

CITY AND COUNTY OF SAN FRANCISCO OFFICE OF THE ASSESSOR-RECORDER

TRANSFER TAX AFFIDAVIT

FOR RECORDER'S USE ONLY	
Document Number:	

NOTICE: ANY MATERIAL MISREPRESENTATION OF FACT IN THIS AFFIDAVIT IS A MISDEMEANOR UNDER SAN FRANCISCO BUSINESS AND TAX REGULATIONS CODE SECTION 1116. ANY PERSON WHO MAKES SUCH A MISREPRESENTATION IS SUBJECT TO PROSECUTION FOR SUCH OFFENSE.

The information provided in this affidavit shall be maintained confidential to the extent provided in Section 1118 of the San Francisco Business and Tax Regulations Code.

1.	PROPERTY LOCATION - ASSESSOR'S PARCEL NUMBER (APN)): Block:	Lot:
	Street Address:		
2.	NAME OF GRANTEE:NAME OF	GRANTOR:	
3.	IS THIS A FORECLOSURE/DEED IN LIEU OF FORECLOSURE OR ☐ Yes (Complete this section) ☐ No (Proceed to #4) Is the Grantee the foreclosing beneficiary? ☐ Yes (Coma. If yes, calculate:		omplete 3b)
	Amount paid <u>in excess</u> of the amount of unpaid debt discharged (less t plus Unpaid debt remaining on the property ass equals Taxable Basis (enter amount of unpaid debt discharged (less to plus Unpaid debt remaining on the property ass	than \$0, enter \$0) sumed by grantee	\$ \$
			\$ \$ \$
4.	IS THIS A LEASE? ☐ Yes (Complete this section) ☐ No a. Is the remaining term of the lease including renewal ☐ Yes (Complete i and ii) ☐ No (No transfer to i. If yes, submit copy of the lease or summary of ii. Consideration or Value of leasehold interest:	options equal to o ax is due) of the financial tern	ns
5.	. IS THIS A QUALIFYING RENT-RESTRICTED AFFORDABLE HOUSING TRANSFER UNDER THE COMMUNIT OPPORTUNITY TO PURCHASE ACT (COPA)?		
6.	IS THIS AN UNRECORDED TRANSFER UNDER SECTION 1111(TAX REGULATIONS CODE? Yes (Complete this section) a. If yes, date of transfer:	□ No (Proceed	to #7)
	b. Fair market value of realty: \$	Enter amount of	on line 10b

 7. IS THIS A TRANSFER INVOLVING A LEGAL ENTITY/TRUST IN WHICH THE PROPORTIONAL OWNERSHIP INTEREST REMAINS THE SAME BEFORE AND AFTER THE TRANSFER? ☐ Yes (No tax due) ☐ No (Proceed to #8) Note: Transfers involving legal entities in which a proportional interest exemption is claimed must provide 					
	· · · · · · · · · · · · · · · · · · ·	ing Agreement, Partnership Agreement, Certificate of ag to the individual's own trust wherein the name of the			
8. 15	3. IS THIS A GIFT, INHERITANCE, OR OTHER TRANSFER FOR NO CONSIDERATION IN WHOLE OR IN PART? ☐ Yes (Complete this section) ☐ No (Proceed to #9) ☐ Gift ☐ Inheritance ☐ Add/Release co-signer ☐ Other Date of Transfer/Date of Death: Name of Grantor/Donor/Decedent: Name of Grantee/Recipient: Amount paid for any portion of transferred property: \$; enter amount on Line 10a				
9. [OO YOU CONTEND THAT NO TRANSFER TAX IS DUE No (Proceed to #10)				
	☐ Yes - Provide a full explanation of why you contend	no transfer tax is due (use additional papers if necessary).			
	b. Fair Market Value	\$ e remaining thereon at the time of transfer) \$			
	c. Documentary Transfer Tax (Payment Due) TRANSFER TAX - Imposed per Article 12-C of San	Francisco Rusinoss and Tay Populations Codo			
	If entire consideration or value is:	Tax rate for entire consideration or value is:			
	More than \$100 but less than/equal to \$250,000	\$2.50 for each \$500 or portion thereof			
	More than \$250,000 but less than \$1,000,000	\$3.40 for each \$500 or portion thereof			
	\$1,000,000 or more but less than \$5,000,000	\$3.75 for each \$500 or portion thereof			
	\$5,000,000 or more but less than \$10,000,000	\$11.25 for each \$500 or portion thereof			
	\$10,000,000 or more but less than \$25,000,000	\$27.50 for each \$500 or portion thereof			
	\$25,000,000 or more	\$30.00 for each \$500 or portion thereof			
	Note: The maximum tax rate for qualified transfers under the Co thereof, per §1108.6 of Article 12-C of San Francisco Business and	ommunity Opportunity to Purchase Act is \$3.75 per \$500 or portion and Tax Regulations Code.			
11. C	ONTACT INFORMATION				
	a. Name of contact person:				
	b. Telephone number:				
	c. Mailing address:				
I	DECLARE OR AFFIRM UNDER PENALTY OF PERJUR	Y THAT THE FOREGOING IS TRUE AND CORRECT.			
S	ignature of Filer	Print Name and Title of Filer			
P	lace of Execution (City, County, State)	Date of Execution			
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