



**CAPITAL TITLE
INSURANCE AGENCY**

TRANSFER TAX EXEMPTION WORKSHEET

File Number:

Date of Closing:

Property Address:

1. Is the property currently claimed as a Homestead: Yes No (Check One)

If "Yes", continue; if "No", **STOP**, you cannot claim the exemption.

2. What is the SEV for 20____ ("Current SEV") \$ _____

3. What was the SEV on the date of purchase? \$ _____

Is the answer to #2 less than or equal to the answer to #3: Yes No (Check One)

If "Yes", continue to #4; if "No", **STOP**, you cannot claim the exemption.

4. Multiply the answer to #2 by 2. \$ _____

5. What is the purchase price? \$ _____

6. Is the answer to #5 less than or equal to the answer to #4? Yes No (Check One)

IF THE ANSWER TO #6 IS "YES" THE TRANSACTION IS EXEMPT FROM THE STATE TRANSFER TAX OF \$7.50/\$1,000.00.

IF THE ANSWER TO #6 IS "NO" THE TRANSACTION IS NOT EXEMPT FROM THE STATE TRANSFER TAX.
