



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 Employee 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 _____

• 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 _____
- - - - -

DO NOT WRITE IN THIS SPACE
FOR OFFICE USE ONLY

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

<p>a. <input type="checkbox"/> Arms length transfer</p> <p>b. <input type="checkbox"/> Transfer in exercise of option to purchase</p> <p>c. <input type="checkbox"/> Transfer from cooperative sponsor to cooperative corporation</p> <p>d. <input type="checkbox"/> Transfer by referee or receiver (complete Schedule A, Page 5)</p> <p>e. <input type="checkbox"/> Transfer pursuant to marital settlement agreement or divorce decree</p> <p>f. <input type="checkbox"/> Deed in lieu of foreclosure (complete Schedule C, Page 6)</p> <p>g. <input type="checkbox"/> Transfer pursuant to liquidation of an entity (complete Schedule D, page 6)</p> <p>h. <input type="checkbox"/> Transfer from principal to agent, dummy, strawman, or conduit or vice-versa (complete Schedule E, page 7)</p> <p>i. <input type="checkbox"/> Transfer pursuant to trust agreement or will (attach a copy of trust agreement or will)</p> <p>j. <input type="checkbox"/> Gift transfer not subject to indebtedness</p> <p>k. <input type="checkbox"/> Gift transfer subject to indebtedness</p> <p>l. <input type="checkbox"/> Transfer to a business entity in exchange for an interest in the business entity (complete Schedule F, page 7)</p>	<p>m. <input type="checkbox"/> Transfer to a government body</p> <p>n. <input type="checkbox"/> Correction deed</p> <p>o. <input type="checkbox"/> Transfer by or to a tax exempt organization (complete Schedule G, page 8).</p> <p>p. <input type="checkbox"/> Transfer or property partly within and partly without NYC</p> <p>q. <input type="checkbox"/> Transfer of successful bid pursuant to foreclosure</p> <p>r. <input type="checkbox"/> Transfer by Borrower solely as security for a debt or a transfer by lender solely to return such security</p> <p>s. <input type="checkbox"/> Transfer wholly or partly exempt as a mere change of identity or form of ownership. (complete Schedule M, page 9)</p> <p>t. <input type="checkbox"/> Transfer to a REIT or to a corporation or partnership controlled by a REIT. (complete Schedule R, pages 10 and 11)</p> <p>u. <input type="checkbox"/> Other transfer in connection with financing (describe): _____</p> <p>v. <input type="checkbox"/> Other (describe): _____</p>
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● TYPE OF PROPERTY	
a	<input type="checkbox"/>1-3 family house
b	<input type="checkbox"/>Individual residential condominium unit
c	<input type="checkbox"/>individual cooperative apartment
d	<input type="checkbox"/>Commercial condominium unit
e	<input type="checkbox"/>Commercial cooperative
f	<input type="checkbox"/>Apartment building
g	<input type="checkbox"/>Office building
h	<input type="checkbox"/>Industrial building
i	<input type="checkbox"/>Utility
j	<input type="checkbox"/>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. 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 -

A. Payment	Pay amount shown on line 14 – See instructions	
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) (.01 = 1%, etc).....	● 4.	
5. Percentage change in beneficial ownership (see instructions) (.01 = 1%, etc).....	● 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 line 9, 10 and 11)	● 12.	
13. Filing Fee	● 13.	

14. Total Remittance Due (line 12 plus line 13)

• 14.

SCHEDULE 3 – TRANSFERS INVOLVING MULTIPLE GRANTORS AND/OR GRANTEE(S) 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	
PERMANANT MAILING ADDRESS AFTER TRANSFER	
CITY AND STATE	ZIP CODE

SOCIAL SECURITY NUMBER
- -
OR
EMPLOYER IDENTIFICATION NUMBER
-

NAME	
PERMANANT MAILING ADDRESS AFTER TRANSFER	
CITY AND STATE	ZIP CODE

SOCIAL SECURITY NUMBER
- -
OR
EMPLOYER IDENTIFICATION NUMBER
-

NAME	
PERMANANT MAILING ADDRESS AFTER TRANSFER	
CITY AND STATE	ZIP CODE

SOCIAL SECURITY NUMBER
- -
OR
EMPLOYER IDENTIFICATION NUMBER
-

NAME	
PERMANANT MAILING ADDRESS AFTER TRANSFER	
CITY AND STATE	ZIP CODE

SOCIAL SECURITY NUMBER
- -
OR
EMPLOYER IDENTIFICATION NUMBER
-

GRANTEE(S)/PARTNER(S)

NAME	
PERMANANT MAILING ADDRESS AFTER TRANSFER	
CITY AND STATE	ZIP CODE

SOCIAL SECURITY NUMBER
- -
OR
EMPLOYER IDENTIFICATION NUMBER
-

NAME	
PERMANANT MAILING ADDRESS AFTER TRANSFER	
CITY AND STATE	ZIP CODE

SOCIAL SECURITY NUMBER
- -
OR
EMPLOYER IDENTIFICATION NUMBER
-

NAME	
PERMANANT MAILING ADDRESS AFTER TRANSFER	
CITY AND STATE	ZIP CODE

SOCIAL SECURITY NUMBER
- -
OR
EMPLOYER IDENTIFICATION NUMBER
-

NAME	
PERMANANT MAILING ADDRESS AFTER TRANSFER	
CITY AND STATE	ZIP CODE

SOCIAL SECURITY NUMBER
- -
OR
EMPLOYER IDENTIFICATION NUMBER
-

PERMANANT MAILING ADDRESS AFTER TRANSFER

CITY AND STATE

ZIP CODE

- - -
OR
EMPLOYER IDENTIFICATION NUMBER
-

Form NYC-RPT

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GRANTOR'S ATTORNEY -

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
EMPLOYER IDENTIFICATION NUMBER -	OR	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

Sworn to and subscribed to

before me on this _____ day

of _____, _____.

EMPLOYER IDENTIFICATION NUMBER OR
SOCIAL SECURITY NUMBER

Name of Grantor

Signature of Notary

Signature of Grantor

GRANTEE

Sworn to and subscribed to

before me on this _____ day

of _____, _____.

EMPLOYER IDENTIFICATION NUMBER OR
SOCIAL SECURITY NUMBER

Name of Grantee

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. Owners Registration Cards can also be obtained by calling the Department of Finance at (718) 935-9500