

# Carroll County – Real Property Transfer

## Exemption Verification Questionnaire

Information in support of Exemption from Ohio State conveyance tax (ORC 319.54(G)(3))

<b>FOR COUNTY AUDITOR'S USE ONLY</b>	Date:	Exempt Conveyance Number:
Parcel(s):		

### The Following Must Be Completed by Grantee or His/Her Representative

#### PLEASE PRINT CLEARLY OR TYPE ALL RESPONSES

Please answer the following questions:

1. Please provide a detailed explanation as to why this transfer should be exempt from conveyance fees:

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2. What was the use of the property at the time of transfer?

Single Family Residence    Multifamily Residence    Apartment Building    Vacant Lot  
 Retail    Industrial    Other (describe) \_\_\_\_\_

3. Was the property rented/leased at time of transfer?    Yes    No

4. Does transfer include an existing business?    Yes    No

5. If Grantee is a business entity, please provide contact information for the President, CEO, primary shareholder or managing member/partner:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

6. Was any personal property (PP), such as furniture, equipment, machinery, livestock, business inventory, included in the sale price?    Yes    No   Value of PP listed on Settlement Statement: \$ \_\_\_\_\_

If YES, provide a copy of IRS Form 4562 – Depreciation Worksheet

7. Have there been any recent changes to the property?    No

Addition(s)    Demolition    Renovations

When was work completed? \_\_\_\_\_ Estimated cost of work done: \$ \_\_\_\_\_

8. Does the grantee hold title to any adjoining property?    Yes    No

9. Was an appraisal done on the property?    Yes    No

10. Were any delinquent taxes assumed by the grantee?    Yes – Amount \$ \_\_\_\_\_    No

### ACKNOWLEDGMENT

The undersigned acknowledges that the information provided to Carroll County regarding this real estate transfer is truthful and completed to the best of their knowledge. All information obtained through this questionnaire will be used to determine whether or not this transaction meets the requirements of the above statute to be exempted from Ohio conveyance tax.

Printed Grantee's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Grantee's Signature: \_\_\_\_\_ Email: \_\_\_\_\_

All information submitted to Carroll County on this form will not be made available through any public facing web site or electronic portal available to the public through electronic access.