Vermont Department of Taxes 133 State Street Montpelier, VT 05633-1401
Phone: (802) 828-6851

VT Form PTT-172	VERMONT PROPERTY TRANSFER TAX RETURN

For Town Use Only: 7001

*Required or Conditionally Required Field

Web request key / Confirmation code

A. TRANSFEROR'S (Seller's) INFORMATION

Entity TRANSFEROR Name			Federal ID Number
OR* Individual TRANSFEROR Last Name: Vachereau	First Name: Matthew	Initial:	OR* Social Security Number
TRANSFEROR Mailing Address Following Transfer*: 14 Richard Street			
Line 2 for Mailing Address Following Transfer (if needed)			
City*: Winooski	State*: VT	ZIP Code*: 05404	
Foreign Country (if not United States)*			

B. TRANSFEREE'S (Buyer's) INFORMATION

Entity TRANSFEREE Name			Federal ID Number
OR* Individual TRANSFEREE Last Name: MCMahon	First Name: Diane	Initial: M	OR* Social Security Number
TRANSFEREE Mailing Address Following Transfer*: 47 Nason Street			
Line 2 for Mailing Address Following Transfer (if needed): Lot 31 Box 15			
City*: St. Albans	State*: VT	ZIP Code*: 05478	
Foreign Country (if not United States)*			

C. PROPERTY INFORMATION

Property Physical Location - Number and Street or Road Name*: 47 Nason Street Lot 31	Land Size (in acres)*	Check if sale did not involve land ☒
City or Town*	SPAN*	Check if property is located in multiple cities or towns* ☐

D. HOLDING PERIOD

Date Acquired by Transferor (mm dd yyyy)*	Date of this Closing (mm dd yyyy)*	Time Held*
July 15, 2020	July 15, 2020	_____ Years _____ Months

E. EXEMPTIONS

E1. If transfer is exempt from Property Transfer Tax, enter exemption number (see quick reference guide) . **E1.** _____*

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.** _____*

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Transferee's Name Diane McMahon
Property Location 41 Mason St Unit 31
Date of this Closing July 15, 2020

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F. TRANSFER INFORMATION

F1. How did the Transferor acquire this property? (see quick reference guide) . . . . . **F1.** _____ *

F1a. If Line F1 is "04," enter description . . . . . **F1a.** _____ *

F2. Interest conveyed in this transfer (see quick reference guide) . . . . . **F2.** _____ *

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.** _____ _____ _____ *

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.** _____ *

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.** Paid in Full *

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.** Rental *

H1a. If Line H1 is "07," "08," or "09," enter description . . . . **H1a.** _____ *

H2. Transferee's use of property **AFTER** transfer (see quick reference guide) . . . . . **H2.** Primary Residence *

H2a. If Line H2 is "07," "08," or "09," enter description . . . . **H2a.** _____ *

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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For Town Use Only

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Transferee's Name Diane McMahon
Property Location 47 Mason St Lot 31
Date of this Closing July 13, 2020

17172230 0

I. REAL ESTATE WITHHOLDING CERTIFICATION

I1. 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 . . . . . **I1.** ☐ Yes* ☐ No*

I2. If Line I1 is "No," enter the withholding exemption number (see quick reference guide). . . . . **I2.** _____*

I2a. If Line I2 is "04," enter Commissioner's Certificate number. . . . . **I2a.** _____*

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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For Town Use Only

Transferee's Name Diane McMahon
Property Location 47 Nason St Lot 31
Date of this Closing July 15, 2020

171722400

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) _____ *

Preparer's Address _____ * **Preparer's Email Address** _____ *

_____ **Preparer's Telephone** _____ *

This section to be completed by Town or City Clerk

Book Number* 289	Page Number* 157	Grand List year* 2020
City or Town* St. Albans City	Parcel ID Number 26107051	Date of Record* 7/30/20
Grand List Value 17900.00	Grand List Category* 03	SPAN* 549-173-00322
Comments, additional information, etc.		

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

ACKNOWLEDGMENT

Return received.

SIGNED [signature], **Clerk** **DATE** 7/30/20

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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