

For Town Use Only

6926

VT Form
PTT-172

VERMONT
PROPERTY TRANSFER TAX RETURN

***Required or Conditionally Required Field**

Web request key / Confirmation code

A. TRANSFEROR'S (Seller's) INFORMATION

Entity TRANSFEROR Name OR* 255 NORTH MAIN LLC			Federal ID Number OR* ██████████	
Individual TRANSFEROR Last Name	First Name	Initial	Social Security Number OR* ██████████	
TRANSFEROR Mailing Address Following Transfer* 7997 WILLISTON ROAD				
Line 2 for Mailing Address Following Transfer (if needed)				
City*	State*	ZIP Code*		
WILLISTON	VT	05495		
Foreign Country (if not United States)*				

B. TRANSFEREE'S (Buyer's) INFORMATION

Entity TRANSFEREE Name OR* Individual TRANSFEREE Last Name			Federal ID Number OR* Social Security Number	
PARISI	First Name MATTHEW	Initial J	██████████	
TRANSFEREE Mailing Address Following Transfer* 7997 WILLISTON ROAD				
Line 2 for Mailing Address Following Transfer (if needed)				
City*	State*	ZIP Code*		
WILLISTON	VT	05495		
Foreign Country (if not United States)*				

C. PROPERTY INFORMATION

Property Physical Location - Number and Street or Road Name* 255 NORTH MAIN STREET	Land Size (in acres)* 0.48	Check if sale did not involve land <input type="checkbox"/>
City or Town* ST ALBANS CITY	SPAN* 549 173 01657	Check if property is located in multiple cities or towns* <input type="checkbox"/>

D. HOLDING PERIOD

Date Acquired by Transferor (mm dd yyyy)* 09 24 2018	Date of this Closing (mm dd yyyy)* 03 27 2020	Time Held* 1 Years 6 Months
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E. EXEMPTIONS

- E1. If transfer is exempt from Property Transfer Tax, enter exemption number (see quick reference guide) . E1. 16 *
- E2. If sale was between family members, enter corresponding number (see quick reference guide). E2. _____ *
- E2a. If Line E2 is "05," enter description. E2a. _____ *
- E3. Land Gains exemption number (see quick reference guide). E3. 03 *

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* 1 7 1 7 2 2 1 0 0 *

Transferee's Name PARISI MATTHEW J
 Property Location 255 NORTH MAIN STREET
 Date of this Closing 03 27 2020 ST ALBANS CITY



F. TRANSFER INFORMATION

- F1. How did the Transferor acquire this property? (see quick reference guide) F1. 01 *
- F1a. If Line F1 is "04," enter description F1a. _____ *
- F2. Interest conveyed in this transfer (see quick reference guide) F2. 01 *
- F2a. If Line F2 is "07," enter percent of interest here F2a. _____ % *
- F2b. If Line F2 is "08," enter description F2b. _____ *
- F3. Type of building construction at time of transfer (see quick reference guide) F3. 06 *
- F3a. If Line F3 is "05," enter number of units transferred F3a. _____ *
- F3b. If Line F3 is "06," enter number of dwelling units transferred F3b. 4 *
- F3c. If Line F3 is "20," enter description F3c. _____ *
- F4. Was the transferee a tenant prior to this transfer? F4. Yes* No*
- F5. Financing F5. Conventional/Bank* Owner Financing* Other*
- F5c. If Line F5 is "Other," enter description F5c. _____ *
- F6. Do you intend to record this return with the Town/City within 60 days of the closing? .. F6. Yes* No*

G. AGRICULTURAL / MANAGED FOREST LAND USE VALUE PROGRAM, 32 V.S.A. CHAPTER 124

- G1. Is all or part of the property being transferred enrolled in the Current Use (Use Value Appraisal) Program? G1. Yes* No*
- G2. To continue enrollment in the Current Use Program, the new owner must submit a Current Use Application within 30 days of the recording date. Will the new owner be submitting that application? G2. Yes* No*

