



**CITY OF CHICAGO
DEPARTMENT OF REVENUE
REAL PROPERTY TRANSFER TAX DECLARATION
FORM - 7551**

Richard M. Daley
Mayor

STATUS []

For office use only

ACCOUNT NUMBER

Note: this form must be filled out completely for ALL real estate transfers, including transfers for which an exemption is claimed (see Municipal Code 3-33-070). If any information is omitted, this declaration form will be deemed incomplete and you may be assessed penalties and interest. Please use black or blue ink. You must complete all pages of this form.

Section 1. General Information about Property

For use by Cook County Recorder of Deeds

Street Number Direction

County document #

Street Name

Date

Unit/Apt # Zip Code

PIN

PIN

PIN

PIN

PIN

PIN

- Check here if an exempt transfer.
- Check here if this is an amended declaration. Check here if supplemental declarations will be filed in the future.
Original Declaration on filed on _____ .
- Check here if this is a supplemental Declaration (Open Transfer). ___monthly ___annually ___ other.

Type of property (check appropriate box below)

- | | | |
|---|--|---|
| 1. <input type="checkbox"/> Detached single family Residence/Townhome | 5. <input type="checkbox"/> Mixed use (residential and commercial) # of residential <input type="text"/> <input type="text"/> | 7. <input type="checkbox"/> Industrial |
| 2. <input type="checkbox"/> Condominium or Co-op | # of commercial <input type="text"/> <input type="text"/> | 8. <input type="checkbox"/> Vacant Land |
| 3. <input type="checkbox"/> Parking Space | 6. <input type="checkbox"/> Commercial: Place X in box | 9. <input type="checkbox"/> Other (you must attach a description) |
| 4. <input type="checkbox"/> Multi-unit residential building/SRO # of units .. <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> Office <input type="checkbox"/> Shopping Center | |
| | <input type="checkbox"/> Retail <input type="checkbox"/> Hotel/Motel | |
| | <input type="checkbox"/> Parking Garage <input type="checkbox"/> Bank | |
| | <input type="checkbox"/> Other | |

Buildings with 4 or more residential units **MUST** attach to this form either (i) the original Multiple Dwelling Registration Statement or (ii) original receipt thereof, disclosing the Buyer/Transferee's registration information as required in Section 8 of this form.

Section 2. Interest Transferred (check appropriate box below)

- | | | |
|---|--|--|
| 1. <input type="checkbox"/> Fee title | 4. <input type="checkbox"/> "Controlling interest" in a "real estate entity" | 7. <input type="checkbox"/> Installment Sale |
| 2. <input type="checkbox"/> Beneficial interest in a land trust | 5. <input type="checkbox"/> Interest in a real estate co-op | |
| 3. <input type="checkbox"/> "Lessee interest in a ground lease" | 6. <input type="checkbox"/> Other (you must attach a description) | |

See Municipal Code 3-33-020 for definitions.

ACCOUNT NUMBER

[Red dotted box for account number]

REVISION NUMBER

[Red dotted box for revision number]

Section 4. Additional Transfer Information

- 1. Enter the earlier of (1) the date of delivery or (2) the date of recording of the instrument of transfer..... [Red dotted boxes for date]

- 2. Does any part of the transfer price consist of consideration other than cash? If yes, attach separate sheet with description of consideration..... Yes No

- 3. Is any part of the transfer price contingent upon the occurrence of a future event or the attainment of future levels of financial performance? If yes, explain. (attach additional sheet if necessary)..... Yes No

- 4. Will this property be converted from it's current use? Yes No
 If so, what type of use _____

- 5. If conversion will result in co-operative or condominium units, how many units are expected to result from the conversion? [Red dotted boxes for units]

ACCOUNT NUMBER

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Section 7. Attestation of Parties

Seller/Transferor Statement

Under penalty of perjury, I certify that I have examined this return and it is true, correct, and complete.

Name of Seller if individual

Name of Seller if not individual (include trust name and number if trust)

Mailing Address (after sale)

Daytime Phone Number

City

State

Zip

Signature of Seller or Seller's agent (required)

Date

Name of Individual Signing Seller/Transferor Statement (if not the seller)

Title

Mailing Address

Daytime Phone Number

City

State

Zip

Business or Firm Name

Buyer/Transferee Statement

Under penalty of perjury, I certify that I have examined this return and it is true, correct, and complete.

Name of Buyer if individual

Name of Buyer if not individual (include trust name and number if trust)

Mailing Address (after sale)

Daytime Phone Number

ACCOUNT NUMBER

REVISION NUMBER

City State Zip

Signature of Buyer or Buyer's Agent (required)

Date

Name of Individual Signing Buyer/Transferee Statement (if not the buyer)

Title

Mailing Address

Daytime Phone Number

City State Zip

Business or Firm Name

Section 8. Department Certifications

1. **Building Registration Certificate.** A Multiple Dwelling Registration Statement issued by the Department of Buildings disclosing the Buyer/Transferee's registration information is required for buildings containing either 4 or more family units or sleeping accommodations for 10 or more persons (except if the building is a condominium or a co-op) (Municipal Code 13-10-070). The Registration Statement may be obtained from the Department of Buildings at 120 N. Racine. Check the applicable box:

- Registration certificate submitted
- Registration requirement is not applicable

2. **Zoning Compliance Certificate.** A certificate of zoning compliance is required for residential property zoned for, or occupied by, buildings having five or fewer units (except if the building is a condominium, a co-op, or a newly constructed dwelling sold to the initial occupant (Municipal Code 3-33-045)). The certificate may be obtained from the Department of Zoning in room 905 of City Hall. Check the applicable box:

- Zoning certificate submitted
- Zoning certificate is not required

3. **Water Department Certification** (available at 333 South State Street, Room L L10) is required for ALL nonexempt real property transfers.

The Department of Water certifies that all water and sewer charges rendered up to

are paid in full for property located at

Account # Application #

Certified by Date

ACCOUNT NUMBER

REVISION NUMBER

Section 9. Preparer Information (only preparer's name is required if other information about preparer is disclosed in Section 7 above.)

Name of Preparer

Business or Firm Name

Mailing Address

Daytime Phone Number

City

State

Zip Code

Date

Section 10. Where to File This Form and Purchase Transfer Stamps

1. If the deed or other instrument of transfer is recorded, then file this form with the Cook County Recorder of Deeds, County Building, 118 North Clark Street, Room 120, Chicago, IL 60602.
2. If the deed or other instrument of transfer is not recorded, then file this form with the Chicago Department of Revenue, 121 North LaSalle Street, Room 107, Chicago, IL 60602.
3. Real Property Transfer Stamps may be purchased at the Chicago Department of Revenue, 121 North LaSalle Street, Room 107, Chicago, IL 60602.
4. For additional information call Customer Service at 312-747-IRIS(4747) and for TTY call 312-742-1974.

Place water validation stamp below line

Effective date: 04/01/2008

For DOR Use Only

Postmark Date

Receipt Number