER TRANSFER CITY AND STATE		SOCIAL SECURITY NUMBER EMPLOYER IDENTIFICATION NUMBER SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER SOCIAL SECURITY NUMBER OR OR SOCIAL SECURITY NUMBER
NAME PERMANENT MAILING ADDRESS AFTER TRANSFER CITY AND STATE		SOCIAL SECURITY NUMBER EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER SOCIAL SECURITY NUMBER

	_				
GRANTOR'S ATTORNEY	V				
NAME OF ATTORNEY			TELEPHONE NUMBI	ER	
Address (number and street)		CITY AND STATE		ZIP CODE	
EMPLOYER IDENTIFICATION NUMBER	OR	SOCIAL SECURITY NUMBER		-	
	_				
GRANTEE'S ATTORNEY	V		T		
NAME OF ATTORNEY			TELEPHONE NUMBI	±K	
Address (number and street)		CITY AND STATE	l	ZIP CODE	
EMPLOYER IDENTIFICATION NUMBER	OR	SOCIAL SECURITY NUMBER		-	
CERTIFICATION ▼					
	ling any accompanying schedules, affida made in good faith, pursuant to Title 11,				
GRAN	TOR	GRANTEE			
S worn to and subscribed to		Sworn to and subsc	ribed 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	
of20	Name of Grantor	of	_ 20	Name of Grantee	
Signature of Notary Notary's STAMP OR SEAL	Signature of Grantor	Signature of Notary Notary's Stamp or SEAL		Signature of Grantee	
		GRANTEE: To ensure the projection included	per address you in this packet.	erty and water/sewer tax bills are sent to must complete the Registration forms Owner's Registration Cars can also be epartment of Finance at (718) 935-6153.	

SC	HEDULE A - TRANSFER BY REFEREE OR RECEIVER ▼			
N O T E	The consideration for a transfer by a referee or receiver under foreclosure or execution is the amount therein and the costs paid by the purchaser, plus the amount of any pre-existing mortgages, liens o property after the transfer, whether or not the underlying indebtedness is assumed.	_		
1	. Was this transfer the result of a court ordered sale pursuant to foreclosure or execution? (\checkmark)	\(\) Yes		No
	If "YES," complete lines 2a through 2f below. If "NO," complete line 3 below.			
2	a. Status of grantee:(🗸)			
	□ Nominee of plaintiff □ Plaintiff in foreclosure action □ Assignee of Plaintiff □ Transfere □ Other (describe):	e of successf	ul bidder	
2	b. Priority of mortgage foreclosed upon:→ ☐ first ☐ second ☐ third or other			
2	c. Amount of foreclosure judgment2c. \[\\$			
2	d. Price bid by grantee (enter here and on Schedule 1. See instruction)			
2	te. Costs paid by grantee (enter here and on line 10, Schedule 1)			
2	f. Amount of remaining mortgages, liens or other encumbrances (enter her and on Schedule 1. See instructions)			
3	. If the answer to line 1 above is "No," state the reason for this transfer:			
	Name and address of ooperative housing corporation: Zi	p Code:		
R 1) Is this an initial transfer of shares from either a cooperative housing corporation or a sponsor: (🗸)	_		No
	t) If "yes," enter the date the NYC Real Property Transfer Tax was paid on the transfer of land and/or building to the cooperative housing corporation	Month	Day	YEAR
	If this initial transfer is more than 2 years from the above date, enter the date the first of these initial transfers was made	Монтн	Day	YEAR
	s this a transfer of an individual unit in a housing company organized and operating pursuant to the provisions of articles two, four, five, or eleven of the Private Housing Finance Law? (🗸)	\(\) Yes		No
Ι	f "YES," you are not subject to the Real Property Transfer Tax. However, you must file a return.			
	TE If you answered "YES," to question B above, you may be entitled to a credit. Complete lines 1 the If you answered "NO," to question B above, you are not entitled to a credit.	hrough 4 bel	ow.	
CR	EDIT CALCULATION	Zip Code: Corporative Housing Corporation Vear Vear Vear No		
1.	Enter the amount of NYC Real Property Transfer Tax paid on conveyance of underlying real property to cooperative housing corporation			
2.	Enter the number of shares transferred in this transaction			
3.	Enter the total number of outstanding shares of the cooperative housing corporation including any shares held by the corporation			
4.	Amount of credit (divide line 2 by line 3 and multiply the result by line 1. Enter here and on line 8, Schedule 2)			

