



E-TAX FORMS QUESTIONNAIRE

Email: jfebus@firstam.com

Phone: 212-907-0583

Fax No: 714-824-5988

COOP APARTMENT E TAX FORM STARTER SHEET

To engage First American Title at a fee of \$125.00 to perform the data entry for ACRIS E-Tax Forms for your **cooperative apartment transactions** please enter/verify all of the information requested in the form below and promptly return this page to First American Title. Use additional sheets if necessary to provide complete information. First American Title will enter the information provided in E-Tax Forms and forward the E-Tax Forms to you for your review and approval. Also indicate who should be contacted if further information is required. Please fax this form to Jessy Febus at 714-824-5988 or email Jessy at jfebus@firstam.com.

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.

NOTE: Payment of transfer taxes made to the State after 15 calendar days from the date of transfer and made to the County after 30 calendar days from the date of transfer may/will result in penalties and interest being assessed to the purchaser/seller at a later date. Reminder, timeframe includes weekends.

GRANTOR (SELLER)

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

See Rider for Additional Grantor(s)

GRANTEE (PURCHASER)

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

See Rider for Additional Grantee(s)

PROPERTY

- a. Street Address _____ Unit No. _____
- b. County _____
- c. **Block:** _____ **Lot:** _____
- d. Commercial _____ or Residential _____

Will the property be the primary residence of one or more of the owners and will the combined income of all owners and spouses who reside at the property be no more than \$500,000? Only answer yes if both are true. ("Combined Income" is the Federal Adjusted Gross Income minus the taxable amount of total distributions from individual retirement accounts or individual retirement annuities.)

Yes No I Don't Know

**666 Third Avenue 5th Floor
New York, NY 10017-6706
Tel 212.907.0583 * Fax 714.824.5988**



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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) | |

PERCENTAGE OF INTEREST TRANSFERRED _____

DATE OF TRANSFER _____

COOP CORPORATION _____

ADDRESS (Complete if different from property address) _____

NOTE: IF THE PURCHASE PRICE IS OVER \$400,000 A COPY OF THE CONTRACT OF SALE MUST ACCOMPANY THIS FORM

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	_____

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WHO WILL BE PAYING THE TRANSFER TAXES? SELLER PURCHASER

ARE YOU CLAIMING AN EXEMPTION? If YES, explain NO

ARE YOU CLAIMING A CONTINUING LIEN DEDUCTION? YES NO

If "Yes", enter lien deduction amount _____

APPLICANT INFORMATION (COMPLETE IF DIFFERENT THAN GRANTOR'S (SELLER) ATTORNEY):

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

GRANTOR'S (SELLER) ATTORNEY

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

GRANTEE'S (BUYER) ATTORNEY

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



First American

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How would you like the completed forms returned to you?

E-mail Enter e-mail address _____

PDF **TIFF**

Fax Enter name & fax number _____

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ADDITIONAL GRANTOR(S)/GRANTEE(S)

NAME _____

PERMANENT STREET ADDRESS (AFTER TRANSFER)

CITY AND STATE _____ ZIP CODE _____

EMPLOYER ID NUMBER OR SOCIAL SECURITY NUMBER

ADDITIONAL GRANTOR(S)/GRANTEE(S)

NAME _____

PERMANENT STREET ADDRESS (AFTER TRANSFER)

CITY AND STATE _____ ZIP CODE _____

EMPLOYER ID NUMBER OR SOCIAL SECURITY NUMBER

ADDITIONAL GRANTOR(S)/GRANTEE(S)

NAME _____

PERMANENT STREET ADDRESS (AFTER TRANSFER)

CITY AND STATE _____ ZIP CODE _____

EMPLOYER ID NUMBER OR SOCIAL SECURITY NUMBER
