



**CITY OF YONKERS**  
**REAL PROPERTY TRANSFER TAX RETURN**  
**FINANCE DEPARTMENT**

PURSUANT TO CHAPTER 15 TAXES, ARTICLE V, GENERAL ORDINANCE 8-1973 AS AMENDED  
 BY G.O. 4-1984, G.O. 10-1989, G.O. 3-1998 and G.O. 7-2005

<b>(Grantor: )</b>	Name _____				
<b>Address</b>	City	State	Zip		
<b>(Grantee)</b>	Name _____				
<b>Address</b>	City	State	Zip		
<b>(Grantor's Att'y)</b>	Name	Address	City	State	Zip
<b>(Grantee's Att'y)</b>	Name	Address	City	State	Zip

NOTE: FILING OF THIS RETURN DOES NOT CONSTITUTE NOTICE TO THE CITY OF YONKERS TO CHANGE THE ADDRESS FOR PROPERTY TAXES. PROPERTY OWNERS MUST PROVIDE A WRITTEN NOTICE ADVISING THE CITY OF CORRECT NAME AND MAILING ADDRESS.

SEND INFORMATION TO:

**CITY OF YONKERS**  
**ROOM 401**  
**87 NEPPERHAN AVENUE**  
**YONKERS, N.Y. 10701**

<b>LOCATION OF PROPERTY TRANSFERRED</b>				
<b>Address:</b> _____				
City Tax Map	Section	Block	Lot	
DATE OF DELIVERY OF DEED TO GRANTEE: _____				

**FOR DEPARTMENT USE ONLY**

**COMPUTATION OF TAX**

NOTES:

1. If item 1 is \$25,000 or less, enter zero in items 3 and 5. If exemption is claimed, attach signed affidavit showing grounds for exemption.
2. Where the transfer is by a corporation in liquidation or to a corporation in exchange for capital stock, complete Schedule B on Page 2.

1. Total Consideration Paid or Required to be Paid	
2. Allocated Consideration Subject to Tax (Schedule A)	
3. Tax Due-1.5% of Item 1 or 2 Whichever is Applicable	
4. Add – Penalty and Interest	
5. Total Tax, Penalty and Interest Due	

MAKE CERTIFIED CHECK PAYABLE TO **THE CITY OF YONKERS**

CITY HALL – ROOM 210, 40 SOUTH BROADWAY, YONKERS, NEW YORK 10701

**AFFIDAVIT OF GRANTOR**

I swear (or affirm) that this return including the accompanying schedules or statements, has been examined by me, and is to the best of my knowledge and belief, a true and complete return, made in good faith, pursuant to Chapter 15, Article V, of the General Ordinance 8-1973 as amended by G.O. 4-1984, G.O. 10-1989, G.O. 3-1998 and G.O. 7-2005

Sworn to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
 (Name of Grantor)

\_\_\_\_\_  
 Signature of Officer Administering Oath

\_\_\_\_\_  
 (Signature of owner, partner, officer of corporation, etc.)

**AFFIDAVIT OF GRANTEE**

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Sworn to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
 (Name of Grantee)

**Wiring information:** Hudson Valley Bank Getty Square Office | 61 South Broadway Yonkers NY 10701 | ABA#021909300 | ACCOUNT # 0324910701 | **Email Paper work To:** transfertax@yonkersny.gov

**SCHEDULE A**

Item No.	<b>ALLOCATION OF CONSIDERATION WHERE THE PROPERTY TRANSFERRED IS SITUATED PARTLY WITHIN AND PARTLY WITHOUT THE CITY OF YONKERS</b>
6.	Consideration (Item 1, Page 1) .....
7.	* Total Assessed Valuations of Property Situated Within and Without the City of Yonkers .....
8.	Deduct – Assessed Valuations of Property Situated Outside the City of Yonkers .....
9.	Assessed Valuation of Property Situated Within the City of Yonkers .....
10.	Percentage of Total Assessed Valuations of Property Attributable to Property Situated Within the City of Yonkers (Item 9 ÷ Item 7) .....
11.	Allocated Consideration Subject to Tax (Item 6 x Item 10) .....
	(enter as Item 2, Page 1 of Return)

**\*NOTE:**  
 The assessed valuations to be used are those in effect at the time of transfer of property. In lieu of assessed valuations, the equalized valuations may be used provided that they are applied to the property both within and without the City of Yonkers.

**SCHEDULE B**

Balance Sheet of Grantor  Grantee  as of \_\_\_\_\_  
(Check Applicable Box)

**NOTE:** If the transfer is in liquidation of a corporation, the financial statement of the grantor is required as of the date nearest the date of transfer and before the liquidation.  
 If the transfer is to a corporation in exchange for its capital stock, the financial statement of the grantee is required as of the date immediately after the effective date of the transfer. The balance sheet data required by this schedule may be attached as a separate rider to the return in lieu of completion of this schedule or if more space is required.

<b>ASSETS (Itemize: )</b>	\$
<b>Total Assets</b>	

<b>LIABILITIES PLUS CAPITAL (Itemize: )</b>	\$
<b>Total Liabilities plus Capital</b>	

This completed return must be filed with the Comptroller of the City of Yonkers.

The tax due thereon must be paid within seven (7) days after delivery of the deed by the grantor to the grantee but before the recording of such deed. A return must be filed by both the grantor and the grantee whether or not a tax is due thereon and although the consideration for the deed is \$25,000 or less

**IMPORTANT:**

**Penalty of 8% of the tax due for the first month of delay plus interest at the rate of 1% of such tax for each additional month of delay must be added if payment is not made on or before the due date.**



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**RES/TITLE**

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<b>(Grantee)</b>	Name _____				
<b>Address</b>	City	State	Zip		
<b>(Grantor's Att'y)</b>	Name	Address	City	State	Zip
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