

**COLUMBIA COUNTY  
SUPPLEMENTAL REAL ESTATE  
TRANSFER TAX RETURN**

*Recording Office Stamp here*

**Schedule A—Information relating to conveyance**

<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Estate/Trust <input type="checkbox"/> Other	Grantor/Transferor	Name (if individual; last, first, middle initial)	Social Security Number
		Mailing Address	Social Security Number
		City State ZIP Code	Federal Employer Identification Number
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Estate/Trust <input type="checkbox"/> Other	Grantee/Transferee	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**

- One Family Residence  
 Other

**Date of Conveyance**

**Date of Contract**

**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 <input type="checkbox"/> 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
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_____ Grantor	_____ Title	_____ Grantee	_____ Title
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<i>For Recording Officer's Use</i>	<i>Amount received</i>	<i>Date received</i>	<i>Transaction number</i>
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