DO NOT STAPLE



New Hampshire

Department of Revenue Administration **CD-57-S**



0CD57S2411862

REAL ESTATE TRANSFER TAX DECLARATION OF CONSIDERATION REAL ESTATE SELLER (GRANTOR)

| STEP 1 - SELLER Grantor / Assignor / Transferor | (use new mailing address) | |
|--|------------------------------------|-----------------|
| Entity Type - (Check One): Individual Joint Partnership | Corporation Trust | Original Return |
| | | Amended Return |
| Seller 1 - Last Name / Entity | First Name | FEIN / SSN |
| | | |
| Seller 2 - Last Name / Entity | First Name | FEIN / SSN |
| | | |
| Street No. Street Name | Apt / Unit | Phone Number |
| | | |
| City State Zip | Code + 4 (or Canadian Postal Code) | |
| | | |
| STEP 2 - PURCHASER Grantee / Assignee / Transferee | | |
| Last Name / Entity | First Name | |
| | | |
| Land Name of Faction | F:N | |
| Last Name / Entity | First Name | |
| | | |
| | | |
| STEP 3 - REAL ESTATE Municipality County Street No. Street Name Multi Town Sale? If Yes, list municipalities: | Apt / Unit | |
| Municipality County Street No. Street Name Multi Town Sale? If Yes, list municipalities: | Apt / Unit Book No. | Page No. |
| Municipality Street No. Street Name Multi Town Sale? If Yes, list municipalities: | | Page No. |
| Municipality Street No. Street Name Multi Town Sale? If Yes, list municipalities: Yes No Transfer Date Recording Date Warranty Ouitclaim Mortgage | Book No. | |
| Municipality Street No. Street Name Multi Town Sale? If Yes, list municipalities: Yes No Transfer Date Recording Date Deed Type (Check one): | Book No. Sheriffs Tax Foreclosus | e |
| Municipality Street No. Street Name Multi Town Sale? If Yes, list municipalities: Yes No Transfer Date Recording Date Deed Type Warranty Quitclaim Mortgage | Book No. | e |
| Municipality Street No. Street Name Multi Town Sale? If Yes, list municipalities: Yes No Transfer Date Recording Date Deed Type (Check one): Mortgage | Book No. Sheriffs Tax Foreclosus | e |
| Municipality Street No. Street Name Multi Town Sale? If Yes, list municipalities: Yes No Transfer Date Recording Date Deed Type (Check one): Mortgage | Book No. Sheriffs Tax Foreclosus | e |
| Municipality Street No. Street Name Multi Town Sale? If Yes, list municipalities: Yes No Transfer Date Recording Date Deed Type (Check one): Mortgage | Book No. Sheriffs Tax Foreclosus | e |



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REAL ESTATE TRANSFER TAX DECLARATION OF CONSIDERATION REAL ESTATE SELLER (GRANTOR)

| STEP 5 - TAX AMOUNT | | | | | | | | | | | | | | | |
|---|----------|-----|------|-------|-----|-------|-------|-------|------|------|------|-------|-----|-------|--------|
| a) Full price or consideration for the real estate | | | | | | | | | | | | | | | |
| b) Divide Line 5(a) by \$100 | | | | | | | | | | | | | | | |
| c) Tax rate per \$100 at time of transfer | | | | | | | | | | | | 0 | | 7 | 5 |
| d) Subtotal of Seller's tax (Minimum of \$20 for all considerations \$4,000 or less, per RSA 78-B:1) | | | | | | | | | | | | | | | |
| e) Total tax paid to County on behalf of Seller and Purchaser | | | | | | | | | | | | | | | |
| Are you claiming tax exemption under RSA 78-B:2? DO NOT file form CD-57-S for transfers specifically exempted by RSA 78-B:2, IX. Form CD-57-S must be filed for non-contact. | | | | | | | | | | | | | | emp | ted |
| STEP 6 - TAXPAYER'S SIGNATURE & INFORMATION (Seller's Signature is Requi Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is price or consideration paid for the real estate transferred by this deed is as reported in Step 5(a) of the | true, co | | t ar | nd co | omp | olete | e. Ia | lso a | agre | e an | d af | ffirm | tha | t the | e full |
| Seller 1 Signature | MMI | DDY | YYY | , | | | | | | | | | | | |
| Seller 1 Printed Name | | | | | | | | | | | | | | | |
| Seller 2 Signature | MME | DDY | YYY | , | | | | | | | | | | | |
| Seller 2 Printed Name | | | | | | | | | | | | | | | 1 |
| | | | | | | | | | | | | | | | |



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REAL ESTATE TRANSFER TAX DECLARATION OF CONSIDERATION REAL ESTATE SELLER (GRANTOR) SIGNATURE PAGE

| STEP 7 - PREP | ARER'S SIGNATURE & INFO | RMATION (If prepared by s | someone other than | the Seller) | | | | |
|---------------------|---|---------------------------|--------------------|---|--|--|--|--|
| | orney (POA): By checking this box age entering the book and page number | | | eturn to act on your behalf for this return | | | | |
| | perjury, I declare that I have examir this declaration is based on all infor | | | nd complete. (If prepared by a person other | | | | |
| reparer's Signatui | re (if other than taxpayer) | | MMDDYYYY | | | | | |
| | | | | | | | | |
| reparer's Printed I | Name (required if POA box is checke | ed) | | | | | | |
| | | | | | | | | |
| ntity | | | | | | | | |
| | | | | | | | | |
| ast Name | | Firs | t Name | | | | | |
| | | | | | | | | |
| treet No. | Street Name | | Apt / Unit | Phone Number | | | | |
| | | | | | | | | |
| City | State Zip Code + 4 (or Canadian Postal Code) | | | | | | | |
| • | | | | | | | | |