

**NYC
RPT****NEW YORK CITY DEPARTMENT OF FINANCE
REAL PROPERTY TRANSFER TAX RETURN**
(Pursuant to Title 11, Chapter 21, NYC Administrative Code)

TYPE OR PRINT LEGIBLY

If the transfer involves more than one grantor or grantee or a partnership, the names, addresses and Social Security Numbers or Employer Identification Numbers of all grantors or grantees and general partners must be provided on Schedule 3, page 3.

**GRANTOR**

● Name
Moses Shayowitz

● Grantor is a(n): ☒ individual ☐ partnership (must complete Schedule 3)
(check one) ☐ corporation ☐ other _____ Telephone Number _____

● Permanent mailing address after transfer (number and street)
862 46 Street

● City and State **Brooklyn, NY** Zip Code **11227**

● EMPLOYER IDENTIFICATION NUMBER _____ OR ● SOCIAL SECURITY NUMBER **0 5 6 - 5 4 - 1 6 1 8**

GRANTEE

● Name
Claude Simon

● Grantee is a(n): ☒ individual ☐ partnership (must complete Schedule 3)
(check one) ☐ corporation ☐ other _____ Telephone Number _____

● Permanent mailing address after transfer (number and street)
160 Madison Avenue

● City and State **New York, NY** Zip Code **10018**

● EMPLOYER IDENTIFICATION NUMBER _____ OR ● SOCIAL SECURITY NUMBER **1 0 6 - 5 0 - 1 1 5 8**

PROPERTY LOCATION

LIST EACH LOT SEPARATELY. ATTACH A RIDER IF ADDITIONAL SPACE IS REQUIRED

● Address (number and street)	Apt. No.	Borough	Block	Lot	# of Floors	Square Feet	● Assessed Value of Property
160 Madison Ave.	2nd Fl	Man.	862	20			

● DATE OF TRANSFER TO GRANTEE: _____ ● PERCENTAGE OF INTEREST TRANSFERRED: _____ %

CONDITION OF TRANSFER See Instructions.

● Check (✓) all of the conditions that apply and fill out the appropriate schedules on pages 5-11 of this return. Additionally, Schedules 1 and 2 must be completed for all transfers.

- | | |
|--|--|
| a. ☒ Arms length transfer | m. ☐ Transfer to a governmental body |
| b. ☐ Transfer in exercise of option to purchase | n. ☐ Correction deed |
| c. ☐ Transfer from cooperative sponsor to cooperative corporation | o. ☐ Transfer by or to a tax exempt organization (complete Schedule G, page 8) |
| d. ☐ Transfer by referee or receiver (complete Schedule A, page 5) | p. ☐ Transfer of property partly within and partly without NYC |
| e. ☐ Transfer pursuant to marital settlement agreement or divorce decree | q. ☐ Transfer of successful bid pursuant to foreclosure |
| f. ☐ Deed in lieu of foreclosure (complete Schedule C, page 6) | r. ☐ Transfer by borrower solely as security for a debt or a transfer by lender solely to return such security |
| g. ☐ Transfer pursuant to liquidation of an entity (complete Schedule D, page 6) | s. ☐ Transfer wholly or partly exempt as a mere change of identity or form of ownership. Complete Schedule M, page 9 |
| h. ☐ Transfer from principal to agent, dummy, strawman or conduit or vice-versa (complete Schedule E, page 7) | t. ☐ Transfer to a REIT or to a corporation or partnership controlled by a REIT. (Complete Schedule R, pages 10 and 11) |
| i. ☐ Transfer pursuant to trust agreement or will (attach a copy of trust agreement or will) | u. ☐ Other transfer in connection with financing (describe): _____ |
| j. ☐ Gift transfer not subject to indolence | v. ☐ Other (describe): _____ |
| k. ☐ Gift transfer subject to indolence | |
| l. ☐ Transfer to a business entity in exchange for an interest in the business entity (complete Schedule F, page 7) | |

