



Enhanced STAR IVP
RP-425-IVP Transmittal Form

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|---|-------------------------|
| To: NYS Tax Department Property Tax Relief Unit-IVP PO Box 15191 Albany NY 12212-5191 | From: |
| Fax: 518-457-0866 | Number of forms: |
| Phone: 518-457-9053 | Date: |

Please include the following information:

| | |
|---|-----------------|
| Municipal code | __ __ __ __ 0 0 |
| Municipality name | |
| Assessor name | |
| Assessor phone contact information | |
| Assessor email contact information | |
| Type of property included in transmittal (Note: Mobile homes and cooperatives should be accompanied by their own, separate transmittal form.) Enter <i>M</i> for mobile home, <i>C</i> for cooperative, or <i>P</i> for non-MH/coop | |

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|---------------------------|--|
| <i>For NYS use only:</i> | |
| Date received: | |
| Number of forms received: | |
| Date completed: | |
| Completed by: | |