**COLUMBIA COUNTY** *Recording Office Stamp here*

**SUPPLEMENTAL REAL ESTATE TRANSFER TAX RETURN**

**Schedule A. Information relating to conveyance**

|  |  |  |
| --- | --- | --- |
| Grantor/Transferor  Individual  Corporation  Partnership Estate/Trust Other | Name (*if individual; last, first, middle initial)* | Social Security Number |
| Mailing Address | Social Security Number |
| City State ZIP Code | Federal Employer Identification Number |
| Grantee/Transferee  Individual  Corporation  Partnership Estate/Trust Other | 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 Date of Conveyance Date of Contract

One Family Residence

Other

**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 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 |

|  |  |  |  |
| --- | --- | --- | --- |
| *For Recording Officer’s Use* | *Amount received* | *Date received* | *Transaction number* |