

ACRIS TAX PREPARATION FORM

Please complete this form and return via email to the Royal Abstract Recording Department. There is a fee of \$300.00 for each set of transfer tax forms prepared by Royal Abstract. Please note that Royal Abstract prepares transfer tax forms solely as an accommodation to our clients and does not provide legal or tax advice regarding transfer taxes. Title insurance policies do not insure the payment of transfer taxes. Please do not hesitate to contact us if you have any questions.

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Grantee Attorney Tel No.

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TITLE NUMBER:	Purchase Price/Consideration: \$	
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. Additional grantors/grantees can be listed on the following page 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:		

GRANTOR		
Name:	Name:	
Address:	Address:	
SSN or EIN:	SSN or EIN:	
Grantor Attorney Name:		
Grantor Attorney Address:		
Grantor Attorney Tel No.		
GRANTEE		
Name:	Name:	
	Name:	
Name: Address:		
Name:		
Name: Address: SSN or EIN:	Address:	
Name: Address: SSN or EIN:	Address: SSN or EIN:	

Note: Effective May 18, 2015, the New York City Department of Finance requires that each grantor and grantee provide the names and social security number (SSN) and/or employer identification number (EIN) of each of its members (in the case of an LLC) and each of general partner (in the case of a partnership). To the extent any such SSNs or EINs are not provided, the applicable grantor/grantee is required to provide an affidavit stating the reasons why such information is not being provided.

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Name of Grantor:	
Name of Member/General Partner	Social Security Number/
	Employer Identification Number
Name of Grantor:	
Name of Member/General Partner	Social Security Number/ Employer Identification Number
Name of Grantee:	
Name of Member/General Partner	Social Security Number/ Employer Identification Number
Name of Grantee:	
Name of Member/General Partner	Social Security Number/ Employer Identification Number
	Employer Identification Number