

## AWARE RT-ORIGINAL REALTY TRANSFER TAX RETURN AND AFFIDAVIT OF GAIN AND VALUE



Form RTT-TAX must be completed for all conveyances and must be presented at the time of recording.

PART A - TO BE COMPLETED BY GRANTOR / SELLER(S)					PART B - TO BE COMPLETED BY GRANTEE / BUYER(S)									
TAXPAYER ID NO. SSN FEIN					TAXPAYER ID NO. SSN FEIN						FEIN			
NAME OF GRAN	NTOR						NAME OF GRANTEE							
ADDRESS						Α	ADDRESS							
ADDRESS 2							Α	ADDRESS 2						
CITY							С	CITY						
STATE		ZIP					STATE ZIP							
THE GRANTOR	/ SELLER(S)	IS A					THE GRANTEE / BUYER(S) IS A							
Resident Indi	vidual	Do	omestic Corpo	ration (	(Delaw	are)		Resident Individual			Domestic Corporation (Delaware)			
Nonresident Individual Foreign Corporation (non-Delaware)				aware)		Nonresident Individual			Foreign Corporation (non-Delaware)					
Partnership	uciary (e	iary (estate or trust) S Corporation			oration		Partnership Fid			ciary (estate or trust) S Corporation				
Nonprofit Co	rporation	Go	overnment Age	ency		LLC		Nonprofit C	orporati	on	Government Agency	/	LLC	
TAXPAYER ID N	Ю.				SSN	FEIN	T.	AXPAYER ID	NO.			SSN	FEIN	
NAME OF GRAN	NTOR						N	NAME OF GRA	NTEE					
ADDRESS							Α	ADDRESS						
ADDRESS 2							Α	ADDRESS 2						
CITY							С	CITY						
STATE		ZIP					S	TATE		ZI	P			
THE GRANTOR	/ SELLER(S)						Т	THE GRANTEE / BUYER(S) IS A						
Resident Indi	vidual		omestic Corpo					Resident Individual			Domestic Corporation (Delaware)			
Nonresident			reign Corpora					Nonresident Individual			Foreign Corporation (non-Delaware)			
Partnership Fiduciary (estate or trust) S Corporation				oration					ciary (estate or trust) S Corporation					
Nonprofit Corporation Government Agency LLC							Nonprofit C	orporati	on	Government Agency	/	LLC		
Nonpront Co	. po. a.a.		0	,										
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TAXPAYER ID N	Ю.		9	Í	SSN	FEIN		AXPAYER ID				SSN	FEIN	
TAXPAYER ID N	Ю.			Í		FEIN	N	NAME OF GRA				SSN	FEIN	
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TAXPAYER ID N NAME OF GRAN ADDRESS ADDRESS 2 CITY STATE THE GRANTOR A Resident India	Vidual	ZIP IS A	omestic Corpo	ration (	SSN (Delaw	are)	A A C	NAME OF GRA ADDRESS ADDRESS 2 CITY STATE THE GRANTEE Resident Inc	/ BUYER	R(S) IS A	Domestic Corporation	on (Delaw	are)	
TAXPAYER ID N NAME OF GRAN ADDRESS ADDRESS 2 CITY STATE THE GRANTOR A Resident India Nonresident	/ SELLER(S) vidual Individual	ZIP IS A Do Fo	omestic Corpo oreign Corpora	ration (notion (notion)	(Delaw	are) aware)	A A C	ADDRESS ADDRESS 2 CITY STATE Resident Ind Nonresiden	/ BUYER	R(S) IS A	Domestic Corporation	on (Delaw 1 (non-Del	are) aware)	
TAXPAYER ID N NAME OF GRAN ADDRESS ADDRESS 2 CITY STATE THE GRANTOR A Resident India Nonresident Partnership	/ SELLER(S) vidual Individual	ZIP IS A Do Fo Fouciary (e	omestic Corpo oreign Corpora estate or trust)	ration (notion (notion)	(Delaw on-Delay S Corp	are) aware) oration	A A C	ADDRESS ADDRESS 2 CITY STATE Resident Inc Nonresiden Partnership	/ BUYEF	ual Fiducia	Domestic Corporation Foreign Corporation ry (estate or trust)	on (Delaw I (non-Del S Corp	are) aware) oration	
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TAXPAYER ID N NAME OF GRAN ADDRESS ADDRESS 2 CITY STATE THE GRANTOR A Resident India Nonresident Partnership	/ SELLER(S)  / SELLER(S)  vidual  Individual  Fidual  rporation	ZIP IS A Do Fo Fouciary (e	omestic Corpo oreign Corpora estate or trust)	ration (notion)	(Delaw on-Delay S Corp	are) aware) oration LLC	A A C S T	ADDRESS ADDRESS 2 CITY STATE Resident Inc Nonresiden Partnership	/ BUYEF dividual it Individual corporati	ual Fiducia	Domestic Corporation Foreign Corporation ry (estate or trust)	on (Delaw I (non-Del S Corp	are) aware) oration	
TAXPAYER ID N NAME OF GRAN ADDRESS ADDRESS 2 CITY STATE THE GRANTOR Resident India Nonresident Partnership Nonprofit Con	/ SELLER(S) vidual Individual Fidurporation	ZIP IS A Do Fo Fouciary (e	omestic Corpo oreign Corpora estate or trust)	ration (notion)	(Delaw on-Delay S Corp	are) aware) oration	A A C S T	ADDRESS ADDRESS 2 CITY CHE GRANTEE Resident Inc Nonresiden Partnership Nonprofit C	/ BUYEF dividual it Individual icorporati	ual Fiducia	Domestic Corporation Foreign Corporation ry (estate or trust)	on (Delaw I (non-Del S Corp	are) aware) oration LLC	
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TAXPAYER ID N NAME OF GRAN ADDRESS ADDRESS 2 CITY STATE THE GRANTOR Resident India Nonresident Partnership Nonprofit Con TAXPAYER ID N NAME OF GRAN ADDRESS ADDRESS 2 CITY STATE	/ SELLER(S) vidual Individual Fidual rporation IO. NTOR	ZIP IS A Do Fo uciary (6	omestic Corpo oreign Corpora estate or trust)	ration (note that the second s	(Delaw on-Dela S Corp	are) aware) poration LLC FEIN	T T A A A C C S	ADDRESS ADDRESS 2 CITY CTATE Resident Inc Nonresiden Partnership Nonprofit C CAXPAYER ID NAME OF GRA ADDRESS ADDRESS 2 CITY CTATE	/ BUYEF	ual Fiducia	Domestic Corporation Foreign Corporation ry (estate or trust) Government Agency	on (Delaw (non-Del S Corp / SSN	are) aware) oration LLC FEIN	
TAXPAYER ID N NAME OF GRAN ADDRESS ADDRESS 2 CITY STATE THE GRANTOR A Resident India Nonresident Partnership Nonprofit Co  TAXPAYER ID N NAME OF GRAN ADDRESS ADDRESS 2 CITY STATE THE GRANTOR A	/ SELLER(S) vidual Individual Fidual rporation IO. NTOR	ZIP IS A Do Go Go ZIP IS A Do	omestic Corpo reign Corpora estate or trust) overnment Ag	ration (note that the context of the	(Delawon-Delas Corp	are) aware) oration LLC FEIN	T T A A A C C S	ADDRESS ADDRESS 2 CITY TATE Resident Inc Nonresident Partnership Nonprofit C TAXPAYER ID NAME OF GRA ADDRESS ADDRESS 2 CITY CTATE THE GRANTEE	/ BUYEF dividual torporati NO. NTEE	ual Fiducia on ZI	Domestic Corporation Foreign Corporation ry (estate or trust) Government Agency	on (Delaw I (non-Del S Corp / SSN	are) aware) oration LLC FEIN	
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## DELAWARE RTDIVISION OF REVENUE REALTY TRANSFER TAX RETURN AND AFFIDAVIT OF GAIN AND VALUE



