



VT Schedule PTT-175	ADDITIONAL TRANSFERORS AND TRANSFEREES
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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 **Transferee (Buyer) #2 - Check ONE**

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			For Department Use Only	
Line 2 for Mailing Address Following Transfer (if needed)				
City	State	ZIP Code		
Foreign Country (if not United States)				

Transferor (Seller) OR **Transferee (Buyer) #3 - Check ONE**

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			For Department Use Only	
Line 2 for Mailing Address Following Transfer (if needed)				
City	State	ZIP Code		
Foreign Country (if not United States)				

Transferor (Seller) OR **Transferee (Buyer) #4 - Check ONE**

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			For Department Use Only	
Line 2 for Mailing Address Following Transfer (if needed)				
City	State	ZIP Code		
Foreign Country (if not United States)				

For Town Use Only

Transferee's Name _____
 Property Location _____
 Date of this Closing _____



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Transferor (Seller) OR **Transferee (Buyer) #5 - Check ONE**

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			For Department Use Only	
Line 2 for Mailing Address Following Transfer (if needed)				
City	State	ZIP Code		
Foreign Country (if not United States)				

Transferor (Seller) OR **Transferee (Buyer) #6 - Check ONE**

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			For Department Use Only	
Line 2 for Mailing Address Following Transfer (if needed)				
City	State	ZIP Code		
Foreign Country (if not United States)				

Transferor (Seller) OR **Transferee (Buyer) #7 - Check ONE**

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			For Department Use Only	
Line 2 for Mailing Address Following Transfer (if needed)				
City	State	ZIP Code		
Foreign Country (if not United States)				

If there are more than 7 transferors and transferees, attach additional Schedules PTT-175 as needed.

For Town Use Only

Schedule PTT-175
 (formerly PT-172-B and PT-172-S)
 Rev. 10/16