



**CITY OF MOUNT VERNON**

CITY HALL  
FINANCE DEPARTMENT  
Mount Vernon, N.Y. 10550

**REAL PROPERTY TRANSFER TAX RETURN**

Pursuant to Chapter 234 of the code of the City of Mount Vernon

Please Print

FOR DEPARTMENT USE ONLY

(Grantee/Buyer)

Name Address Zip Code

(Grantor/Seller)

Name Address Zip Code

(Grantee's Att'y)

Name Address Zip Code

(Grantor's Att'y)

Name Address Zip Code

**LOCATION OF PROPERTY TRANSFERRED**

Address

City Tax Map Section Block Lot

DATE OF DELIVERY OF DEED TO GRANTEE

19

**TOTAL AMOUNT DUE** (from back of form)

[Empty box for total amount due]

**MAKE CERTIFIED CHECK PAYABLE TO THE ORDER OF THE CITY OF MOUNT VERNON**

**NOTES:**

1. This return must be completed and filed with the Comptroller of the City of Mount Vernon.
2. The tax due thereon must be paid within thirty (30) days after delivery of the deed by the grantor to the grantee but before the recording of such deed. This return must be filed by both the grantee and the grantor whether or not a tax is due thereon and although the consideration for the deed is \$100,000. or less.
3. Where the transfer is by a corporation in liquidation or to a corporation in exchange for capital stock, submit balance sheet.
4. Penalty of 8% of the tax due for the first month of delay plus interest at the rate of 1½% of such tax for each additional month of delay must be added if payment is not made on or before the due date.

**AFFIDAVIT OF GRANTEE**

I swear (or affirm) that this return, including the accompanying schedules or statements, has been examined by me, and is, to the best of my knowledge and belief, a true and complete return, made in good faith, pursuant to Chapter 234, Section 234-48 of the Code of the City of Mount Vernon and the regulations issued under authority thereof.

Sworn to and subscribed to before me

this \_\_\_ day of \_\_\_\_\_, 19\_\_\_

(Name of Grantee)

Signature of Officer Administering Oath

Signature of owner, partner, officer of corporation, etc.

**AFFIDAVIT OF GRANTOR**

I swear (or affirm) that this return, including the accompanying schedules or statements, has been examined by me, and is, to the best of my knowledge and belief, a true, and complete return, made in good faith, pursuant to Chapter 234, Section 234-48 of the Code of the City of Mount Vernon and the regulations issued under authority thereof.

Sworn to and subscribed to before me

this \_\_\_ day of \_\_\_\_\_, 19\_\_\_

(Name of Grantor)

Signature of Officer Administering Oath

Signature of owner, partner, officer of corporation



**CITY OF MOUNT VERNON**  
**Computation of Real Property Transfer Tax**

Date of Contract of Sale \_\_\_\_\_

**SECTION I**

**Use only for property located wholly within City of Mount Vernon**

|  |                     |
|--|---------------------|
| 1. Total consideration paid or required to be paid (cash and non cash) . . . . .                     | \$ _____            |
| 2. Exclusion . . . . .   | 100,000.00<br>_____ |
| 3. Amount subject to tax (line 1 less line 2) . . . . .  | _____               |
| 4. Tax due - 1% of line 3 . . . . .  | _____               |
| 5. Add - Penalty and Interest (See note 2 & 4 on front of form) . . . . .                            | _____               |
| 6. Total Tax, Penalty & Interest Due (enter here and as total amount due on front of form) . . . . . | \$ _____<br>_____   |

**SECTION II**

**Use only for property located partly within and partly without City of Mount Vernon**

|   |                     |
|---|---------------------|
| 1. Total consideration paid or required to be paid (cash and non cash) . . . . .                              | \$ _____            |
| 2. Exclusion . . . . .  | 100,000.00<br>_____ |
| 3. Amount Subject to Pro-Ration (line 1 less line 2) . . . . .  | _____               |
| 4. Full value of property located within City of Mount Vernon . . . . .                                       | \$ _____            |
| 5. Full value of property located outside City of Mount Vernon . . . . .                                      | _____               |
| 6. Total full value (line 4 & line 5) . . . . .   | _____               |
| 7. Percentage of total full value of property located within City of Mount Vernon (line 4 ÷ line 6) . . . . . | _____               |
| 8. Amount subject to tax (line 7 × line 3) . . . . .  | _____               |
| 9. Tax Due - 1% of line 8 . . . . .   | _____               |
| 10. Add - Penalty and interest (see note 2 & 4 on front of form) . . . . .                                    | _____               |
| 11. Total tax, penalty & interest due (enter here and as total amount due on front of form) . . . . .         | \$ _____<br>_____   |