



22124199990101

Acquired real estate company		Federal em	ployer identification	number		
Address	Date of acquisition MM/DD/YYYY					
Address 2						
City, town or post office	E-mail address					
Answer the following regarding your cor	poration, limited liability compa	ny, partner	ship or other leg	al entity:		
Schedule A - Determination of a F	Real Estate Company				YES	NO
1 Is primarily engaged in the business o ship of said real estate is held by 35 o annual gross receipts from the owners comprises 90% or more of the value o which are fairly transferable and active	fewer persons and which compa hip or disposition of real estate or f the entity's entire tangible asset	nny either (i) (ii) owns rea holdings exc	derives 60% or mal estate the value	ore of its of which		
	2 90% or more of the ownership interest in such entity is held by 35 or fewer persons and the entity owns as 90% or more of the fair market value of its assets a direct or indirect interest in a real estate company.					
If you answer "YES" to 1 or 2, you meet t Schedule B to determine if you meet the						ue to
Schedule B - Determination of an	Acquired Real Estate Cor	mpany			YES	NO
1 Has the real estate company undergor affected the continuity of the operation		where such	change has not			
2 Has the real estate company undergor effect of granting, transferring, assigning in the company within a period of three	ng or conveying or vesting, 50% of					
If you answer "YES" to 1 and 2, you mee conveyance tax under R.I. Gen. Laws § 4		eal estate co	ompany and are	subject to	o the	
Schedule C - Tax and Remittance	Computation					
For All Transactions:						
1 Consideration paid for the acquisition of	the real estate company. If \$100	1				
or less, enter zero on line 7						
2 Divide line 1 by \$500.00. Round up to						
	the next whole number	. 2		3		
2 Divide line 1 by \$500.00. Round up to3 Conveyance tax due. Multiply line 2 by	the next whole number	. 2		3		
2 Divide line 1 by \$500.00. Round up to3 Conveyance tax due. Multiply line 2 by	the next whole number	. 2		3		
 Divide line 1 by \$500.00. Round up to Conveyance tax due. Multiply line 2 by For Residential Transactions of Enter the amount of consideration paid 	\$2.30ver \$800,000.00: If for the acquisition of the real es-	4		3		
 Divide line 1 by \$500.00. Round up to Conveyance tax due. Multiply line 2 by For Residential Transactions of Enter the amount of consideration paid tate company that exceeds \$800,000. 	the next whole number	4 5		3		

State of Rhode Island Division of Taxation Form CVYT-2



Acquired Real Estate Company Conveyance Tax Return

221241999	90102
-----------	-------

Acquired real estate company	Federal employer identification number

Schedule D - Itemized Real Estate Assets

Include all of the assets held by the real estate company which is becoming the acquired real estate company.

In order to get the Allocation Percentage (Column E) for each type of real estate, divide the amount from Column D - Total Assessed Value by the Total Assessed Value of all of the real estate owned by the acquired real estate company from line 2 below.

Use Columns D and E only if the acquired real estate company owns property located in more than one municipality

	Column A	Column B	Column C	Column D	Column E	
	Type of Real Estate	City/Town Where Real Estate is Located	Tax Assessor's Description (e.g. Plat / Lot #)	Total Assessed Value including any liens and encumbrances	% of Company's Real Estate Sold	
-						
To	tal assessed value of real esta	te held by the acquired real estate	e company.			

I certify that I meet the definitions of a Real Estate Company, as well as an Acquired Real Estate Company under R.I. Gen. Laws § 44-25.1 Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Authorized officer signature	Print name		Date	Telephone number
				·
Paid preparer signature	Print name		Date	Telephone number
Paid preparer address	City, town or post office	State	ZIP code	PTIN