



**Government of the  
District of Columbia**  
Office of Tax  
and Revenue  
Recorder of Deeds  
1101 4th Street, SW  
Washington, DC 20024  
Phone (202)727-5374

## TRANSFER OF ECONOMIC INTEREST TAX RETURN

### PART A

Transferor(s) Name

Address

City  State  Zip

Telephone Number

Transferee(s) Name

Address

City  State  Zip

Telephone Number

### PART B

Date of Transfer

Interest Transferred  %

Underlying District of Columbia Real Property: Square  Suffix  Lot

### PART C

#### Consideration & Financing

- |  |    |  |
|--|----|--|
| 1. Cash paid for economic interest   | \$ | <input style="width: 95%;" type="text"/> |
| 2. Obligations assumed   | \$ | <input style="width: 95%;" type="text"/> |
| 3. Stocks or other equity interest   | \$ | <input style="width: 95%;" type="text"/> |
| 4. Total of lines 1 thru 3   | \$ | <input style="width: 95%;" type="text"/> |
| 5. Value of property exchanged ( <input style="width: 60%;" type="text"/> Property ) | \$ | <input style="width: 95%;" type="text"/> |
| 6. Other <input style="width: 80%;" type="text"/>                                    | \$ | <input style="width: 95%;" type="text"/> |
| 7. Total consideration (add Lines 4 thru 6)  | \$ | <input style="width: 95%;" type="text"/> |
| 8. Attributable to non real property   | \$ | <input style="width: 95%;" type="text"/> |
| 9. Consideration subject to tax (Line 7 less Line 8)                                 | \$ | <input style="width: 95%;" type="text"/> |

### PART D

#### Computation of Tax

Computation of Tax 2.9% of Line 9, Part C \$



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**PART E**

**Exemption (if applicable)**

Please identify the provision of law under which an exemption is claimed, such as D.C. Code § 42-1102, and state the grounds on which the claim of exemption is made.

[Empty text boxes for exemption details]

I/we hereby swear or affirm under penalty of law that this return, including any accompanying schedules and statements, has been examined by me/us and to the best of my/our information, knowledge and belief, the statements and representations are correct and true. I/we hereby acknowledge that any false statement or misrepresentations I/we made on this return is punishable by criminal penalties under the laws of the District of Columbia.

**Transferor(s)**

**Transferee(s)**

Typed Name [ ]

Typed Name [ ]

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date [ ]

Date [ ]

Subscribed to and sworn to before me by Transferor(s) [ ] day of [ ], 20 [ ] .

Subscribed to and sworn to before me by Transferee(s) [ ] day of [ ], 20 [ ] .

\_\_\_\_\_

\_\_\_\_\_

Notary

Notary

(Notary Seal)

(Notary Seal)

My Commission Expires: [ ]  
mm/dd/yyyy

My Commission Expires: [ ]  
mm/dd/yyyy

**NOTE: This information is subject to audit. Please keep all supporting documentation**