

NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE OFFICE OF REAL PROPERTY TAX SERVICES

REAL PROPERTY TRANSFER REPORT SALE INFORMATION CORRECTION FORM

I am seeking your assistance in determining whether an error was made in the completion of the Real Property Transfer Report from (RP-5217) for the transfer of the following real property:

	(Street Address)
	(City/Town/Village)
	(Date of Sale)
(R	P-5217 Swis/Book/Page)
	(Tax ID – Optional)
Please complete Part(s)	_ and the Certification on the reverse side and return the form to
me at:	

Thank you for your cooperation.

1. State the Full Sales Price. (Full sales price is the total amount paid for the property, including personal property. This payment may be in the form of cash, other property or goods, or the assumption of mortgages or other obligations).

		\$
2.	Indicate the value of the personal property included in the sale.	\$
3.	Indicate the sale contract date. If land contract sale, specify date of initial contract.	
4.	Indicate the date of sale/transfer.	

PART II: ERROR IN	CONDITION OF	TRANSFER
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5. Check one or more of these conditions as applicable to transfer:

 _Sale Between Relatives
 Sale Between Related Companies or Partner in Business
 One of the Buyers is also a Seller
 _Buyer or Seller is a Government Agency or a Lending Institution
 _ Deed Type is not Warranty or Bargain and Sale (specify deed type)
 _ Sale of Fractional or Less than Fee Interest (specify)
 _Sale of Business is Included in Sale Price
 Other Unusual Factors Affecting Sale Price (specify)
 _ None of the above conditions apply.

CERTIFICATION

Buyer	Seller	Agent	Other (specify)	
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Were you the person who signed the original Real Property Transfer Report Form (RP-5217)?

____Yes ____No

I certify that all the items of information entered on this page are true and correct (to the best of my knowledge and belief) and I understand that the making of any willful false statement of material fact herein will subject me to the provisions of the Penal Law relative to the making and filing of false instruments.

Name (Print or Type):	Telephone # ()
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Signature	Date