

# EFFECTIVE APRIL 15, 2014, THE MULTI-PART RP-5217 WILL NO LONGER BE ACCEPTED

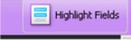
## BE SUCCESSFUL WITH THE ELECTRONIC RP-5217 REQUIREMENTS

**DON'T RISK REJECTION.** Follow these guidelines to ensure acceptance of your RP-5217. The bar-coded RP-5217 form is NOT intended for use as a handwritten or typewriter-entry document and will NOT be accepted with a Deed by the County Clerk as such. Effective APRIL 15, 2014, the multi-part carbon RP-5217 will no longer be accepted.

Use the proper form. Visit the New York State Department of Taxation and Finance at <http://www.tax.ny.gov/research/property/assess/rp5217/index.htm> and review the RP-5217 PDF Form Instructions!

Click on the "Download RP-5217 PDF Form"

[http://www.tax.ny.gov/pdf/current\\_forms/orpts/rp5217.pdf](http://www.tax.ny.gov/pdf/current_forms/orpts/rp5217.pdf)



**BEST PRACTICE** – Go to the above web site every time you need to create an RP-5217 to ensure you have the most current version of the RP-5217.

**DO NOT** print out blank forms to fill out.

The barcode found at the bottom of the form captures all data entered by the user. The barcode recalculates each time the information is changed/added/deleted. It is imperative that the transfer information be complete, accurate and entered directly into the PDF from a computer.

**YOU MAY** save the PDF to your computer and correct any errors and reprint it.

Click the "Highlight Fields" button in the upper right hand corner. This will highlight all of the fields available. Start at #1 and complete Sections 1, 2, 4 thru 7, and 11 thru 20 (please disregard the second field of section 18). Do not forget sections 11 and 15. Section 3 is only required if the tax bills are being sent to an address that is different from the address in "Buyer Contact Information" section on bottom of form.

**PRINT AN 8 1/2 X 14 INCH LEGAL SIZE DOCUMENT** (scale to fit/fit). Screen prints and/or letter size prints will NOT be accepted.

The *highlighted* fields shown here are **MANDATORY**.

The signed original RP-5217-PDF must accompany all deeds and correction deeds upon filing with the Recording Officer. Please note that when buyers and sellers sign the RP-5217 they are certifying that the information is true and correct so having the form completed prior to printing is imperative.

INSTRUCTIONS(RP-5217-PDF-INS): www.orps.state.ny.us

New York State Department of  
**Taxation and Finance**  
Office of Real Property Tax Services  
**RP- 5217-PDF**  
Real Property Transfer Report (8/10)

FOR COUNTY USE ONLY  
C1. SWIS Code \_\_\_\_\_  
C2. Date Deed Recorded \_\_\_\_\_  
C3. Book \_\_\_\_\_ C4. Page \_\_\_\_\_

Clear Form

**PROPERTY INFORMATION**

1. Property Location  
\* STREET NUMBER \_\_\_\_\_ \* STREET NAME \_\_\_\_\_  
\* CITY OR TOWN \_\_\_\_\_ VILLAGE \_\_\_\_\_ \* ZIP CODE \_\_\_\_\_

2. Buyer Name  
\* LAST NAME/COMPANY \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
LAST NAME/COMPANY \_\_\_\_\_ FIRST NAME \_\_\_\_\_

3. Tax Billing Address  
Indicate where future Tax Bills are to be sent if other than buyer address(at bottom of form)  
LAST NAME/COMPANY \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
STREET NUMBER AND NAME \_\_\_\_\_ CITY OR TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

4. Indicate the number of Assessment Roll parcels transferred on the deed  # of Parcels OR  Part of a Parcel (Only if Part of a Parcel) Check as they apply:  
4A. Planning Board with Subdivision Authority Exists   
4B. Subdivision Approval was Required for Transfer   
4C. Parcel Approved for Subdivision with Map Provided

5. Deed Property Size  
\* FRONT FEET \_\_\_\_\_ X \* DEPTH \_\_\_\_\_ OR \* ACRES \_\_\_\_\_

6. Seller Name  
\* LAST NAME/COMPANY \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
LAST NAME/COMPANY \_\_\_\_\_ FIRST NAME \_\_\_\_\_

\*7. Select the description which most accurately describes the use of the property at the time of sale:  
 \_\_\_\_\_

Check the boxes below as they apply:  
8. Ownership Type is Condominium   
9. New Construction on a Vacant Land   
10A. Property Located within an Agricultural District   
10B. Buyer received a disclosure notice indicating that the property is in an Agricultural District

**SALE INFORMATION**

11. Sale Contract Date \_\_\_\_\_  
\* 12. Date of Sale/Transfer \_\_\_\_\_  
\*13. Full Sale Price \_\_\_\_\_ .00  
( Full Sale 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.) Please round to the nearest whole dollar amount.

14. Indicate the value of personal property included in the sale \_\_\_\_\_ .00

15. Check one or more of these conditions as applicable to transfer:  
A. Sale Between Relatives or Former Relatives  
B. Sale between Related Companies or Partners in Business.  
C. One of the Buyers is also a Seller  
D. Buyer or Seller is Government Agency or Lending Institution  
E. Deed Type not Warranty or Bargain and Sale (Specify Below)  
F. Sale of Fractional or Less than Fee Interest (Specify Below)  
G. Significant Change in Property Between Taxable Status and Sale Date  
H. Sale of Business is included in Sale Price  
I. Other Unusual Factors Affecting Sale Price (Specify Below)  
J. None  
Comment(s) on Condition: \_\_\_\_\_

**ASSESSMENT INFORMATION - Data should reflect the latest Final Assessment Roll and Tax Bill**

16. Year of Assessment Roll from which information taken(Y) \_\_\_\_\_ \*17. Total Assessed Value \_\_\_\_\_  
\*18. Property Class \_\_\_\_\_ \*19. School District Name \_\_\_\_\_  
\*20. Tax Map Identifier(s)/Roll Identifier(s) (if more than four, attach sheet with additional Identifier(s)) \_\_\_\_\_

**CERTIFICATION**

I certify that all of the items of information entered on this form 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 subject me to the provisions of the penal law relative to the making and filing of false instruments.

SELLER SIGNATURE

SELLER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

BUYER SIGNATURE

BUYER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**BUYER CONTACT INFORMATION**

(Enter information for the buyer. Note: If buyer is LLC, society, association, corporation, joint stock company, estate or entity that is not an individual agent or fiduciary, then a name and contact information of an individual/responsible party who can answer questions regarding the transfer must be entered. Type or print clearly.)

\* LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
\* AREA CODE \_\_\_\_\_ \* TELEPHONE NUMBER (Ex: 999999) \_\_\_\_\_  
\* STREET NUMBER \_\_\_\_\_ \* STREET NAME \_\_\_\_\_  
\* CITY OR TOWN \_\_\_\_\_ \* STATE \_\_\_\_\_ \* ZIP CODE \_\_\_\_\_

**BUYER'S ATTORNEY**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
AREA CODE \_\_\_\_\_ TELEPHONE NUMBER (Ex: 999999) \_\_\_\_\_