H. TRANSFER INFORMATION

- H1. Transferor's use of property **BEFORE** transfer (see quick reference guide) H1. 09 *
- H1a. If Line H1 is "07," "08," or "09," enter description H1a. RESIDENTIAL RENTAL UNITS *
- H2. Transferee's use of property **AFTER** transfer (see quick reference guide) H2. 09 *
- H2a. If Line H2 is "07," "08," or "09," enter description H2a. RESIDENTIAL RENTAL UNITS *
- H3. Was the property rented **BEFORE** transfer? H3. Yes* No*
- H4. Will the property be rented **AFTER** transfer? H4. Yes* No*
- H5. Have development rights been conveyed separately? H5. Yes* No*
- H6. Does the transferee hold title to any adjoining property? H6. Yes* No*
- H7. Is the transferee a grantor's revocable trust? H7. Yes* No*

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Transferee's Name PARISI MATTHEW J
 Property Location 255 NORTH MAIN STREET
 Date of this Closing 03 27 2020 ST ALBANS CITY



I. REAL ESTATE WITHHOLDING CERTIFICATION

- 11.** The transferee certifies that 2.5% VT Income tax has been withheld from the purchase price and will be remitted to the Vermont Commissioner of Taxes with Form REW-171 within 30 days of the date of this closing. **11.** Yes* No*
- 12.** If Line 11 is "No," enter the withholding exemption number (see quick reference guide). **12.** 02 *
- 12a.** If Line 12 is "04," enter Commissioner's Certificate number. **12a.** _____ *

J. TAX CALCULATION

Tax on Special Rate Property

- J1.** Portion of value eligible for special principal residence rate (see instructions). **J1.** _____ *
- J2.** If transfer happened prior to July 1, 2011, enter the portion of value eligible for a special rate. (see instructions). **J2.** _____ *
- J3.** Total special rate value (Add Lines J1 & J2) **J3.** _____ *
- J4.** Tax due on portion of value eligible for special rate (Multiply Line J3 by the tax rate of **0.005**). **J4.** _____ *
- J5. Only If Line E1 is "99":**
 Enter any portion of value in excess of \$110,000 but below \$200,000. **J5.** _____ *
- J6.** Tax due on exemption 99 for portion of value less than \$200,000 (Multiply Line J5 by the tax rate of **0.0125** for exemption 99 only) **J6.** _____ *
- J7.** Total due on portion of value eligible for special rates. (Add Lines J4 and J6) **J7.** _____ *

Tax on General Rate Property

- J8.** Value paid or transferred as defined in 32 V.S.A. § 9601(6). **J8.** _____ *
- J9.** Value paid or transferred for personal property **J9.** _____ *
- J10.** Value paid or transferred for real property (Subtract Line J9 from Line J8) **J10.** _____ *
- J11.** Enter amount from Line J3 above. **J11.** _____ *
- J12.** Enter amount from Line J5 above **J12.** _____ *
- J13.** Subtract Lines J11 and J12 from Line J10. **J13.** _____ *
- J14.** Tax due on portion of value subject to the General Rate (Multiply Line J13 by the tax rate of **0.0145** which includes a 0.002 surcharge for the Clean Water Fund, 32 V.S.A. § 9602a) **J14.** _____ *

Total Tax Due

- J15. Total Tax Due** (Add Lines J7 and J14). **J15.** _____ *

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Transferee's Name PARISI MATTHEW J
 Property Location 255 NORTH MAIN STREET
 Date of this Closing 03 27 2020 ST ALBANS CITY



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LOCAL AND STATE PERMITS AND ACT 250 NOTICE

This serves as notice that:

- The property being transferred may be subject to regulations governing **potable water supplies and wastewater systems** under 10 V.S.A. chapter 64 and **building, zoning and subdivision** regulations;
- The property being transferred may be subject to Act 250 regulations regarding land use and development under 10 V.S.A. chapter 151;
- The parties have an obligation to investigate and disclose knowledge regarding **flood regulations** affecting the property.