SCHEDOTE C	- IRANSFER	IN LIEU OF	FORECLOSURE .	
of the mortgal of any other in	ge debt is taxable. T nortgages, liens or e	The consideration is encumbrances remain	gagee (or to a nominee or assignee of the mortgagee) in co the amount of the outstanding mortgage debt and unpaid ac ning on the property or economic interest or the underlying ed and irrespective of whether the cancellation of the mort	ecrued interest, plus the amount real property after the transfer,
1. Status of grante	ee: (🗸)			
☐ Mortg	agee	ninee of mortgagee	☐ Assignee of mortgagee	
☐ Other	(describe):			
2. Priority of mor	gage in default:	☐ first ☐ secon	d uthird or other	
		o mortgagee at time e and on line 3 of So	of transfer:	
b. Accrued inte	erest (enter here and	on line 4 of Schedu	ıle 1)3b.	
	~ ~		remaining on the real property or economic Schedule 1. See instructions)4.	
SEE INSTRUCTI			L OR COMPLETE LIQUIDATION OF CORPORATION, PARTN	ERSHIP OR OTHER ENTITY ▼
an l			est therein within 12 months of liquidation of the distribute lecting the grantor's assets and liabilities at the time of the	
COMPUTATION	ON OF TAX BASE			
Fair market val	ue of real property o	or economic interest	therein at the time of liquidation	
2. Amount of mor	tgages or other liens	s or encumbrances or	n real property or economic interest therein 2.	
3. Tax base: Com	pare line 1 and line 2	2, enter the greater of	f the two here and on line 11, Schedule 1 3.	
IF, PURSUANT TO TH	E INSTRUCTIONS, YO	DU ARE FILING MORI	E THAN ONE SCHEDULE D, IDENTIFY THE PROPERTY THAT T	HIS SCHEDULE D REFERS TO.
BOROUGH	BLOCK	LOT	ADDRESS	FAIR MARKET VALUE

TRANSFER BY OR TO AN AGENT.DUMMY.STRAWMAN OR CONDUIT

N O A transfer from an agent, dummy, strawman or conduit to a principal or from a principal to an agent, dummy, strawman or conduit is exempt Ť E from the Real Property Transfer Tax. Complete questions 1 through 8 below to establish the claim of exemption. 1. Name and address of party from whom the property or economic interest was acquired by grantor: _ 2. Date of acquisition: If "YES," attach a copy of agency agreement or affidavit of explanation. 4. Amount of Real Property Tax paid upon acquisition by grantor...... 5. Is this transfer part of a transfer to and from a corporation for the sole purpose of acquiring mortgage financing: (🗸) 🗖 Yes 🗖 No 8. If the answers to questions 3, 5, 6 and 7 above are all "No," describe the relationship of the granter and the grantee and the purpose of the transfer: - TRANSFER TO BUSINESS ENTITY IN RETURN FOR AN INTEREST IN THE BUSINESS ENTITY SEE SCHEDULE M AND INSTRUCTIONS. A transfer of property or an economic interest therein to a corporation in exchange for shares of its capital stock may be taxable, even where N O T E there is no simultaneous exchange of shares of stock for the real property or economic interest therein, if the transfer is part of a plan to form a corporation for the purpose of holding the property or economic interest therein. A transfer to a partnership as a contribution of partnership assets may be similarly taxable. 1. Relationship of grantee to grantor(s) immediately after the transfer:(🗸) ☐ Corporation wholly owned by grantor(s) ☐ Partnership consisting wholly of grantor(s) Corporation owned by grantor(s) and other(s) Partnership consisting of grantor(s) and other(s) Other (describe): 2. If this transfer has more than one grantor, state the percentage of interest transferred by each grantor. (If the grantor is a partnership or limited partnership, state the percentage of interest transferred by each individual partner or limited partner.) Name Percentage of interest % % 4. Fair market value of the real property or economic interest therein at time of transfer 4. 5. Basis used for depreciation of the real property on federal tax return by the grantor 6. Basis to be used for depreciation of the real property on federal tax return by the grantee after this transfer 6. 9. Value of shares of stock or partnership interest received in exchange for the real property or



