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F I N A N C E NEW ● YORK

THE CITY OF NEW YORK DEPARTMENT OF FINANCE

Save

**NEW 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 card.**

**PROPERTY OWNER'S INFORMATION (FOR GENERAL CORRESPONDENCE)**

**BILLING INFORMATION - SPECIAL ASSESSMENT BILLS**

INDICATE TO WHOM SPECIAL ASSESSMENT BILLS SHOULD BE MAILED. (SEE INSTRUCTIONS FOR LINE 10)

**1.**

Borough the property is in:

Block:

Lot:

**10.**

Owner's name - Fill either 2a **or** 2b **only**

▼

**2a.**

**2b.**

**3.**

Relationship of addressee to property **(Check** ✔**one)** ▼

**Agent** ❒

**Owner**

**Tenant**

**4.**

**If "TENANT" is checked provide either Social Security Number or Employer Identification Number,**

**whichever is applicable.**

**SSN** →

**EIN** →

**5.**

**6.**

If the property has more than one owner, check this box and see instructions

Owner's Tax Identification Number:

M

**SSN** (If owner is an individual or trust)

**EIN** (If owner is a corporation or partnership)

**or**

Indicate owner's daytime telephone number: (

**7.**

Relationship of addressee to property **(Check one)** ▼

**BILLING INFORMATION - REAL ESTATE TAX BILLS**

IF YOUR MORTGAGE PAYMENTS INCLUDE YOUR REAL ESTATE TAXES, FILL IN THE NAME AND ADDRESS OF YOUR BANK/LENDER IN THE SPACE PROVIDED IN 9 BELOW. IF NOT, FILL IN THE NAME AND ADDRESS TO WHICH YOU ARE CHOOSING TO HAVE REAL ESTATE TAX BILLS SENT.

**Agent** ❒

**Owner**

**Tenant**

**If "TENANT" is checked provide either Social Security Number or Employer Identification Number,**

**whichever is applicable.**

**8.**

Indicate to whom Real Estate Tax bills should be mailed **(Check one)**

▼

❒**Agent**

**SSN** →

**Bank/Lender**

**Owner**

**Tenant**

**EIN** →

**If "TENANT" or "AGENT" is checked provide either Social Security Number or Employer Identification Number, whichever is applicable.**

**or**

**SSN** →

**EIN** →

**9.**

**11.**

Signature of owner or corporate officer (required by statute)

**12.**

Date

**/**

**/**

**If you need assistance in completing this form, please call Taxpayer Assistance at (718) 935-9500. Si usted necesita recibir asistencia en Español para llenar esto formulario, llame al (718) 935-9500 y solicite un Representante que hable Español.**

Have you recently paid off your mortgage? (✓)

**Yes**

**No**

Kings

**Nam**

**e of Real Estate Tax Bill Recipient**

**Address**

**City State**

**Zip Code**

**NOTE: Water and Sewer Charge registration requires a different form. Contact the Bureau of Water and Energy Conservation at (718) 595-7000.**

**TYPE OF SPECIAL ASSESSMENT BILL:**

**Name of Recipient**

**Address**

**City State**

**Zip Code**

**Individual Owner FIRST M. I. LAST**

**Business Owner**

**Owner's Residence or Company's Business Address**

**City State**

**Zip Code**

**Property A**

**ddress**

**City State**

**Zip Code**

**TYPE OF SPECIAL ASSESSMENT BILL:**

**Name of Recipient**

**Address**

**City**

**State**

**Zip Code**

FOR OFFICE USE ONLY

Clear Form

**- INSTRUCTIONS FOR COMPLETING OWNER'S REGISTRATION CARD -**

**LINE 1**

Enter the borough in which the property is located and the block and lot numbers of the property. Only one property (block and lot) may be registered with this card. Make photocopies if you want to register more than one property**.**

**LINE 7**

In order that we may provide you with better service, please provide a telephone number at which you can be reached during normal business hours.

IF YOU NEED FURTHER ASSISTANCE IN COMPLETING THIS FORM, PLEASE CALL (718) 935- 6153 OR 935-9500.

SI USTED NECESITA RECIBIR ASISTENCIA EN ESPANOL PARA LLENAR ESTO FORMULARIO, LLAME (718) 935-9500.

**IMPORTANT**

If your mortgage payments include your real estate taxes, fill in the name and address of your bank/lender in the space provided on line 9. If not, fill in the address to which you are choosing to have real estate tax bills sent.

**LINE 2A**

Enter the full name of the owner if the property is owned by an individual. Please **DO NOT** abbreviate. If the property has more than one owner, see instructions for line 5.

**LINE 8**

Check the box next to the appropriate relationship. For example, if bills are to be sent to your bank/lender, check the box which is marked "Bank/Lender."

**LINE 2B**

Enter the name of the owner if the property is owned by a business entity. If the property has more than one owner, see instructions for line 5.

**LINE 9**

Enter the name and address to which you would like Real Estate Tax bills mailed.

**LINE 3**

Enter the address of the owner.

(Please note that the

address at which the owner lives, or at which the company is located, is not necessarily the property address itself.)

**LINE 4**

Enter the actual address of the property.

**LINE 10**

Special Assessment bills are for items such as Sidewalk Assessment , Mall Maintenance and Boiler and Elevator Inspection Charges. In most cases the owner should register to receive these bills. Enter the name and address to which Special Assessment bills should be sent.

**LINE 5**

Check the box if the property has more than one owner, and attach an additional sheet with the name, address and EIN/SSN of the other owner(s). Include the property block and lot number.

**LINE 11**

The owner or corporate officer **must** sign the Registration Card in order for it to be valid.

**LINE 6**

Enter the owner's Social Security Number, or if the owner is a corporation or partnership, enter the Employer Identification Number. This is required by Section 11-102.1 of the New York City Administrative Code and will be used for tax compliance purposes. This will be used for tax compliance purposes. (The same is true of the tenant and agent identification number information requested for real estate and assessment bills.)

**LINE 12**

Indicate the date signed.

The law provides that senior citizens and handicapped taxpayers may designate someone to receive duplicate tax bills. If you are interested, contact Taxpayer Assistance at (718) 935-9500 and ask for a third party notification form.