To determine if the property is in compliance with or exempt from these rules, contact the relevant agency. Contact information is provided in the instructions.

Transferor and Transferee state that the information submitted on this return is true, correct and complete to the best of their knowledge.

Prepared by (print or type) Elizabeth Egan
 Preparer's Address 302 Robbins Mt. Road Richmond, VT 05477 Preparer's Email Address vtlawyer@yahoo.com
 Preparer's Telephone 802-398-7258

This section to be completed by Town or City Clerk

Book Number* <u>287</u>	Page Number* <u>781</u>	Grand List year* <u>2019</u>
City or Town* <u>ST. ALBANS CITY</u>	Parcel ID Number <u>11063255</u>	Date of Record* <u>4/2/20</u>
Grand List Value <u>298,400.00</u>	Grand List Category* <u>01</u>	SPAN* <u>549-173-01657</u>
Comments, additional information, etc.		

Duplicate Return Suspected Portion of the property sold Original Return Waiting on Deed

ACKNOWLEDGMENT

Return received.

SIGNED [Signature], Clerk DATE 4/2/20

Town or City: Please forward original to the Vermont Department of Taxes within 30 days of receipt. Do not redact the SSN/FEIN on the original.

* Please use the following numeric two-digit grand list category codes

Residential <6 Acres 01	Seasonal >6 Acres 06	Utilities Other 11
Residential >6 Acres 02	Commercial 07	Farm 12
Mobile Home/Un 03	Commercial Apt 08	Other 13
Mobile Home/La. 04	Industrial 09	Woodland 14
Seasonal <6 Acres 05	Utilities Elec 10	Miscellaneous 15

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VT Schedule PTT-175
ADDITIONAL TRANSFERORS AND TRANSFEREES

BLACK OUT ALL ID NUMBERS BELOW ON TOWN COPY ONLY

Attach to Form PTT-172

Transferee (Buyer) from PTT-172 MATTHEW J PARISI	
Property Location (Physical Street Address) 255 NORTH MAIN STREET	Date of this Closing 03 27 2020

Transferor (Seller) OR Transferee (Buyer) #2 - Check ONE

Entity Transferee / Transferor Name			Federal ID Number	
<input checked="" type="checkbox"/> Individual Transferee / Transferor Last Name KNOWLES	First Name BLAIR	Initial E	<input checked="" type="checkbox"/> Social Security Number [REDACTED]	
Transferee / Transferor Mailing Address Following Transfer 7997 WILLISTON ROAD			For Department Use Only	
Line 2 for Mailing Address Following Transfer (if needed)				
City WILLISTON	State VT	ZIP Code 05495		
Foreign Country (if not United States)				

Transferor (Seller) OR Transferee (Buyer) #3 - Check ONE

Entity Transferee / Transferor Name			Federal ID Number	
<input checked="" type="checkbox"/> Individual Transferee / Transferor Last Name ALLEN & LYNNE KNOWLES FAMILY TRUST III	First Name	Initial	<input checked="" type="checkbox"/> Social Security Number [REDACTED]	
Transferee / Transferor Mailing Address Following Transfer 7997 WILLISTON ROAD			For Department Use Only	
Line 2 for Mailing Address Following Transfer (if needed)				
City WILLISTON	State VT	ZIP Code 05495		
Foreign Country (if not United States)				

Transferor (Seller) OR Transferee (Buyer) #4 - Check ONE

Entity Transferee / Transferor Name			Federal ID Number	
<input type="checkbox"/> Individual Transferee / Transferor Last Name	First Name	Initial	<input type="checkbox"/> Social Security Number	
Transferee / Transferor Mailing Address Following Transfer			For Department Use Only	
Line 2 for Mailing Address Following Transfer (if needed)				
City	State	ZIP Code		
Foreign Country (if not United States)				

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