



CITY OF CHICAGO
DEPARTMENT OF REVENUE
REAL PROPERTY TRANSFER TAX DECLARATION
FORM - 7551

STATUS []
For office use only

Richard M. Daley
Mayor

Note: this form must be filled out completely for ALL real estate transfers, including transfers for which an exemption is claimed (see Municipal Code 3-33-070). If any information is omitted, this declaration form will be deemed incomplete and you may be assessed penalties and interest. Please use black or blue ink. You must complete all pages of this form.

Section 1. General Information about Property

Street Number Direction

Street Name

Unit/Apt # Zip Code

PIN

PIN

PIN

Check here if an exempt transfer

Check here if in central business district (the area bounded by Lake Shore Drive, Halsted Street, Roosevelt Road, and Armitage Avenue).

Type of property (check appropriate box below)

- | | | |
|--|--|---|
| 1. <input type="checkbox"/> Detached single family residence | 4. <input type="checkbox"/> Multi-unit residential building | 7. <input type="checkbox"/> Industrial |
| 2. <input type="checkbox"/> Condominium or Co-op | 5. <input type="checkbox"/> Mixed use (residential and commercial) | 8. <input type="checkbox"/> Vacant Land |
| 3. <input type="checkbox"/> Townhome | 6. <input type="checkbox"/> Commercial | 9. <input type="checkbox"/> Other (you must attach a description) |

Indicate number of residential units, if any:

Section 2. Interest Transferred (check appropriate box below)

- | | | |
|---|--|---|
| 1. <input type="checkbox"/> Fee title | 3. <input type="checkbox"/> "Lessee interest in a ground lease" | 5. <input type="checkbox"/> Interest in a real estate co-op |
| 2. <input type="checkbox"/> Beneficial interest in a land trust | 4. <input type="checkbox"/> "Controlling interest" in a "real estate entity" | 6. <input type="checkbox"/> Other (you must attach a description) |

See Municipal Code 3-33-020 for definitions.

For use by Cook County Recorder of Deeds

County document #

Date

ACCOUNT NUMBER

REVISION NUMBER

[Empty box for Account Number]

1 [Empty box for Revision Number]

For use by Department of Revenue

Section 7. Attestation of Parties

Seller/Transferor Statement

Under penalty of perjury, I certify that I have examined this return and it is true, correct, and complete.

Name of Seller if individual

[Grid for Name of Seller if individual]

Name of Seller if not individual (Include trust name and number if trust)

[Grid for Name of Seller if not individual]

Mailing Address (after sale)

[Grid for Mailing Address (after sale)]

Daytime Phone Number

[Grid for Daytime Phone Number]

City

State

Zip

[Grid for City, State, and Zip]

Signature of Seller or Seller's agent (required)

[Grid for Signature of Seller or Seller's agent]

Date

[Grid for Date]

Name of Individual Signing Seller/Transferor Statement (if not the seller)

[Grid for Name of Individual Signing Seller/Transferor Statement]

Title

[Grid for Title]

Mailing Address

[Grid for Mailing Address]

Daytime Phone Number

[Grid for Daytime Phone Number]

City

State

Zip

[Grid for City, State, and Zip]

Business or Firm Name

[Grid for Business or Firm Name]

Buyer/Transferee Statement

Under penalty of perjury, I certify that I have examined this return and it is true, correct, and complete.

Name of Buyer if individual

[Grid for Name of Buyer if individual]

Name of Buyer if not individual (Include trust name and number if trust)

[Grid for Name of Buyer if not individual]

Mailing Address (after sale)

[Grid for Mailing Address (after sale)]

Daytime Phone Number

[Grid for Daytime Phone Number]

ACCOUNT NUMBER

REVISION NUMBER

[Empty box for Account Number]

1

For use by Department of Revenue

City

State

Zip

[Empty box for City]

[Empty box for State]

[Empty box for Zip]

Signature of Buyer or Buyer's Agent (required)

[Empty box for Signature]

Date

[Empty box for Date]

Name of Individual Signing Buyer/Transferee Statement (if not the buyer)

[Empty box for Name]

[Empty box for State]

[Empty box for Zip]

Title

[Empty box for Title]

Mailing Address

[Empty box for Mailing Address]

Daytime Phone Number

[Empty box for Daytime Phone Number]

City

State

Zip

[Empty box for City]

[Empty box for State]

[Empty box for Zip]

Business or Firm Name

[Empty box for Business or Firm Name]

Section 8. Department Certifications

1. **Building Registration Certificate.** A certificate of registration issued by the Department of Buildings is required for buildings containing either 4 or more family units or sleeping accommodations for 10 or more persons (except if the building is a condominium or a co-op) (Municipal Code 13-10-070). The certificate may be obtained from the Department of Buildings in room 903 of City Hall. Check the applicable box:

- Registration certificate submitted
- Registration requirement is not applicable

2. **Zoning Compliance Certificate.** A certificate of zoning compliance is required for residential property zoned for, or occupied by, buildings having five or fewer units (except if the building is a condominium, a co-op, or a newly constructed dwelling sold to the initial occupant (Municipal Code 3-33-045)). The certificate may be obtained from the Department of Zoning in room 802 of City Hall. Check the applicable box:

- Zoning certificate submitted
- Zoning certificate is not required

3. **Water Department Certification** (available at 333 South State Street, Room L L10) is required for ALL non-exempt real property transfers.

The Department of Water certifies that all water and sewer charges rendered up to

[Empty box for charges]

are paid in full for property located at

[Empty box for property location]

Account #

[Empty box for Account #]

Application #

[Empty box for Application #]

Certified by

[Empty box for Certified by]

Date

[Empty box for Date]

ACCOUNT NUMBER

REVISION NUMBER

[Empty box for Account Number]

1

For use by Department of Revenue

Section 9. Preparer Information (only preparer's name is required if other information about preparer is disclosed in Section 7 above.)

Name of Preparer

[Empty grid for Name of Preparer]

Business or Firm Name

[Empty grid for Business or Firm Name]

Mailing Address

[Empty grid for Mailing Address]

Daytime Phone Number

[Empty grid for Daytime Phone Number]

City

[Empty grid for City]

State

[Empty grid for State]

Zip Code

[Empty grid for Zip Code]

Date

[Empty grid for Date]

Section 10. Where to File This Form and Purchase Transfer Stamps

1. If the deed or other instrument of transfer is recorded, then file this form with the Cook County Recorder of Deeds, County Building, 118 North Clark Street, Room 112, Chicago, IL 60602.
2. If the deed or other instrument of transfer is not recorded, then file this form with the Chicago Department of Revenue, 121 North LaSalle Street, Room 107, Chicago, IL 60602.
3. Real Property Transfer Stamps may be purchased at the Chicago Department of Revenue, 121 North LaSalle Street, Room 107, Chicago, IL 60602.

Place water validation stamp below line

Effective date: 12/1/2001

For DOR Use Only

Postmark Date

[Empty box for Postmark Date]

Receipt Number

[Empty box for Receipt Number]