● TYPE OF PROPERTY (✓)

a. ☐ 1-3 family house

b. ☐ Individual residential condominium unit

c. ☐ Individual cooperative apartment

d. ☐ Commercial condominium unit

e. ☒ Commercial cooperative

f. ☐ Apartment building

g. ☐ Office building

h. ☐ Industrial building

i. ☐ Utility

j. ☐ OTHER (describe): _____

● TYPE OF INTEREST (✓)

Check box at LEFT if you intend to record a document related to this transfer. Check box at RIGHT if you do not intend to record a document related to this transfer.

REC.		NON REC.
a. ☐	Fee	☐
b. ☐	Leasehold Grant	☐
c. ☐	Leasehold Assignment or Surrender	☐
d. ☐	Easement	☐
e. ☐	Development Rights	☐
f. ☐	Stock	☐
g. ☐	Partnership Interest	☐
h. ☐	OTHER (describe): _____	☐

SCHEDULE 1 - DETAILS OF CONSIDERATION

COMPLETE THIS SCHEDULE FOR ALL TRANSFERS AFTER COMPLETING THE APPROPRIATE SCHEDULES ON PAGES 5 THROUGH 11. ENTER "ZERO" ON LINE 11 IF THE TRANSFER REPORTED WAS WITHOUT CONSIDERATION.

1. Cash	1.	340,000	00
2. Purchase money mortgage	2.	00	00
3. Unpaid principal of pre-existing mortgage(s)	3.	00	00
4. Accrued interest on pre-existing mortgage(s)	4.	00	00
5. Accrued real estate taxes	5.	00	00
6. Amounts of other liens on property	6.	00	00
7. Value of shares of stock or of partnership interest received	7.	00	00
8. Value of real or personal property received in exchange	8.		
9. Amount of Real Property Transfer Tax and/or other taxes or expenses of the grantor which are paid by the grantee	9.	00	00
10. Other (describe):	10.	00	00
11. TOTAL CONSIDERATION (add lines 1 through 10 - must equal amount entered on line 1 of Schedule 2) (see instructions)	11.	340,000	00

See instructions for special rules relating to transfers of cooperative units, liquidations, marital settlements and transfers of property to a business entity in return for an interest in the entity.

SCHEDULE 2 - COMPUTATION OF TAX

A. Payment	Pay amount shown on line 14 - See instructions	Payment threshold
1. Total Consideration (from line 11, above)	1.	340,000 00
2. Excludable liens (see instructions)	2.	00 00
3. Consideration (Line 1 less line 2)	3.	340,000 00
4. Tax Rate (see instructions)	4.	.01425 %
5. Percentage change in beneficial ownership (see instructions)	5.	%
6. Taxable consideration (multiply line 3 by line 5)	6.	
7. Tax (multiply line 6 by line 4)	7.	4,845.00
8. Credit (see instructions)	8.	
9. Tax due (line 7 less line 8) (if the result is negative, enter zero)	9.	
10. Interest (see instructions)	10.	
11. Penalty (see instructions)	11.	
12. Total tax due (add lines 9, 10 and 11)	12.	4,845.00
13. Filing Fee	13.	50.00
14. Total Remittance Due (line 12 plus line 13)	14.	4,895.00

SCHEDULE 3 - IRVING LBS INVOLVING MULTIPLE GRANTEES AND/OR GRANTEES OR A PARTNER(S)

NOTE If additional space is needed, attach copies of this schedule or an addendum listing all of the information required below.

GRANTOR(S)/PARTNER(S)

NAME PERMANENT MAILING ADDRESS AFTER TRANSFER CITY AND STATE ZIP CODE	SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER
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GRANTEE(S)/PARTNER(S)

NAME PERMANENT MAILING ADDRESS AFTER TRANSFER CITY AND STATE ZIP CODE	SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER
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