



# Mortgage Recording Tax Claim for Refund

|  |                                |   |   |
|--|--------------------------------|---|---|
| Name of claimant                                       |                                | Name of person to contact   | Telephone number<br>(    )                            |
| Social security number                                 | Employer identification number | Name of claimant's representative                                       |   |
| Address of claimant (number and street or rural route) |                                | Address of claimant's representative (number and street or rural route) |   |
| City, village or post office                           | State                          | ZIP code  | City, village or post office      State      ZIP code |
| Name of mortgagor                                      |                                | Name of mortgagee   |   |
| Principal indebtedness secured by mortgage             | Date tax was paid              | County where tax was paid   |   |

If the claimed refund is to be paid to someone other than the mortgagor or the mortgagee, you must attach an acknowledged assignment or an affidavit and check this box

Give a full explanation below, including all facts on which your claim is based, and submit **a copy of the recorded mortgage** and all other documents necessary to substantiate your claim.

|   |          |  |
|---|----------|--|
| 1 Amount of tax paid by claimant .....                    | <b>1</b> |  |
| 2 Amount of tax due .....                                 | <b>2</b> |  |
| 3 Refund requested<br>(subtract line 2 from line 1) ..... | <b>3</b> |  |

(continued)

State of New York  
County of .....

....., being duly sworn  
deposes and says:

I am the claimant identified above in this mortgage recording tax claim for refund, and I have read the foregoing claim and all accompanying statements and documents, and know their contents. To my own knowledge, this claim is true in all respects.

Signature (print name below signature)

Sworn to before me this

..... day of ....., 20 .....

Notary Public

State of New York  
County of .....

....., being duly sworn  
deposes and says:

I reside at ....., and I am a/the ..... of ....., the partnership or corporation described in the foregoing mortgage recording tax claim for refund, and I have read the foregoing claim and all accompanying statements and documents, and know their contents. To my own knowledge, this claim is true in all respects.

Signature (print name below signature)

Sworn to before me this

..... day of ....., 20 .....

Notary Public

### Instructions

#### When to file

An application for refund of the mortgage recording tax paid pursuant to Article 11 of the Tax Law must be filed on Form MT-15.1 within two years of the date that the erroneous payment of tax was received by the recording officer.

If, however, a refund is claimed because of the mortgagor's exercise of the statutory right of rescission, Form MT-15.1 must be filed within the later of the following: two years from the time of payment of the tax or one year from the date the mortgage was discharged.

#### Where to file

Send your application to: NYS TAX DEPARTMENT  
TTTB-MORTGAGE TAX  
PO BOX 5045  
ALBANY NY 12205-5045

**Privacy notification** — The right of the Commissioner of Taxation and Finance and the Department of Taxation and Finance to collect and maintain personal information, including mandatory disclosure of social security numbers in the manner required by tax regulations, instructions, and forms, is found in Articles 8, 11, and 31 of the Tax Law; and 42 USC 405(c)(2)(C)(i).

The Tax Department uses this information primarily to determine and administer the mortgage recording and real estate transfer taxes, and for any other purpose authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law, and may also result in your failure to secure a refund of all or a portion of the real estate transfer tax or the mortgage recording tax.

This information is maintained by the Director of the Registration and Data Services Bureau, NYS Tax Department, Building 8 Room 338, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the U.S. and outside Canada, call (518) 485-6800.