

CLASS ABSTRACT SERVICES, INC.

72 Jericho Turnpike, Suite 3
Mineola, NY 11501

TELEPHONE
(516) 294-4141

TELECOPIER
(516) 294-4600

ACRIS E-TAX INFORMATION FORM

It is hereby agreed that Class Abstract Services, Inc. will prepare the transfer documents related to the transaction referenced below for a fee of \$125.00 (\$175.00 if less than 48 hours notice of closing) payable by the seller. The fee for preparation of Co-Op e-tax forms is \$95.00. It is also agreed that said fee will be paid at closing/transfer of premises. Please be advised that Class Abstract Services, Inc. will only prepare the documentation necessary for ACRIS, which does NOT include the deed, IT-2663 or IT-2664 or the Affidavit in Lieu of Registration/Preliminary Registration Form. Please note transfer documents cannot be prepared unless ALL questions are answered.

E-TAX FORMS ARE ONLY VALID FOR 90 DAYS FROM THE DATE PREPARED. IF NOT SUBMITTED WITHIN THAT TIME FRAME THEY ARE PURGED FROM THE ACRIS SYSTEM AT THE CITY REGISTER'S OFFICE. THEREFORE, THERE WILL BE AN ADDITIONAL CHARGE OF \$50.00 TO RECREATE ANOTHER SET OF E-TAX FORMS.

**IF YOU WISH TO E-MAIL THIS BACK PLEASE E-MAIL TO
SUSAND@CLASSABSTRACTSERVICES.COM**

Title # _____

Percentage of Real Property Conveyed: _____ %

Purchase Price: \$ _____

Sale Contract Date: ____ / ____ / ____ **Date of Conveyance:** ____ / ____ / ____

Property Address: _____

City, State, Zip Code: _____

Borough/Block/Lot: _____ / _____ / _____

Co-op Corp Name (if applicable):

In the space provided below please list any special condition, which may affect the conveyance and therefore determine which schedules are to be completed:

SELLERS INFORMATION:

Sellers: _____

Sellers' Current Address (as it appears on deed):

City, State, Zip Code: _____

Social Security Numbers/EIN: _____

Sellers' Attorney: _____

Attorney's Address: _____

City, State, Zip Code: _____

Phone Number: _____

PURCHASERS INFORMATION

Purchasers: _____

Purchasers' Current Address (as it appears on deed):

City, State, Zip Code: _____

Social Security Numbers: _____

Purchasers' Attorney: _____

Attorney's Address: _____

City, State, Zip Code: _____

Phone Number: _____