

MT-610.1 (10/11)

Name of association, corporation or trust	Number of shares authorized
	Pref. 1st
Mailing address	Pref. 2nd
	Common

I, _____ president/secretary/trustee of the

(name of association, corporation or trust)

hereby certify that the association/corporation/trust keeps a place for sale, transfer or delivery of its stock at _____

_____, in the city/town/village of _____, New York.

(actual address)
Incorporated or organized on _____, under the Laws of the State of _____.
(date)

(signature of president, secretary or trustee)

State of New York

County of _____

On this _____ day of _____, 20 _____, before me personally came

_____, to me known, and who did affirm that he/she is president/secretary/trustee of the association/corporation/trust named above and that he/she executed the foregoing certificate on behalf of that association/corporation/trust pursuant to authority vested in him/her by a vote of the board of directors of that association/corporation or as a trustee of that trust.

Notary Public/Commissioner of Deeds

Our authority to require associations, corporations and trustees to file this form is in section 275-a of the Tax Law. The information will be used primarily for the stock transfer tax administration and for other lawful purposes. Failure to file this form is a misdemeanor punishable by fine and imprisonment. Mail this completed form to: **New York State Tax Department, TDAB-Stock Transfer Tax, W A Harriman Campus, Albany NY 12227. Telephone (518) 457-8637.**

MT-610.1 (10/11)

Name of association, corporation or trust	Number of shares authorized
	Pref. 1st
Mailing address	Pref. 2nd
	Common

I, _____ president/secretary/trustee of the

(name of association, corporation or trust)

hereby certify that the association/corporation/trust keeps a place for sale, transfer or delivery of its stock at _____

_____, in the city/town/village of _____, New York.

(actual address)
Incorporated or organized on _____, under the Laws of the State of _____.
(date)

(signature of president, secretary or trustee)

State of New York

County of _____

On this _____ day of _____, 20 _____, before me personally came

_____, to me known, and who did affirm that he/she is president/secretary/trustee of the association/corporation/trust named above and that he/she executed the foregoing certificate on behalf of that association/corporation/trust pursuant to authority vested in him/her by a vote of the board of directors of that association/corporation or as a trustee of that trust.

Notary Public/Commissioner of Deeds

Our authority to require associations, corporations and trustees to file this form is in section 275-a of the Tax Law. The information will be used primarily for the stock transfer tax administration and for other lawful purposes. Failure to file this form is a misdemeanor punishable by fine and imprisonment. Mail this completed form to: **New York State Tax Department, TDAB-Stock Transfer Tax, W A Harriman Campus, Albany NY 12227. Telephone (518) 457-8637.**