



# APPLICATION TO CLAIM A REFUND

**Instructions:** If you are requesting a Real Property Transfer Tax (RPTT) refund, please mail this application to: NYC Department of Finance, RPTT Unit, 345 Adams Street, 7th Floor, Brooklyn, NY 11201. All other refund requests should be mailed to: NYC Department of Finance, Office of the City Register, 66 John Street, 13th Floor, New York, NY 10038.

Borough:	Block:	Lot:
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Transaction ID Number:

Name of Applicant:

Attorney or Representative (If Applicable):

Address:

City and State:	Zip Code:
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Applicant's interest in the property listed above. Check the appropriate box:

Owner
  Title company
  Attorney

Other (Specify) \_\_\_\_\_

Amount of Refund Requested: \$ \_\_\_\_\_

Reason for Refund. Check the appropriate box:

Overpayment
  Double payment
  Cancellation

Other (Specify) \_\_\_\_\_

Name of Applicant: (Please print)	Applicant's Signature:
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Title (If Corporate Officer):	Phone Number:	Date:
	_____	____/____/____

**Attach copies of the cancelled checks, receipts, and cover pages showing payment of the charges to be refunded. Failure to submit the requested materials may delay the processing of your application. If the applicant is not the payer, the payer must complete the consent form on page 2.**

**NOTE: REQUEST FOR A REFUND MUST BE MADE WITHIN ONE YEAR OF THE DATE OF PAYMENT. PLEASE ALLOW 6 TO 8 WEEKS FOR YOUR CLAIM TO BE PROCESSED.**

**PLEASE DO NOT WRITE BELOW THIS LINE - FOR INTERNAL USE ONLY**

Total Amount of Overpayment \$ \_\_\_\_\_ Total Amount of Refund \$ \_\_\_\_\_

Date Reviewed:	Reviewed By:
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## PAYER'S CONSENT TO RECEIVE A REFUND

Only complete this portion of the application if the person applying for the refund is different from the person who originally paid the filing or recording fee.

Transaction ID:

Borough:

Block:

Lot:

Party to receive the refund:

Address:

City and State:

Zip:

I authorize the payment of the refund of recording or filing fees to be paid to the party named above.

Name:

Title:

Signature:

Date: