Vermont Department of Taxes 133 State Street Montpelier, VT 05633-1401 Phone: (802) 828-6851

Schedule **PTT-175** 

## **ADDITIONAL TRANSFERORS AND TRANSFEREES**

**BLACK OUT ALL ID** NUMBERS BELOW ON TOWN COPY ONLY



## **Attach to Form PTT-172**

Transferee (Buyer) from PTT-172					
Property Location (Physical Street Address)					Date of this Closing
Transferor (Seller) OR Transfe	ree (Buyer) #2	2 - Che	ck ONE		
Entity Transferee / Transferor Name	( ) /				Federal ID Number
OR Individual Transferee / Transferor Last Name	First Name Initial				OR Social Security Number
muvidua transieree / transieror cast warre	First Name Initial				Godal Geculity Number
Transferee / Transferor Mailing Address Following Transfer		Daytime Telephone Number			
Line 2 for Mailing Address Following Transfer (if needed)					For Department Use Only
City		State	ZIP Code		
Foreign Country (if not United States) Email Ac			l Address		
_					
	ree (Buyer) #3	3 - Che	ck ONE		5
Entity Transferee / Transferor Name		Federal ID Number			
OR Individual Transferee / Transferor Last Name	First Name			Initial	OR Social Security Number
Transferee / Transferor Mailing Address Following Transfer					Daytime Telephone Number
Line 2 for Mailing Address Following Transfer (if needed)					For Department Use Only
City		State	ZIP Code		
Foreign Country (if not United States)		Email A	l Address		
	ree (Buyer) #4	I - Che	ck ONE		
Entity Transferee / Transferor Name					Federal ID Number
OR Individual Transferee / Transferor Last Name	First Name			Initial	OR Social Security Number
Transferos / Transferor Mailing Address Following Transfer					Daytime Telephone Number
Transferee / Transferor Mailing Address Following Transfer					Daytime relephone Number
Line 2 for Mailing Address Following Transfer (if needed)					For Department Use Only
City		State	ZIP Code		
Foreign Country (if not United States)		Email A	ddress		
Г				$\neg$	
	For Town U	se Only			Schedule PTT-175

Transferee's Name_	
Property Location	
Date of this Closing	



## **Attach to Form PTT-172**

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Entity Transferee / Transferor Name					Federal ID Number
Individual Transferee / Transferor Last Name	First Name	First Name Initial			OR Social Security Number
Fransferee / Transferor Mailing Address Following Transfer					Daytime Telephone Number
e 2 for Mailing Address Following Transfer (if neede	d)				For Department Use Only
		State	ZIP Code		
reign Country (if not United States)			ddress		
Individual Transferee / Transferor Last Name	First Name	First Name Initial			OR Social Security Number
ransferor (Seller) OR 🔲 Tran	sferee (Buver) #6	- Che	ck ONE		
Individual Transferee / Transferor Last Name					Daytime Telephone Number
ine 2 for Mailing Address Following Transfer (if needed)					For Department Use Only
ty		State ZIP Code			
oreign Country (if not United States)  Email Address					
Transferor (Seller) OR Transferor Name	sferee (Buyer) #7	- Che	ck ONE		Federal ID Number
, ,					
Individual Transferse / Transferor Last Name	Transferee / Transferor Last Name First Name Initial				OR Social Security Number
individual Italistelee/ Italisteloi Last Name	ransferee / Transferor Mailing Address Following Transfer				
	ine 2 for Mailing Address Following Transfer (if needed)				
nsferee / Transferor Mailing Address Following Tran	d)				1
insferee / Transferor Mailing Address Following Tran	d)	State	ZIP Code		

For Town Use Only

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