



# FULL OR PARTIAL REFUND REQUEST FOR REAL PROPERTY TRANSFER TAX FOR AFFORDABLE HOUSING DEVELOPMENT

Mail to: Department of Finance, Division of Land Records, Administrative Support, 66 John Street, 13th Floor, New York, NY 10038

**INSTRUCTIONS:** Complete this application if you are requesting a full or partial refund of the Real Property Transfer Tax paid for real property transferred to a Housing Development Fund Company, please read the instructions for further details before completing this form and print all information.

## SECTION I - GENERAL INFORMATION

1. City Register File Number: \_\_\_\_\_ 2. Borough: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

3. Amount of Refund Requested: \$ \_\_\_\_\_

4. a. Make refund check payable to: \_\_\_\_\_  
PRINT FIRST NAME PRINT LAST NAME

b. Mail the refund check to this address: \_\_\_\_\_  
NUMBER AND STREET APT/FLOOR

c. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## SECTION II - FILER INFORMATION

1. Filer's Name: \_\_\_\_\_

2. Firm Name (if applicable): \_\_\_\_\_

3. Telephone Number: (\_\_\_\_) \_\_\_\_\_ Extension: \_\_\_\_\_ Email Address: \_\_\_\_\_

4. Please state your relationship to the property:  Owner  Title Company  Other (please specify) \_\_\_\_\_

## SECTION III - ORIGINAL PAYER INFORMATION:

1. Original Payer: \_\_\_\_\_ 2. Email: \_\_\_\_\_

3. Address: \_\_\_\_\_  
NUMBER AND STREET APT/FLOOR

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## SECTION IV - CERTIFICATION

### SIGN HERE IF YOU ARE THE ORIGINAL PAYER OF THE REAL PROPERTY TRANSFER TAX FOR WHICH YOU ARE A REQUESTING A REFUND

*I am the payer of, or a duly authorized employee of, the corporation that paid the Real Property Transfer Tax upon which this request is based. I certify that all statements made and information provided is true and correct. If the City of New York verifies that a credit exists for this transaction, I consent that the refund be paid to the above-named individual or entity. I also agree to release the City of New York from any claims arising from this refund and to reimburse the City for any costs resulting from claims arising from this refund. Any refund paid is subject to audit and recoupment. I understand that any willful false statements made herein may subject me to the penalties described in the Penal Law.*

\_\_\_\_\_  
Signature Print Name Date

### SIGN HERE IF YOU DID NOT PAY THE REAL PROPERTY TRANSFER TAX FOR WHICH YOU ARE REQUESTING A REFUND

*I certify that I have been properly authorized by the payer or entity responsible for payment of the recording fee upon which this claim is based. Any refund paid is subject to audit and recoupment, and I have so advised the party for whom I am making this application. I certify that all statements made and information provided on this application are true and correct to the best of my knowledge. I understand that any willful false statements made herein may subject me to the penalties described in the Penal Law.*

\_\_\_\_\_  
Signature Print Name Date

**GENERAL INFORMATION****WHO SHOULD FILE?****PLEASE COMPLETE THIS FORM ONLY IF:**

- You have filed and paid Real Property Transfer Tax on a property that was entitled to a full or partial exemption for an Affordable Housing Development.

**DO NOT COMPLETE THIS FORM IF:**

- You believe you are entitled to a refund of an overpayment of NYC Real Property Transfer Tax (RPTT) for any other reason. Please submit a written request, and include proof of payment (front and back of the cancelled check) to:

NYC Department of Finance  
Business/Excise Tax Refund Unit  
59 Maiden Lane, 20th floor  
New York, NY 10038

**INSTRUCTIONS****PLEASE READ CAREFULLY**

Please provide one of the following as proof of payment: cancelled check, receipt, or payment cover page. Complete one refund request form for each City Register File Number.

**Section I General Information:**

- Enter City Register File Number found on the recording and endorsement cover page for the filed NYC Real Property Transfer Tax.
- Provide the borough/block/lot found on the recording and endorsement cover page.
- State the requested refund amount.
- Print clearly the name or the person or entity to whom the check should be made payable.  
Provide the party's complete mailing address including apartment number and zip code.

**Section II Filer Information:**

- Print all information clearly in ink.

**Section III Original Payer:**

THIS SECTION MUST BE COMPLETED IN ORDER TO PROCESS REFUND CLAIM.

**Section IV: Sign the applicable certification**

Mail your completed refund request along with requested documentation to:

NYC Department of Finance  
Division of Land Records  
Administrative Support  
66 John Street, 13th Floor  
New York, NY 10038

**PLEASE DO NOT WRITE BELOW THIS LINE - FOR INTERNAL USE ONLY**

DATE RECEIVED

REVIEWED BY

DATE REVIEWED