

# DELAWARE F O R M

## DIVISION OF REVENUE R T T - T A X

### REALTY TRANSFER TAX RETURN AND AFFIDAVIT OF GAIN AND VALUE



Form RTT-TAX must be completed for all conveyances and must be presented at the time of recording.

**PART A - TO BE COMPLETED BY GRANTOR / SELLER(S)**

TAXPAYER ID NO. [REDACTED] SSN [REDACTED] FEIN [REDACTED]  
 NAME OF GRANTOR [REDACTED]  
 ADDRESS [REDACTED]  
 ADDRESS 2 [REDACTED]  
 CITY [REDACTED]  
 STATE [REDACTED] ZIP [REDACTED]

**THE GRANTOR / SELLER(S) IS A**

- Resident Individual     Domestic Corporation (Delaware)
- Nonresident Individual     Foreign Corporation (non-Delaware)
- Partnership     Fiduciary (estate or trust)     S Corporation
- Nonprofit Corporation     Government Agency     LLC

TAXPAYER ID NO. [REDACTED] SSN [REDACTED] FEIN [REDACTED]  
 NAME OF GRANTOR [REDACTED]  
 ADDRESS [REDACTED]  
 ADDRESS 2 [REDACTED]  
 CITY [REDACTED]  
 STATE [REDACTED] ZIP [REDACTED]

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TAXPAYER ID NO. [REDACTED] SSN [REDACTED] FEIN [REDACTED]  
 NAME OF GRANTOR [REDACTED]  
 ADDRESS [REDACTED]  
 ADDRESS 2 [REDACTED]  
 CITY [REDACTED]  
 STATE [REDACTED] ZIP [REDACTED]

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TAXPAYER ID NO. [REDACTED] SSN [REDACTED] FEIN [REDACTED]  
 NAME OF GRANTOR [REDACTED]  
 ADDRESS [REDACTED]  
 ADDRESS 2 [REDACTED]  
 CITY [REDACTED]  
 STATE [REDACTED] ZIP [REDACTED]

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**PART B - TO BE COMPLETED BY GRANTEE / BUYER(S)**

TAXPAYER ID NO. [REDACTED] SSN [REDACTED] FEIN [REDACTED]  
 NAME OF GRANTEE [REDACTED]  
 ADDRESS [REDACTED]  
 ADDRESS 2 [REDACTED]  
 CITY [REDACTED]  
 STATE [REDACTED] ZIP [REDACTED]

**THE GRANTEE / BUYER(S) IS A**

- Resident Individual     Domestic Corporation (Delaware)
- Nonresident Individual     Foreign Corporation (non-Delaware)
- Partnership     Fiduciary (estate or trust)     S Corporation
- Nonprofit Corporation     Government Agency     LLC

TAXPAYER ID NO. [REDACTED] SSN [REDACTED] FEIN [REDACTED]  
 NAME OF GRANTEE [REDACTED]  
 ADDRESS [REDACTED]  
 ADDRESS 2 [REDACTED]  
 CITY [REDACTED]  
 STATE [REDACTED] ZIP [REDACTED]

**THE GRANTEE / BUYER(S) IS A**

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- Partnership     Fiduciary (estate or trust)     S Corporation
- Nonprofit Corporation     Government Agency     LLC

TAXPAYER ID NO. [REDACTED] SSN [REDACTED] FEIN [REDACTED]  
 NAME OF GRANTEE [REDACTED]  
 ADDRESS [REDACTED]  
 ADDRESS 2 [REDACTED]  
 CITY [REDACTED]  
 STATE [REDACTED] ZIP [REDACTED]

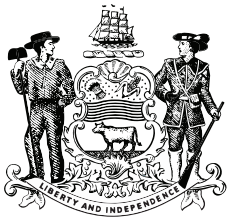
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- Partnership     Fiduciary (estate or trust)     S Corporation
- Nonprofit Corporation     Government Agency     LLC

TAXPAYER ID NO. [REDACTED] SSN [REDACTED] FEIN [REDACTED]  
 NAME OF GRANTEE [REDACTED]  
 ADDRESS [REDACTED]  
 ADDRESS 2 [REDACTED]  
 CITY [REDACTED]  
 STATE [REDACTED] ZIP [REDACTED]

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# DELAWARE F O R M

## DIVISION OF REVENUE RTT-TAX

### REALTY TRANSFER TAX RETURN AND AFFIDAVIT OF GAIN AND VALUE



#### PART C - PROPERTY LOCATION AND COMPUTATION OF THE TAX

**1. ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**COUNTY** \_\_\_\_\_ **DATE OF REAL ESTATE CONVEYANCE** \_\_\_\_\_

If this is a transfer of an interest in real estate through a transfer of an ownership interest in an entity, check this box and enter the name and EIN of the entity here:  Name \_\_\_\_\_ EIN \_\_\_\_\_

**2.** Enter the amount of consideration received including cash, checks, mortgages, liens, encumbrances, and any other good and valuable consideration \_\_\_\_\_

Was like kind properly exchanged? (If Yes, see instructions.)  Yes  No

**3.** Enter the **Highest** assessed value (for local tax purposes) of the real estate being conveyed \_\_\_\_\_

**4.** Enter the **Greater** of Line 2 or Line 3 \_\_\_\_\_

**5.** % rate of total Realty Transfer Tax due to the State, county, and/or municipality 4.0

**6.** % rate of Realty Transfer Tax due to the county or municipality \_\_\_\_\_

**7.** % rate reduction for contracts executed prior to 8/1/17 (see instructions) \_\_\_\_\_

**8.** % rate of Realty Transfer due to the State of Delaware (**Subtract** Lines 6 and 7 from Line 5) \_\_\_\_\_

**9.** Delaware Realty Transfer Tax Before Credits. **Multiply** Line 4 by Line 8. \_\_\_\_\_

<b>10.</b> % of responsibility by	Grantor / Seller(s) _____	Grantee / Buyer(s) _____	
<b>11.</b> Amount Due by ( <b>Multiply</b> Line 10 by Line 9)	Grantor / Seller(s) _____	Grantee / Buyer(s) _____	
<b>12.</b> First Time Home Buyers Credit (RTT-SCH Line 4)	Grantor / Seller(s) _____	Grantee / Buyer(s) _____	
<b>13.</b> Exclusions and Credits	Grantor / Seller(s) _____	Grantee / Buyer(s) _____	
<b>14.</b> Total Amount Due by ( <b>Subtract</b> Lines 12 and 13 from Line 11)	Grantor / Seller(s) _____	Grantee / Buyer(s) _____	

**TOTAL PAYMENT** \_\_\_\_\_

#### PART D - EXEMPT CONVEYANCES

If transaction is exempt from realty transfer tax, please complete the information in Part C that is available (including consideration paid, if any), and explain the basis for the exemption below:

The seller authorizes the Division of Revenue or such other appropriate state agency as may be designated to obtain any appropriate or necessary federal income tax forms, including the Seller(s) attached schedules or other attachments, and any other related papers filed by such seller which relate solely to the said real estate to which title is purported to be conveyed by the deed or instrument being recorded. Delaware law requires an income tax return to be filed for the taxable year during which there was disposition of real property within this state.

_____ SELLER SIGNATURE	_____ SELLER SIGNATURE	_____ SELLER SIGNATURE	_____ SELLER SIGNATURE
TITLE OF OFFICER / PARTNER	TITLE OF OFFICER / PARTNER	TITLE OF OFFICER / PARTNER	TITLE OF OFFICER / PARTNER

Sworn to and subscribed before me on \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
 NOTARY SIGNATURE