**COLUMBIA COUNTY SUPPLEMENTAL REAL ESTATE TRANSFER TAX RETURN**

*Recording Office Stamp here*

**Schedule A—Information relating to conveyance**

Location and description of property to be conveyed

Type of property conveyed

One Family Residence

Other

Date of Conveyance

Date of Contract

**Schedule B—Real estate transfer tax return**

Part I. Apportionment

Portion of property outside of Columbia County:

Yes

No

If no, proceed to II. below

If yes: Taxable on % share of assessed value within Columbia County, calculated as follows:

1. Total Assessed Value:
2. Assessed Value in Columbia County:
3. % of Assessed Value in Columbia County [b. ÷ a. x 100]
4. $
5. $
6. %
7. $

d. Columbia County portion of consideration upon which Tax is due [consideration x

c. %]

Part II. Computation of Tax Due

a. Amount of full consideration if entire parcel is within county OR d. above if applicable

1. $
2. $
3. $
4. $

b. If a total exemption is claimed on the TP-584 check here

and enter $0 on this line

1. Taxable consideration (for one family residence, first $150,000 of consideration is exempt)
2. Tax: $1 for each $500, or part thereof, of consideration on line a., b., or c. as applicable

**Signature (both the grantor(s) and grantee(s) must sign)** The undersigned certify that the above information in Schedules A and B, including any return, certification, schedule or attachment, is to the best of his/her knowledge, true and complete, and authorize the person(s) submitting such form on their behalf to receive a copy for

purposes of recording the deed or other instrument effecting the conveyance.

The contents hereof shall not be otherwise disclosed.

Grantor

Title

Grantee

Title

Grantor

Title

Grantee

Title

*For Recording Officer’s Use*

*Amount received*

*Date received*

*Transaction number*

Tax map designation

Address

City/Village

Town

County

Section

Block

Lot

Grantor/Transferor

Individual Corporation

Partnership Estate/Trust Other

Name (*if individual; last, first, middle initial)*

Social Security Number

Mailing Address

Social Security Number

City State ZIP Code

Federal Employer Identification Number

Grantee/Transferee Individual

Corporation

Partnership Estate/Trust Other

Name *(if individual; last, first, middle initial)*

Social Security Number

Mailing Address

Social Security Number

City State ZIP Code

Federal Employer Identification Number