

For Town Use Only  
**6950**

**VT Form**  
**PTT-172**      **VERMONT**  
**PROPERTY TRANSFER TAX RETURN**

**A. TRANSFEROR'S (Seller's) INFORMATION**

Entity TRANSFEROR Name			Web request key / Confirmation code ftcfh6	
OR Individual TRANSFEROR Last Name COON			First Name HEIDI	Initial L
TRANSFEROR Mailing Address Following Transfer 2353 SWEET HOLLOW ROAD			Federal ID Number	
Line 2 for Mailing Address Following Transfer (if needed)			OR Social Security Number XXX-XX-XXXX	
City SHELDON			State VT	ZIP Code 05450-0000
Foreign Country (if not United States)			Daytime Telephone Number NOT AVAILABLE	
Email Address NOT AVAILABLE			Total Number of Transferors 1	
<b>For Department Use Only</b>				

**B. TRANSFEREE'S (Buyer's) INFORMATION**

Entity TRANSFEREE Name			Federal ID Number	
OR Individual TRANSFEREE Last Name MURPHY			First Name JOHN	Initial G
TRANSFEREE Mailing Address Following Transfer 62 BANK STREET			OR Social Security Number XXX-XX-XXXX	
Line 2 for Mailing Address Following Transfer (if needed)			Daytime Telephone Number NOT AVAILABLE	
City ST. ALBANS			State VT	ZIP Code 05478-0000
Foreign Country (if not United States)			Total Number of Transferees 2	
Email Address NOT AVAILABLE			<b>For Department Use Only</b>	

**C. PROPERTY INFORMATION**

Property Physical Location - Number and Street or Road Name 62 BANK STREET		Land Size (in acres) 0.26
City or Town St. Albans City	Check if property is located in multiple cities or towns <input type="checkbox"/>	SPAN 549-173-01647

**D. HOLDING PERIOD**

Date Acquired by Transferor (mm dd yyyy) Aug-22-2003	Date of this Closing (mm dd yyyy) May-01-2020	Time Held 16 Years 8 Months
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**E. EXEMPTIONS**

- E1. If transfer is exempt from Property Transfer Tax, enter exemption number (see quick reference guide) . E1. 04
- 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. 02

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Transferee's Name JOHN G. MURPHY  
Property Location 62 BANK STREET  
Date of this Closing May-01-2020

**NOTE:** Long names or addresses may not display fully on the paper copy of the return, but the full names and addresses are submitted electronically to the Town and Department.

**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. 0.00 %  
F2b. If Line F2 is "03," enter description. . . . . F2b. \_\_\_\_\_
- F3. Type of building construction at time of transfer (see quick reference guide) . . . . F3. 02  
F3a. If Line F3 is "05," enter number of units transferred. . . . . F3a. 0  
F3b. If Line F3 is "06," enter number of dwelling units transferred . . . . . F3b. 0  
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. none
- 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 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. 02  
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. 01  
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 previously been conveyed? . . . . . H5.  Yes  No
- H6. Does the transferee hold title to any adjoining property? . . . . . H6.  Yes  No

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 Property Location 62 BANK STREET  
 Date of this Closing May-01-2020

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**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.** 01
- I2a.** If Line I2 is "04," enter Commissioner's Certificate number. . . . . **I2a.** \_\_\_\_\_

**J. TAX CALCULATION**

**Tax on Special Rate Property**

- J1.** Amount of value eligible for special principal residence rate (see instructions) . . . . . **J1.** 0.00
- J2.** If transfer happened prior to July 1, 2011, enter the amount of value eligible for a special rate. (see instructions) . . . . . **J2.** 0.00
- J3.** Total amount of value eligible for special rate (Add Lines J1 & J2) . . . . . **J3.** 0.00
- J4.** Tax due on amount of value eligible for special rate (Multiply Line J3 by the tax rate of **0.005**) . . . . . **J4.** 0.00
- J5.** Only If Line E1 is "99": Enter any amount of value in excess of \$110,000 but below \$200,000. . . . . **J5.** 0.00
- J6.** Tax due on amount of value eligible for exemption 99 special rate (Multiply Line J5 by the tax rate of **0.0125** for exemption 99 only) . . . . . **J6.** 0.00
- J7.** Total due on amount of value eligible for special rates. (Add Lines J4 and J6) . . . . . **J7.** 0.00

**Tax on General Rate Property**

- J8.** Value paid or transferred as defined in 32 V.S.A. § 9601(6) . . . . . **J8.** 0.00
- J9.** Value paid or transferred for personal property . . . . . **J9.** 0.00
- J10.** Value paid or transferred for real property (Subtract Line J9 from Line J8) . . . . . **J10.** 0.00
- J11.** Enter amount from Line J3 above. . . . . **J11.** 0.00
- J12.** Enter amount from Line J5 above . . . . . **J12.** 0.00
- J13.** Subtract Lines J11 and J12 from Line J10. . . . . **J13.** 0.00
- J14.** Tax due on amount 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.** 0.00

**Total Tax Due**

- J15.** Total Tax Due (Add Lines J7 and J14) . . . . . **J15.** 0.00

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 Property Location 62 BANK STREET  
 Date of this Closing May-01-2020

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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) HANNAH LAFLAM  
 Preparer's Address PO BOX 142 Preparer's Email Address HLAFLAM@KISSANELAW.COM  
ST. ALBANS, VT 05488-0000 Preparer's Telephone (802) 524-9546

**Town or City: Please forward original to the Vermont Department of Taxes within 30 days of receipt.**

**This section to be completed by Town or City Clerk**

Book Number <u>288</u>	Page Number <u>199</u>	Grand List year <u>2020</u>
City or Town <u>St. Albans City</u>	Parcel ID Number <u>14005062</u>	Date of Record <u>5/15/20</u>
Grand List Value <u>279400.00</u>	Grand List Category* <u>01</u>	SPAN <u>549-173-01647</u>
Comments, additional information, etc.		

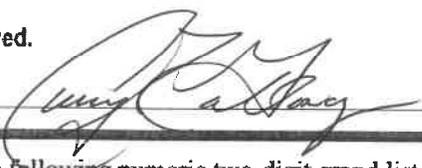
Duplicate Return Suspected

Original Return Waiting on Deed

**ACKNOWLEDGMENT**

Return received.

SIGNED



, Clerk

DATE

5/15/20

\* 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 <b>PTT-175</b>	<b>ADDITIONAL TRANSFERORS AND TRANSFEREES</b>
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BLACK OUT ALL ID  
NUMBERS BELOW ON  
TOWN COPY ONLY

Attach to Form PTT-172

Transferee (Buyer) from PTT-172 JOHN G. MURPHY	
Property Location (Physical Street Address) 62 BANK STREET	Date of this Closing May-01-2020

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

Entity Transferee / Transferor Name			Federal ID Number		
<b>OR</b>	Individual Transferee / Transferor Last Name	First Name	Initial	<b>OR</b>	Social Security Number
	ASHLEY	MURPHY	F		XXX-XX-XXXX
Transferee / Transferor Mailing Address Following Transfer				Daytime Telephone Number	
62 BANK STREET				NOT AVAILABLE	
Line 2 for Mailing Address Following Transfer (if needed)				<b>For Department Use Only</b>	
City	State	ZIP Code			
ST. ALBANS	VT	05478-0000			
Foreign Country (if not United States)			Email Address		
			NOT AVAILABLE		

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