SCHEDULE G - TRANSFER BY OR TO A TAX EXEMPT ORGANIZATION ▼

NONPROFIT ORGANIZATIONS PLEASE REFER TO THE INSTRUCTIONS "EXEMPTIONS FROM THE TRANSFER TAX"

	be operated exclusively for religious, charitable or educational purposes and must provide proof of the organization's tax exempt status, please answer questions 1 and 2. Additionally, the organization must provide copies of any letters granting State sales tax exemption or New York City exemption and ATTACH AN AFFIDAVIT stating whether such an exemption or New York City exemption and ATTACH AN AFFIDAVIT stating whether such an exemption or New York City exemption and ATTACH AN AFFIDAVIT stating whether such an exemption or New York City exemption and ATTACH AN AFFIDAVIT stating whether such an exemption or New York City exemption and ATTACH AN AFFIDAVIT stating whether such an exemption or New York City exemption and ATTACH AN AFFIDAVIT stating whether such an exemption or New York City exemption and ATTACH AN AFFIDAVIT stating whether such an exemption or New York City exemption and ATTACH AN AFFIDAVIT stating whether such an exemption or New York City exemption and ATTACH AN AFFIDAVIT stating whether such an exemption or New York City exemption and ATTACH AN AFFIDAVIT stating whether such an exemption or New York City exemption and ATTACH AN AFFIDAVIT stating whether such an exemption or New York City exemption and ATTACH AN AFFIDAVIT stating whether such an exemption or New York City exemption and ATTACH AN AFFIDAVIT stating whether such as a such as	g an IRS o	If claiming or New York
1.	Is the grantor or grantee an organization exempt from taxation pursuant to IRS Code Section 501(c)(3)?: (🗸)	☐ Yes	□ No
2.	Has the grantor or grantee received an exemption from sales tax from the NYS Department of Taxation and Finance?: (🗸) If "YES," attach a copy of the letter from the NYS Department of Taxation and Finance granting the exemption.	☐ Yes	□ No
SC	CHEDULE H - TRANSFER OF CONTROLLING ECONOMIC INTEREST ▼		
A.	Name, address and Employer Identification Number (EIN) of entity with respect to which a controlling economic interest	has been t	ransferred:
	Name:		
	Address: Zip Code	e:	
	EIN		
	If the real property that is the subject of this transfer is owned by an entity other than the entity listed above, check (🗸) the box and attach a schedule listing the name, address and Employer Identification Number of the entity.		
В.		B.	%
	the box and attach a schedule listing the name, address and Employer Identification Number of the entity.		%
C.	the box and attach a schedule listing the name, address and Employer Identification Number of the entity. Total percentage of economic interest transferred in this transaction	C.	%
C.	the box and attach a schedule listing the name, address and Employer Identification Number of the entity. Total percentage of economic interest transferred in this transaction	C	%
C. D. E.	the box and attach a schedule listing the name, address and Employer Identification Number of the entity. Total percentage of economic interest transferred in this transaction	C	% %
C. D. E.	the box and attach a schedule listing the name, address and Employer Identification Number of the entity. Total percentage of economic interest transferred in this transaction	C	%
C. D. E.	the box and attach a schedule listing the name, address and Employer Identification Number of the entity. Total percentage of economic interest transferred in this transaction	C	% %
C. D. E. F.	the box and attach a schedule listing the name, address and Employer Identification Number of the entity. Total percentage of economic interest transferred in this transaction Total percentage of economic interest transferred by this grantor(s) or others in related transfers or pursuant to plan (including this transaction) Total percentage of economic interest transferred by this grantor(s) or other within the preceding three years (including this transaction) Total percentage of economic interest acquired by this grantee(s) or others in related transfers or pursuant to plan (including this transaction) Total percentage of economic interest acquired by this grantee(s) or others within the preceding three years (including this transaction) If any of the above percentages is 50% or more, complete lines 1 and 2 below	C	% %
C. D. E. F. NOTE	the box and attach a schedule listing the name, address and Employer Identification Number of the entity. Total percentage of economic interest transferred in this transaction	C	% %

SCHEDULE M - MERE CHANGE OF FORM TRANSFERS

For transfers occurring on or after June 9, 1994, a transfer that represents a mere change in identity or form of ownership or organization is not taxable to the extent the beneficial ownership of the real property or economic interest therein remains the same. (See instructions) ATTACH COPIES OF ALL RELEVANT DOCUMENTS.

- For each person or entity who, prior to the transaction being reported on this Schedule M, owned a beneficial interest in the property or economic interest therein transferred, report above the percentage of beneficial interest in that real property or economic interest therein owned by that owner before and after the transfer, and describe the relationship of each beneficial owner to the grantor and grantee. Attach additional pages, if necessary.
- If, for any owner, the amount reported in column D is less than the amount reported in column E. enter zero in column F.

A	В	C	D	E	F
	(attach ride	r if necessary)	percentag	ge interest	CHANGE
1. NAME OF BENEFICIAL OWNER	RELATIONSH P TO GRANTOR	RELATIONSHIP TO GRANTEE	BEFORE	AFTER	D minus E
			%	%	
2. TOTAL CHANGE (total of column F) Enter	r here and on Schedule 2, line	5.	1		