PART C - PROF	PERTY LOCATION ANI	COMPUTATION OF THE	TAX							
1. ADDRESS										
CITY				STA	TE		ZIP			
COUNTY				DATE OF RE	AL ESTATI	E CONVE	YANCE			
		al estate through a transfer and enter the name and EIN o			Name EIN					
2. Enter the am	nount of consideration obrances, and any othe	received including cash, che r good and valuable conside	ecks, mortga eration	ges,		Ś				
					vchanged		ee instructions	c) (a)	Yes	No
3 Enter the His	Thest accessed value (f	for local tax purposes) of the				: (11 163, 36	ee ii isti uctioi is	5.)	163	NO
	eater of Line 2 or Line		e real estate	being conve	yeu	= =  \$				
		due to the State, county, and	Vor municin	ality		H 7				4.0 %
		o the county or municipality		ality						4.0 /.
						i				
		cuted prior to 8/1/17 (see ins		d 7 fee oo 1 is	۰ ۲۱					7.
		State of Delaware (Subtrac		d / Irom Lin	e 5)					%
		re Credits. <b>Multiply</b> Line 4 by		(6 II ( )		■\$				
10. % of respons				or / Seller(s)		7.	Grantee / E			7.
	e by ( <b>Multiply</b> Line 10 b	-		or / Seller(s)	\$		Grantee / B			
	ome Buyers Credit (RT	T-SCH Line 4)		r / Seller(s)	\$		Grantee / B	2		
<b>13.</b> Exclusions a				r / Seller(s)	\$		Grantee / B			
<b>14.</b> Total Amour	nt Due by ( <b>Subtract</b> Lin	es 12 and 13 from Line 11)	Granto	or / Seller(s)	\$		Grantee / B	luyer(s) \$		
					TO	TAL PAYN	MENT \$			
	for the exemption bel	nsfer tax, please complete th ow:						от айот раза	,, , ,	
federal income to solely to the said	ax forms, including the real estate to which tit	venue or such other approp Seller(s) attached schedule le is purported to be convey uring which there was dispo	s or other at yed by the de	tachments, eed or instri	and any ot ument beir	ther relate ng record	ed papers file	d by such se	ller which	h relate
SELLER SIGNATU	E SELLER SIGNATURE			SELLER SI	GNATURE		<b>∑</b> SE	SELLER SIGNATURE		
TITLE OF OFFICE	R / PARTNER TITLE OF OFFICER / PARTNER		₹	TITLE OF	OFFICER / PA	FICER / PARTNER		TITLE OF OFFICER / PARTNER		
Sworn to and sul	oscribed before me on		, 20							
NOTARY SIGNAT	URE									