



# Real Estate Transfer Tax Claim for Refund on Conveyances of Real Property Located in New York City

| For office use only |  |  |
|---------------------|--|--|
|                     |  |  |

| Name of claimant                       | 1   | Name of representative or     | person to contact      | Telephone number                 |
|--|---|-------------------------------|------------------------|----------------------------------|
|  |   |                               | ( )                    |                                  |
| Social Security number                 | Employer identification number  | Firm name, if applicable      |                        |                                  |
|  |   |                               |                        |                                  |
| Address of claimant                    | ·   | Address of person to cont     | act                    |                                  |
|  |   |                               |                        |                                  |
| City, village, or post office          | State ZIP code  | City, village, or post office |                        | State ZIP code                   |
|  |   |                               |                        |                                  |
| Location of property conveyed (lis     | t each lot separately; attach additional sheets   | if necessary)                 |                        |                                  |
| Address                                |   |                               |                        | County                           |
|  |   |                               |                        |                                  |
| Address                                |   |                               |                        | County                           |
|  |   |                               |                        | •                                |
| Date of transfer (mm/dd/yyyy)          | Refund assignment: If the refu  | and is to be paid to some     | eone other than the    | nerson primarily liable for      |
|  | the tax, mark an <b>X</b> in this box a   |                               |                        |                                  |
| Tax                                    | type  | Tax paid by                   | Amount of              | Refund                           |
|  |   | claimant/assignor             | tax due                | requested                        |
| 1 Base tax (Form TP-584-NYC, I         | Part 1, line 4)   |                               |                        |                                  |
|  | (Form TP-584-NYC, Part 1, line 5a)  |                               |                        |                                  |
|  | (Form TP-584-NYC, Part 1, line 5b)  |                               |                        |                                  |
| 4 Additional tax (Form TP-584-N        | *   |                               |                        |                                  |
| 5 Supplemental tax (Form TP-58         |   |                               |                        |                                  |
| о претинением (с отм. т. ос            |   |                               | Total refund requ      | jested                           |
| 6                                      |   |                               | for all tax types      | .00.00                           |
|  |   |                               |                        |                                  |
| recording officer at the time of paymo | vith a recording officer rather than direct   | y war are rax Boparan         | Sitt, outstille a copy |                                  |
|  | that the information contained in this clude the thing the amount shown on line 6 has been file | ed, and that no part has      | o the best of my kn    | owledge, that no prior claim for |
|  | S Siddionol   | 1                             |                        |                                  |

# Instructions

#### Who must file this form

Any person(s) claiming a refund of the real estate transfer tax paid pursuant to Tax Law Article 31 must file this form within two years from the date of payment.

### Person to contact

Please note that any person named as the *person to contact* on this form may be contacted for purposes of obtaining additional information. However, naming a contact person does not constitute granting power of attorney, and we will not disclose information to that person solely because they have been listed as a contact. If you wish a representative to have such authority, you must complete and submit Form POA-1, *Power of Attorney*.

# Person primarily liable for real estate transfer tax

# Base and additional base tax (Form TP-584-NYC, Part 1, line 8)

The person primarily liable for the payment of the base and additional base tax is the grantor. If the grantor fails to pay or is exempt, the liability shifts to the grantee.

#### Additional tax (Form TP-584-NYC, Part 2, line 3)

The person primarily liable for the payment of the additional tax is the grantee. If the grantee fails to pay or is exempt, the liability shifts to the grantor.

#### Supplemental tax (Form TP-584-NYC, Part 3, line 3)

The person primarily liable for the payment of the supplemental tax is the grantee. If the grantee fails to pay or is exempt, the liability shifts to the grantor.

# Refund assignment

When a refund is to be paid to someone other than the person primarily liable for the payment of the tax, you must submit an acknowledged assignment or an affidavit executed by the person primarily liable that clearly:

- · states the purpose for assigning the refund,
- describes the subject matter of the assignment with such particularity as to render it capable of identification, and
- states the unconditional intent of the person primarily liable to assign the refund.

#### Where to file

Mail your claim to: NYS TAX DEPARTMENT

TDAB - REAL ESTATE TRANSFER TAX W A HARRIMAN CAMPUS ALBANY NY 12227-2996

#### Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to mail in your form and tax payment. However, if, at a later date, you need to establish the date you filed or paid your tax, you cannot use the date recorded by a private delivery service unless you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. (Currently designated delivery services are listed in Publication 55, Designated Private Delivery Services. See Need help? below for information on obtaining forms and publications.) If you have used a designated private delivery service and need to establish the date you filed your form, contact that private delivery service for instructions on how to obtain written proof of the date your form was given to the delivery service for delivery.

# **Privacy notification**

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of Social Security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 518-457-5181.

# Need help?



Visit our website at www.tax.nv.gov

- · get information and manage your taxes online
- · check for new online services and features

#### Telephone assistance

Mortgage and Transfer Tax Information Center: 518-457-8637

To order forms and publications: 518-457-5431

Text Telephone (TTY) or TDD Dial 7-1-1 for the equipment users New York Relay Service

| For office use only |                    |                      |                  |                      |           |  |  |  |
|---------------------|--------------------|----------------------|------------------|----------------------|-----------|--|--|--|
| Audit report        |                    |                      |                  | Approval             |           |  |  |  |
| Amount allowed      | Interest<br>amount | Total refund allowed | Interest<br>date | Approved for payment | Signature |  |  |  |
| Base                |                    |                      |                  |                      | Title     |  |  |  |
| \$                  | \$                 | \$                   |                  | \$                   |           |  |  |  |
| Residential base    |                    |                      |                  |                      |           |  |  |  |
| \$                  | \$                 | \$                   |                  | \$                   |           |  |  |  |
| Commercial base     |                    |                      |                  |                      | Date      |  |  |  |
| \$                  | \$                 | \$                   |                  | \$                   |           |  |  |  |
| Additional          |                    |                      |                  |                      |           |  |  |  |
| \$                  | \$                 | \$                   |                  | \$                   |           |  |  |  |
| Supplemental        |                    |                      |                  |                      |           |  |  |  |
| \$                  | \$                 | \$                   |                  | \$                   |           |  |  |  |
| Name of examiner    |                    | Date of report       | Total approved   |                      |           |  |  |  |
|                     |                    |                      |                  | \$                   |           |  |  |  |