

New York State Department of Taxation and Finance

Mortgage Recording Tax Claim for Refund

For off	ice use only		

Name of claimant			Name of person to contact		Telephone number	
Social security number Employer identification number		Name of claimant's representat	ve	()		
,	, 15, 51 146					
Address of claimant (number and street or rural route)			Address of claimant's representative (number and street or rural route)			
city, village or post office	Sta	ate ZIP code	City, village or post office		State	ZIP code
ame of mortgagor			Name of mortgagee			
incipal indebtedness secured by mortgage Date tax was paid		Co	s paid			
			the mortgagor or the motor			
			1 Amount of tax paid b	y claimant	1	
			2 Amount of tax due	-		
ive a full explanation below, including all facts on which our claim is based, and submit a copy of the recorded		3 Refund requested				
ortgage and all other d			(subtract line 2 from	line 1)	3	
ubstantiate your claim.		,				
•						
			(continued)			

MT-15.1 (10/00) (back) (<i>co</i>	(continued)		
State of New York County of	State of New York County of		
, being duly sworn deposes and says:	deposes and says:		
I am the claimant identified above in this mortgage recording tax claim for refund, and I have read the foregoing claim and all accompanying statements and documents, and know their contents. To my own knowledge, this claim is true in all respects.	I reside at, and I am a/the, of, the partnership or corporation described in the forgoing mortgage recording tax claim for refund, and I have read the foregoing claim and all accompanying statements and documents, and know their contents. To my own knowledge, this claim is true in all respects.		
Signature (print name below signature)			
	Signature (print name below signature)		
Sworn to before me this	Sworn to before me this		
, 20	day of, 20		
Notary Public	Notary Public		

Instructions

When to file

An application for refund of the mortgage recording tax paid pursuant to Article 11 of the Tax Law must be filed on Form MT-15.1 within two years of the date that the erroneous payment of tax was received by the recording officer.

If, however, a refund is claimed because of the mortgagor's exercise of the statutory right of rescission, Form MT-15.1 must be filed within the later of the following: two years from the time of payment of the tax or one year from the date the mortgage was discharged.

Where to file

Send your application to: NYS TAX DEPARTMENT TTTB-MORTGAGE TAX

PO BOX 5045 ALBANY NY 12205-5045 **Privacy notification** — The right of the Commissioner of Taxation and Finance and the Department of Taxation and Finance to collect and maintain personal information, including mandatory disclosure of social security numbers in the manner required by tax regulations, instructions, and forms, is found in Articles 8, 11, and 31 of the Tax Law; and 42 USC 405(c)(2)(C)(i).

The Tax Department uses this information primarily to determine and administer the mortgage recording and real estate transfer taxes, and for any other purpose authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law, and may also result in your failure to secure a refund of all or a portion of the real estate transfer tax or the mortgage recording tax.

This information is maintained by the Director of the Registration and Data Services Bureau, NYS Tax Department, Building 8 Room 338, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the U.S. and outside Canada, call (518) 485-6800.