Recording Office Stamp here

to

COLUMBIA COUNTY SUPPLEMENTAL REAL ESTATE TRANSFER TAX RETURN

Schedule A—Info	rmation relati	ig to conveyance				
Grantor/Transferor Name (if individual; last, fi		ıl; last, first, middle initial)	, middle initial)		Social Security Number	
Individual Corporation Mailing Address					Social Security Number	
Partnership Estate/Trust Other City		State	State ZIP Code		Federal Employer Identification Number	
Grantee/Transferee Name (if individual; last		ıl; last, first, middle initial)	1st, first, middle initial)		Social Security Number	
Corporation Mailing Address				Social Security No	umber	
Partnership Estate/Trust City Other		State	ZIP Code	Federal Employer	Federal Employer Identification Number	
Location and descr	intion of proper	ty to be conveyed				
Tax map designation	200 02 0.0	Address	City/Village	Town	County	
Section Block	at the state of th			133333		
Type of property c		Date of Cor	Date of Conveyance Date of Contract			
One Family Residence						
Other						
a. Total Assessed Value in c. % of Assessed Value in c. Wassessed Value in c. Tourney Part II. Computation a. Amount of full co b. If a total exemption c. Taxable considerand. Tax: \$1 for each \$1.	outside of Column of share of assessed lue: In Columbia Coundlue in Columbia portion of consideration if enton is claimed on the strong for one fam (5500 or part there	bia County: Yes dia Value within Columbia ty: County [b. ÷ a. x 100] deration upon which Tax ire parcel is within county the TP-584 check here tily residence, first \$150, the consideration on the consideration of the	a County, calculated a is due [consideration of consideration of consideration line a., b., or c. as app	olicable ms fine is exempt)	a. \$	
The undersigned certifithe best of his/her kno	fy that the above in wledge, true and c	form on in Schedules A implete, and authorize the strument effecting the cor	person(s) submitting su	ich form on their beha	If to receive a copy for	
Grantor		Title	Grantee		Title	
Grantor	· · · · · · · · · · · · · · · · · · ·	Title	Grantee		Title	
For Recording Office	er's Use	Amount received	Date received	d Transac	tion number	