



E-TAX FORMS QUESTIONNAIRE

Email: Cquartararo@firstam.com

Tel. No.: 212-850-0670

Fax No.: 212-331-1492

Information **MUST** be completed in order for us to complete your ACRIS real estate tax forms. You may fill in this form or send us completely filled in tax forms.

GRANTOR (SELLER)

- a. Name _____
- b. Street Address _____
- c. City, State, Zip _____
- d. SSN/EIN _____

See Rider for Additional Grantor(s)

GRANTEE (PURCHASER)

- a. Name _____
- b. Street Address _____
- c. City, State, Zip _____
- d. SSN/EIN _____

See Rider for Additional Grantee(s)

WILL PURCHASER RESIDE AT THE PROPERTY? YES NO DO NOT KNOW

PROPERTY

- a. Type (one family, residential condo, apartment, Industrial, Commercial, etc) _____
- b. Partial or Entire Lot _____
- c. Address or Borough Block & Lot (B/B/L) _____
 - (1) Borough and Street Address:

 - (2) Block: _____ Lot: _____



E-TAX FORMS QUESTIONNAIRE

Email: Cquartararo@firstam.com

Tel. No.: 212-850-0670

Fax No.: 212-331-1492

CONDITION OF TRANSFER: CHECK ALL OF THE CONDITIONS THAT APPLY

- | | |
|---|---|
| a. <input type="checkbox"/> ...Arms length transfer | m <input type="checkbox"/> ...Transfer to a governmental body |
| b. <input type="checkbox"/> ...Transfer in exercise of option to purchase | n. <input type="checkbox"/> ...Correction deed |
| c. <input type="checkbox"/> ...Transfer from cooperative sponsor to cooperative corporation | o. <input type="checkbox"/> ...Transfer by or to a tax exempt organization (complete schedule G, page 8) |
| d. <input type="checkbox"/> ...Transfer by referee or receiver (complete Schedule A, page 5) | p. <input type="checkbox"/> ...Transfer of property partly within and partly without NYC |
| e. <input type="checkbox"/> ...Transfer pursuant to marital settlement agreement or divorce decree | q. <input type="checkbox"/> ...Transfer of successful bid pursuant to foreclosure |
| f. <input type="checkbox"/> ...Deed in lieu of foreclosure (complete Schedule C, page 6) | r. <input type="checkbox"/> Transfer by borrower solely as security for a debt or a transfer by lender solely to return such security |
| g. <input type="checkbox"/> Transfer pursuant to liquidation of an entity (complete schedule D, page 6) | s. <input type="checkbox"/> ...Transfer wholly or partly exempt as a mere change of identity or form of ownership. (Complete Schedule M, pages 9) |
| h. <input type="checkbox"/> ...Transfer from principal to agent, dummy, strawman or conduit or vice-versa (complete Schedule E, page 7) | 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) |
| i. <input type="checkbox"/> ...Transfer pursuant to trust agreement or will (attach a copy of trust agreement or will) | u. <input type="checkbox"/> ...Other transfer in connection with financing (describe):
_____ |
| j. <input type="checkbox"/> ...Gift transfer not subject to indebtedness | v. <input type="checkbox"/> ...Other (describe):
_____ |
| k. <input type="checkbox"/> ...Gift transfer subject to indebtedness | |
| l. <input type="checkbox"/> ...Transfer to a business entity in exchange for an interest in the business entity (complete Schedule F, page 7) | |

TYPE OF INTEREST TRANSFERRED _____

PERCENTAGE OF INTEREST TRANSFERRED _____

DATE OF TRANSFER _____

DETAILS OF CONSIDERATION:

AMOUNT

- | | |
|--|-------|
| A. Cash | _____ |
| B. Purchase money mortgage | _____ |
| C. Accrued interest | _____ |
| D. Liens on property | _____ |
| E. Liens on property | _____ |
| F. Value of shares transferred | _____ |
| G. RPTT or other taxes paid by grantee | _____ |
| H. Other (explain) | _____ |
| I. TOTAL | _____ |

WHO IS PAYING THE TRANSFER TAX? PURCHASER SELLER

IS THIS A TRANSFER FROM A BANKRUPTCY? YES NO

ALTERNATIVE TAX RATE? _____%

ANY EXCLUDABLE LIENS ON THE PROPERTY? YES NO



E-TAX FORMS QUESTIONNAIRE

Email: Cquartararo@firstam.com

Tel. No.: 212-850-0670

Fax No.: 212-331-1492

WHO IS TO RECEIVE THE REAL ESTATE TAX BILL?

- a. Grantee (Buyer) YES NO
- b. Blank Letter (Management Agency, etc.) YES NO
- c. Other YES NO

(1) Name _____

(2) Street Address _____

(3) City, State, Zip _____

(4) Telephone # _____

SALE CONTRACT DATE _____

Note: For NYC property a copy of the Contract must be provided for consideration over \$400,000.

VALUE OF PERSONAL PROEPRTY IN SALE _____

SUBJECT TO CREDIT LINE MORTGAGE? Yes No

LIEN DEDUCTION CLAIMING A CONTINUING LIEN DEDUCTION? Yes No

If "Yes", enter lien deduction amount _____

ARE YOU CLAIMING AN EXEMPTION If YES, explain No

GRANTOR'S (SELLER) ATTORNEY

- a. Name _____
- b. Street Address _____
- c. City, State, Zip _____
- d. Telephone Number _____

GRANTEE'S (BUYER) ATTORNEY

- a. Name _____
- b. Street Address _____
- c. City, State, Zip _____
- d. Telephone Number _____



**First American
Title Insurance Company
of New York**

E-TAX FORMS QUESTIONNAIRE

Email: Cquartararo@firstam.com

Tel. No.: 212-850-0670

Fax No.: 212-331-1492

ADDITIONAL GRANTOR(S)/GRANTEE

NAME _____

PERMANENT STRET ADDRESS (AFTER TRANSFER)

CITY AND STATE _____ **ZIP CODE** _____

EMPLOYER ID NUMBER **OR** **SOCIAL SECURITY NUMBER**

ADDITIONAL GRANTOR(S)/GRANTEE

NAME _____

PERMANENT STRET ADDRESS (AFTER TRANSFER)

CITY AND STATE _____ **ZIP CODE** _____

EMPLOYER ID NUMBER **OR** **SOCIAL SECURITY NUMBER**

ADDITIONAL GRANTOR(S)/GRANTEE

NAME _____

PERMANENT STRET ADDRESS (AFTER TRANSFER)

CITY AND STATE _____ **ZIP CODE** _____

EMPLOYER ID NUMBER **OR** **SOCIAL SECURITY NUMBER**
