

**COLUMBIA COUNTY
SUPPLEMENTAL REAL ESTATE
TRANSFER TAX RETURN**

Recording Office Stamp here

Schedule A—Information relating to conveyance

| | | | |
|--|--------------------|---|--|
| <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Estate/Trust <input type="checkbox"/> Other | Grantor/Transferor | Name (if individual; last, first, middle initial) | Social Security Number |
| | | Mailing Address | Social Security Number |
| | | City State ZIP Code | Federal Employer Identification Number |
| <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Estate/Trust <input type="checkbox"/> Other | Grantee/Transferee | Name (if individual; last, first, middle initial) | Social Security Number |
| | | Mailing Address | Social Security Number |
| | | City State ZIP Code | Federal Employer Identification Number |

Location and description of property to be conveyed

| | | | | | | |
|---------------------|-------|-----|---------|--------------|------|--------|
| Tax map designation | | | Address | City/Village | Town | County |
| Section | Block | Lot | | | | |

Type of property conveyed

- One Family Residence
 Other

Date of Conveyance

Date of Contract

Schedule B—Real estate transfer tax return

Part I. Apportionment

Portion of property outside of Columbia County: Yes No If no, proceed to II. below

If yes: Taxable on % share of assessed value within Columbia County, calculated as follows:

- | | |
|--|-------------|
| a. Total Assessed Value: | a. \$ _____ |
| b. Assessed Value in Columbia County: | b. \$ _____ |
| c. % of Assessed Value in Columbia County [b. ÷ a. x 100] | c. _____ % |
| d. Columbia County portion of consideration upon which Tax is due [consideration x c. %] | d. \$ _____ |

Part II. Computation of Tax Due

- | | |
|---|-------------|
| a. Amount of full consideration if entire parcel is within county OR d. above if applicable | a. \$ _____ |
| b. If a total exemption is claimed on the TP-584 check here <input type="checkbox"/> and enter \$0 on this line | b. \$ _____ |
| c. Taxable consideration (for one family residence, first \$150,000 of consideration is exempt) | c. \$ _____ |
| d. Tax: \$1 for each \$500, or part thereof, of consideration on line a., b., or c. as applicable | d. \$ _____ |

Signature (both the grantor(s) and grantee(s) must sign)

The undersigned certify that the above information in Schedules A and B, including any return, certification, schedule or attachment, is to the best of his/her knowledge, true and complete, and authorize the person(s) submitting such form on their behalf to receive a copy for purposes of recording the deed or other instrument effecting the conveyance. The contents hereof shall not be otherwise disclosed.

| | | | |
|------------------|----------------|------------------|----------------|
| _____ Grantor | _____ Title | _____ Grantee | _____ Title |
|------------------|----------------|------------------|----------------|

| | | | |
|------------------|----------------|------------------|----------------|
| _____ Grantor | _____ Title | _____ Grantee | _____ Title |
|------------------|----------------|------------------|----------------|

| | | | |
|------------------------------------|------------------------|----------------------|---------------------------|
| <i>For Recording Officer's Use</i> | <i>Amount received</i> | <i>Date received</i> | <i>Transaction number</i> |
|------------------------------------|------------------------|----------------------|---------------------------|