cid:image001.gif@01CB235D.11D14850ACRIS TRANSFER TAX FORMS QUESTIONNAIRE

Tel No: 212-922-9700 FAX No. 714-824-5990

666 Third Avenue 5th Floor, New York, NY 10017

**REQUIRED INFORMATION TO PREPARE E-TAX FORMS:**

**\*GRANTOR INFO: (If multiple grantors, please provide additional information on a separate sheet)**

**NAME:** SSN/EIN:

ADDRESS: SSN/EIN:

**NAME:** SSN/EIN:

ADDRESS: SSN/EIN:

**\*IF SINGLE MEMBER LLC LIST NAME & EIN:**

**\*GRANTEE INFO: (If multiple grantees, please provide additional information on a separate sheet)**

**NAME:** SSN/EIN:

ADDRESS: SSN/EIN:

**NAME:** SSN/EIN:

ADDRESS: SSN/EIN:

**\*IF SINGLE MEMBER LLC LIST NAME & EIN:**

**PROPERTY INFO:**

PREMISES ADDRESS:

BLOCK: LOT: TYPE OF INTEREST TRANSFERED (circle): FEE LEASEHOLD OTHER (explain)

CONDITION OF TRANSFER; ARMS LENGTH GIFT TRANSFER CORRECTION DEED OTHER (explain)\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF PROPERTY/DWELLING:

PURCHASE PRICE: PERCENTAGE OF INTEREST TRANSFERED :

**DATE OF CONTRACT:** **DATE OF CONVEYANCE:**

**ATTORNEY INFO:**

GRANTOR ATTORNEY: TEL #:

ADDRESS:

GRANTEE ATTORNEY: TEL #:

ADDRESS:

**THE FEE FOR THIS SERVICE IS $150**

***\*IF MULTI-MEMBER LLC A LIST OF MEMBER NAMES INCLUDING EIN OR SSN MUST BE PROVIDED-SEE ADDITIONAL SCHEDULE ON NEXT PAGE***

***IF SSN OR EIN IS NOT PROVIDED, ATTACH AN AFFIDAVIT ATTESTING TO THE REASON***

***IF YOU ARE CLAIMING A TAX EXEMPTION PLEASE ATTACH THE REASON FOR SAID EXEMPTION***

EMAIL ADDRESS TO RETURN TRANSFER TAX DOCUMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**cid:image001.gif@01CB235D.11D14850E-Tax Forms Questionnaire**

**SCHEDULE M – MERE CHANGE OF FORM TRANSFERS**

**For transfers occurring on or after June 9, 1994 a transfer that represent a mere change in identity or form of ownership or organization is not taxable to the extent the beneficial ownership of the beneficial ownership of the real property or economic interest there in remains the same. (See instructions) ATTACH COPIES OF ALL RELEVENT DOCUMENTS.**

* For each person or entity who, prior to the transaction being reported on this Schedule M, owned a beneficial interest in the property or economic interest therein transferred, report above the percentage of beneficial interest in that real property or economic interest therein owned by that owner before and after the transfer, and after the transfer, and describe the relationship of each beneficial owner to the grantor and grantee. Attach additional pages, if necessary.
* If, for any owner, the amount reported in Column D is less than the amount reported in Column E, enter Zero in Column F.
* If mere change, please provide fair market value, as this information is required on the NYS TP584.1: Fair Market Value: \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A** | **B** | **C** | **D** | **E** | **F** |
|  |  |  |  |  |  |
| 1.NAME OF BENEFICIAL OWNER | (attach rider  RELATIONSHIP TO GRANTOR | if necessary)  RELATIONSHIP TO GRANTEE | PERCENTAGE  BEFORE | INTEREST  AFTER | CHANGE  D minus E |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 2. TOTAL CHANGE (total of column F) Enter here and on Schedule 2, line 5) | | | | |  |

**Multi Member or Partner Additional Schedule**

**Name of Multi Member or Partner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EIN/SSN**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Multi Member or Partner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EIN/SSN**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Multi Member or Partner:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EIN/SSN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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