



Cooperative Housing Corporation Information Return

Real Estate Transfer Tax

For office use only

Cooperative name	Filing period (check applicable box): January - June <input type="checkbox"/> July - December <input type="checkbox"/>
Cooperative address	Year of filing
Mailing address	Federal identification number
Name of person to contact	Telephone number of contact person

Instructions

Complete this form for the following types of conveyances of cooperative apartment shares:

- 1) Initial cooperative apartment sales by cooperative corporations or sponsors.
- 2) Resale of all other cooperative apartments without regard to use.
- 3) Check this box if no conveyances occurred during the period covered by this return.

If further space is required, you may copy this form and attach additional sheets.

Mail this completed form to:

NYS TAX DEPARTMENT
TTTB-TRANSFER TAX
W A HARRIMAN CAMPUS
ALBANY NY 12227

Grantor	Name	Employer identification or social security number
Address before closing date		Apartment number
Address after closing date		Number of shares allocated to apartment
Date of transfer / /	Consideration \$	Check one: <input type="checkbox"/> Initial sale <input type="checkbox"/> Resale
Grantee	Name	Employer identification or social security number
Address		

Grantor	Name	Employer identification or social security number
Address before closing date		Apartment number
Address after closing date		Number of shares allocated to apartment
Date of transfer / /	Consideration \$	Check one: <input type="checkbox"/> Initial sale <input type="checkbox"/> Resale
Grantee	Name	Employer identification or social security number
Address		

Grantor	Name	Employer identification or social security number
Address before closing date		Apartment number
Address after closing date		Number of shares allocated to apartment
Date of transfer / /	Consideration \$	Check one: <input type="checkbox"/> Initial sale <input type="checkbox"/> Resale
Grantee	Name	Employer identification or social security number
Address		

Grantor	Name	Employer identification or social security number
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Grantee	Name	Employer identification or social security number
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Date of transfer / /	Consideration \$	Check one: <input type="checkbox"/> Initial sale <input type="checkbox"/> Resale
Grantee	Name	Employer identification or social security number
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Grantor	Name	Employer identification or social security number
Address before closing date		Apartment number
Address after closing date		Number of shares allocated to apartment
Date of transfer / /	Consideration \$	Check one: <input type="checkbox"/> Initial sale <input type="checkbox"/> Resale
Grantee	Name	Employer identification or social security number
Address		

Grantor	Name	Employer identification or social security number
Address before closing date		Apartment number
Address after closing date		Number of shares allocated to apartment
Date of transfer / /	Consideration \$	Check one: <input type="checkbox"/> Initial sale <input type="checkbox"/> Resale
Grantee	Name	Employer identification or social security number
Address		

Certification of an elected officer of the corporation

I hereby certify that this form, including any accompanying rider and all attachments, is, to the best of my knowledge and belief, true, correct, and complete.

Signature of officer	Title	Date
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