

FOR COUNTY USE ONLY

C1. SWIS Code _____

C2. Date Deed Recorded _____
Month / Day / Year

C3. Book _____ C4. Page _____



New York State Department of Taxation and Finance
 Office of Real Property Tax Services
RP- 5217-PDF
 Real Property Transfer Report (8/10)

PROPERTY INFORMATION

1. Property Location
 * STREET NUMBER _____ * STREET NAME _____
 * CITY OR TOWN _____ VILLAGE _____ * ZIP CODE _____

2. Buyer Name
 * LAST NAME/COMPANY _____ FIRST NAME _____
 _____ FIRST NAME _____

3. Tax Billing Address
 Indicate where future Tax Bills are to be sent if other than buyer address(at bottom of form)
 _____ LAST NAME/COMPANY _____ FIRST NAME _____
 _____ STREET NUMBER AND NAME _____ CITY OR TOWN _____ STATE _____ ZIP CODE _____

4. Indicate the number of Assessment Roll parcels transferred on the deed _____ # of Parcels **OR** Part of a Parcel **(Only if Part of a Parcel) Check as they apply:**
4A. Planning Board with Subdivision Authority Exists
4B. Subdivision Approval was Required for Transfer
4C. Parcel Approved for Subdivision with Map Provided

5. Deed Property Size
 * FRONT FEET _____ X * DEPTH _____ OR *ACRES _____

6. Seller Name
 * LAST NAME/COMPANY _____ FIRST NAME _____
 _____ FIRST NAME _____

***7. Select the description which most accurately describes the use of the property at the time of sale:**

Check the boxes below as they apply:
8. Ownership Type is Condominium
9. New Construction on a Vacant Land
10A. Property Located within an Agricultural District
10B. Buyer received a disclosure notice indicating that the property is in an Agricultural District

SALE INFORMATION

11. Sale Contract Date _____

*** 12. Date of Sale/Transfer** _____

***13. Full Sale Price** _____
 (Full Sale Price is the total amount paid for the property including personal property. This payment may be in the form of cash, other property or goods, or the assumption of mortgages or other obligations.) *Please round to the nearest whole dollar amount.*

14. Indicate the value of personal property included in the sale _____

15. Check one or more of these conditions as applicable to transfer:
 A. Sale Between Relatives or Former Relatives
 B. Sale between Related Companies or Partners in Business.
 C. One of the Buyers is also a Seller
 D. Buyer or Seller is Government Agency or Lending Institution
 E. Deed Type **not** Warranty or Bargain and Sale (Specify Below)
 F. Sale of Fractional or Less than Fee Interest (Specify Below)
 G. Significant Change in Property Between Taxable Status and Sale Dates
 H. Sale of Business is Included in Sale Price
 I. Other Unusual Factors Affecting Sale Price (Specify Below)
 J. None

Comment(s) on Condition: _____

ASSESSMENT INFORMATION - Data should reflect the latest Final Assessment Roll and Tax Bill

16. Year of Assessment Roll from which information taken(YY) _____ ***17. Total Assessed Value** _____

***18. Property Class** _____ ***19. School District Name** _____

***20. Tax Map Identifier(s)/Roll Identifier(s) (If more than four, attach sheet with additional identifier(s))** _____

CERTIFICATION

I Certify that all of the items of information entered on this form are true and correct (to the best of my knowledge and belief) and I understand that the making of any willful false statement of material fact herein subject me to the provisions of the penal law relative to the making and filing of false instruments.

SELLER SIGNATURE

SELLER SIGNATURE _____ DATE _____

BUYER SIGNATURE

BUYER SIGNATURE _____ DATE _____

BUYER CONTACT INFORMATION

(Enter information for the buyer. Note: If buyer is LLC,society, association, corporation, joint stock company, estate or entity that is not an individual agent or fiduciary, then a name and contact information of an individual/responsible party who can answer questions regarding the transfer must be entered. **Type or print clearly.**)

* LAST NAME _____ FIRST NAME _____
 *AREA CODE _____ *TELEPHONE NUMBER (Ex: 9999999) _____
 * STREET NUMBER _____ * STREET NAME _____
 *CITY OR TOWN _____ *STATE _____ *ZIP CODE _____

BUYER'S ATTORNEY

LAST NAME _____ FIRST NAME _____
 AREA CODE _____ TELEPHONE NUMBER (Ex: 9999999) _____