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| **Supplemental Transfer Tax**  **LLC Information Disclosure Form** |  |

Chapter 297 of the Laws of 2019 requires the collection of information regarding the purchaser and/or seller of a residential 1-4 property or single co-op/condominium unit, where that purchaser or seller is a limited liability company.

Transfer tax returns must be accompanied by a document which identifies the names and business addresses of all members, managers, and any other authorized persons, if any, of such limited liability company and the names and business addresses or, if none, the business addresses of all shareholders, directors, officers, members, managers and partners of any limited liability company or other business entity that are to be the members, managers or authorized persons, if any, of such limited liability company.

The identification of such names and addresses shall not be deemed an unwarranted invasion of personal privacy pursuant to article six of the public officers’ law. If any such member, manager or authorized person of the limited liability company is itself a limited liability company or other business entity, the names and addresses of the shareholders, directors, officers, members, managers and partners of the limited liability company or other business entity shall also be disclosed until full disclosure of ultimate ownership by natural persons is achieved.

For purposes of this subdivision, the terms “members”, “managers”, “authorized person", "limited liability company" and "other business entity" shall have the same meaning as those terms are defined in section one hundred two of the limited liability company law.

Information relating to conveyance (as per the TP-584):

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| Title No.: Click here to enter text. | |
| Grantor: Click here to enter text. | | | |
| Grantee: Click here to enter text. | | | |
| Tax map designation – Section, block & lot  (include dots and dashes) | Street Address | City, town or village | County |
| Enter text | Click here to enter text. | Enter text. | Enter text. |

**Selling Entity**

Provide the below information for ALL members, managers, and any other authorized persons, if any; or, if none, the information of all shareholders, directors, officers, members, managers and partners of any limited liability company or other business entity that are to be the members, managers or authorized persons, if any, of such limited liability company until full disclosure of ultimate ownership by natural persons is achieved.

***Please attach organizational charts, as applicable, to show each individual’s relationship to the selling entity either directly or through all related entities.***

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| Last Name/Entity Click here to enter text. | First Name Click here to enter text. | | | | M.I. Text | |
| Indicate relationship to grantor (member, shareholder, etc. & percentage of ownership interest): here to enter text. | | | SSN or EIN No.: Enter text. | | | |
| Business Address Click here to enter text. | | | | | | |
| City Click here to enter text. | | State text. | | Zip Enter text. | |

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| Last Name/Entity Click here to enter text. | First Name Click here to enter text. | | | | M.I. Text | |
| Indicate relationship to grantor (member, shareholder, etc. & percentage of ownership interest): here to enter text. | | | SSN or EIN No.: Enter text. | | | |
| Business Address Click here to enter text. | | | | | | |
| City Click here to enter text. | | State text. | | Zip Enter text. | |

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| Last Name/Entity Click here to enter text. | First Name Click here to enter text. | | | | M.I. Text | |
| Indicate relationship to grantor (member, shareholder, etc. & percentage of ownership interest): here to enter text. | | | SSN or EIN No.: Enter text. | | | |
| Business Address Click here to enter text. | | | | | | |
| City Click here to enter text. | | State text. | | Zip Enter text. | |

\*Attach additional sheets as necessary

**Purchasing Entity**

Provide the below information for ALL members, managers, and any other authorized persons, if any; or, if none, the information of all shareholders, directors, officers, members, managers and partners of any limited liability company or other business entity that are to be the members, managers or authorized persons, if any, of such limited liability company until full disclosure of ultimate ownership by natural persons is achieved.

**Please attach organizational charts, as applicable, to show each individual’s relationship to the purchasing entity either directly or through all related entities.**

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| Last Name/Entity Click here to enter text. | First Name Click here to enter text. | | | | M.I. Text | |
| Indicate relationship to grantor (member, shareholder, etc. & percentage of ownership interest): here to enter text. | | | SSN or EIN No.: Enter text. | | | |
| Business Address Click here to enter text. | | | | | | |
| City Click here to enter text. | | State text. | | Zip Enter text. | |

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| Last Name/Entity Click here to enter text. | First Name Click here to enter text. | | | | M.I. Text | |
| Indicate relationship to grantor (member, shareholder, etc. & percentage of ownership interest): here to enter text. | | | SSN or EIN No.: Enter text. | | | |
| Business Address Click here to enter text. | | | | | | |
| City Click here to enter text. | | State text. | | Zip Enter text. | |

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| Last Name/Entity Click here to enter text. | First Name Click here to enter text. | | | | M.I. Text | |
| Indicate relationship to grantor (member, shareholder, etc. & percentage of ownership interest): here to enter text. | | | SSN or EIN No.: Enter text. | | | |
| Business Address Click here to enter text. | | | | | | |
| City Click here to enter text. | | State text. | | Zip Enter text. | |

\*Attach additional sheets as necessary

**Continuation Sheet**

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| Last Name/Entity Click here to enter text. | First Name Click here to enter text. | | | | M.I. Text | |
| Indicate relationship to grantor (member, shareholder, etc. & percentage of ownership interest): here to enter text. | | | SSN or EIN No.: Enter text. | | | |
| Business Address Click here to enter text. | | | | | | |
| City Click here to enter text. | | State text. | | Zip Enter text. | |

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| Last Name/Entity Click here to enter text. | First Name Click here to enter text. | | | | M.I. Text | |
| Indicate relationship to grantor (member, shareholder, etc. & percentage of ownership interest): here to enter text. | | | SSN or EIN No.: Enter text. | | | |
| Business Address Click here to enter text. | | | | | | |
| City Click here to enter text. | | State text. | | Zip Enter text. | |

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| Last Name/Entity Click here to enter text. | First Name Click here to enter text. | | | | M.I. Text | |
| Indicate relationship to grantor (member, shareholder, etc. & percentage of ownership interest): here to enter text. | | | SSN or EIN No.: Enter text. | | | |
| Business Address Click here to enter text. | | | | | | |
| City Click here to enter text. | | State text. | | Zip Enter text. | |

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| Last Name/Entity Click here to enter text. | First Name Click here to enter text. | | | | M.I. Text | |
| Indicate relationship to grantor (member, shareholder, etc. & percentage of ownership interest): here to enter text. | | | SSN or EIN No.: Enter text. | | | |
| Business Address Click here to enter text. | | | | | | |
| City Click here to enter text. | | State text. | | Zip Enter text. | |