

# ROYAL ABSTRACT

## ACRIS TAX PREPARATION FORM

### TITLE NUMBER

Please complete the attached form and return via email to the Royal Abstract Recording Department. There is a fee of \$200.00 for each set of transfer tax forms prepared by Royal Abstract. Please do not hesitate to contact us if you have any questions.

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Please list the parties in the exact order as they should appear on the deed. If either party is a partnership, estate or trust, please provide the names of all partners, executor & trustee information. Attach an additional copy of this page for additional grantors/grantees as needed.

#### GRANTOR

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

SSN or EIN: \_\_\_\_\_

SSN or EIN: \_\_\_\_\_

Grantor Attorney Name: \_\_\_\_\_

Grantor Attorney Address: \_\_\_\_\_

Grantor Attorney Tel No. \_\_\_\_\_

#### GRANTEE

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

SSN or EIN: \_\_\_\_\_

SSN or EIN: \_\_\_\_\_

Grantee Attorney Name: \_\_\_\_\_

Grantee Attorney Address: \_\_\_\_\_

Grantee Attorney Tel No. \_\_\_\_\_

**GRANTOR**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SSN or EIN: \_\_\_\_\_

SSN or EIN: \_\_\_\_\_

Grantor Attorney Name: \_\_\_\_\_

Grantor Attorney Address: \_\_\_\_\_

\_\_\_\_\_

Grantor Attorney Tel No. \_\_\_\_\_

**GRANTEE**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SSN or EIN: \_\_\_\_\_

SSN or EIN: \_\_\_\_\_

Grantee Attorney Name: \_\_\_\_\_

Grantee Attorney Address: \_\_\_\_\_

\_\_\_\_\_

Grantee Attorney Tel No. \_\_\_\_\_

Contract Date: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Consideration: \$ \_\_\_\_\_

Purchaser Pay Transfer Tax: \_\_\_\_\_%

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Property Address: \_\_\_\_\_

Location and description of property conveyed

Tax map designation – Section, block & lot (include dots and dashes)	SWIS code (six digits)	Street address	City, town, or village	County

Type of property conveyed (check applicable box)

1 <input type="checkbox"/> One- to three-family house	5 <input type="checkbox"/> Commercial/Industrial	Date of conveyance <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td style="font-size: 8px;">month</td> <td style="font-size: 8px;">day</td> <td style="font-size: 8px;">year</td> </tr> </table>				month	day	year	Percentage of real property conveyed which is residential real property _____% (see instructions)
month	day	year							
2 <input type="checkbox"/> Residential cooperative	6 <input type="checkbox"/> Apartment building								
3 <input type="checkbox"/> Residential condominium	7 <input type="checkbox"/> Office building								
4 <input type="checkbox"/> Vacant land	8 <input type="checkbox"/> Other _____								

Condition of conveyance (check all that apply)

- |   |   |   |
|---|---|---|
| <p>a. <input type="checkbox"/> Conveyance of fee interest</p> <p>b. <input type="checkbox"/> Acquisition of a controlling interest (state percentage acquired _____%)</p> <p>c. <input type="checkbox"/> Transfer of a controlling interest (state percentage transferred _____%)</p> <p>d. <input type="checkbox"/> Conveyance to cooperative housing corporation</p> <p>e. <input type="checkbox"/> Conveyance pursuant to or in lieu of foreclosure or enforcement of security interest (attach Form TP-584.1, Schedule E)</p> | <p>f. <input type="checkbox"/> Conveyance which consists of a mere change of identity or form of ownership or organization (attach Form TP-584.1, Schedule F)</p> <p>g. <input type="checkbox"/> Conveyance for which credit for tax previously paid will be claimed (attach Form TP-584.1, Schedule G)</p> <p>h. <input type="checkbox"/> Conveyance of cooperative apartment(s)</p> <p>i. <input type="checkbox"/> Syndication</p> <p>j. <input type="checkbox"/> Conveyance of air rights or development rights</p> <p>k. <input type="checkbox"/> Contract assignment</p> | <p>l. <input type="checkbox"/> Option assignment or surrender</p> <p>m. <input type="checkbox"/> Leasehold assignment or surrender</p> <p>n. <input type="checkbox"/> Leasehold grant</p> <p>o. <input type="checkbox"/> Conveyance of an easement</p> <p>p. <input type="checkbox"/> Conveyance for which exemption from transfer tax claimed (complete Schedule B, Part III)</p> <p>q. <input type="checkbox"/> Conveyance of property partly within and partly outside the state</p> <p>r. <input type="checkbox"/> Conveyance pursuant to divorce or separation</p> <p>s. <input type="checkbox"/> Other (describe) _____</p> |
|---|---|---|

**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.

- |  |   |
|--|---|
| <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 (complete Schedule I, page 9)</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 governmental 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 of 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"/> .....A grant or assignment of a leasehold interest in a tax-free NY area</p> <p>w. <input type="checkbox"/> .....Other (describe): _____</p> |
|--|---|

**SCHEDULE H - TRANSFER OF CONTROLLING ECONOMIC INTEREST**

A. Indicate name, address and Employer Identification Number (EIN) of entity with respect to which a controlling economic interest has been transferred:

Name : \_\_\_\_\_

Address: \_\_\_\_\_  
NUMBER AND STREET CITY STATE ZIP CODE

Employer Identification Number:  -

**NOTE** 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.

B. Total percentage of economic interest transferred in this transaction .....	B.	<input type="text"/>	%
C. Total percentage of economic interest transferred by this grantor(s) or others in related transfers or pursuant to plan (including this transaction) .....	C.	<input type="text"/>	%
D. Total percentage of economic interest transferred by this grantor(s) or others within the preceding three years (including this transaction) .....	D.	<input type="text"/>	%
E. Total percentage of economic interest acquired by this grantee(s) or others in related transfers or pursuant to plan (including this transaction) .....	E.	<input type="text"/>	%
F. Total percentage of economic interest acquired by this grantee(s) or others within the preceding three years (including this transaction) .....	F.	<input type="text"/>	%

**NOTE** If any of the above percentages is 50% or more, complete lines 1 and 2 below and Schedules 1 and 2. Attach a rider explaining apportionment of consideration.

**COMPUTATION OF CONSIDERATION**

1. Total consideration for this transfer .....	1.	\$	<input type="text"/>	<input type="text"/>
2. Amount apportioned to item of NYC real property or interest therein (see instructions) .....	2.	\$	<input type="text"/>	<input type="text"/>

**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 1. NAME OF BENEFICIAL OWNER	B RELATIONSHIP TO GRANTOR <small>(attach rider if necessary)</small>	C RELATIONSHIP TO GRANTEE	D PERCENTAGE INTEREST		F CHANGE
			BEFORE	AFTER	D minus E
			%	%	
2. TOTAL CHANGE (total of column F) Enter here and on Schedule 2, line 5.					

