



# PTAX-203-A

## Illinois Real Estate Transfer Declaration Supplemental Form A

**(Non-residential: sale price over \$1 million)**

File this form with Form PTAX-203, Illinois Real Estate Transfer Declaration, and the original deed or trust document at the County Recorder's office within the county where the property is located if the following conditions are met:

- On Form PTAX-203, Line 11 the sale price is over \$1 million, and
- On Form PTAX-203, Line 8 the property's **current** use is marked "Apartment building (over 6 units)," "Office," "Retail establishment," "Commercial building," "Industrial building," or "Other."

Please read the instructions on the back of this form.

**Do not write in this area.**  
This space is reserved for the County Recorder's Office use.

County: \_\_\_\_\_

Date: \_\_\_\_\_

Doc. No.: \_\_\_\_\_

Vol.: \_\_\_\_\_

Page: \_\_\_\_\_

Received by: \_\_\_\_\_

### Step 1: Identify the property and sale information.

1 Write the property's street address, city or village, and township. (From Line 1 of Form PTAX-203)

Street address of property (or 911 address, if available)	City or village	Township
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2 Write the parcel identifying number from Line 3a of Form PTAX-203.

Parcel Identifier: \_\_\_\_\_

3 Write the total number of months the property was for sale on the market.\*

\_\_\_ Months

4a Was the improvement occupied on the sale date?\* A "No" response means that all improvements were totally unoccupied.

\_\_\_ Yes \_\_\_ No

If the answer is "No," write the total number of months all improvements were unoccupied before the sale date. Go to Line 5.

\_\_\_ Months

4b Write the approximate percentage of total square footage of improvements occupied or leased on the sale date. Include all improvements.

\_\_\_ Percent

4c Did the buyer occupy the property on the sale date?

\_\_\_ Yes \_\_\_ No

If the answer is "No," go to Line 5.

4d Will the buyer continue to occupy part or all of the property after the sale?

\_\_\_ Yes \_\_\_ No

4e Write the beginning and ending dates of the buyer's lease agreement.

Lease dates: \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_  
Month Year Month Year

4f Briefly describe any renewal options.

5 If the buyer owns other properties within an approximate one-half mile radius of the property, complete the following information for the two closest properties owned by the buyer.

Street address	City or village	Parcel identifying number
Property 1 _____	_____	_____
Property 2 _____	_____	_____

6 Did Line 12a of Form PTAX-203 include an amount for a transfer of personal property?

\_\_\_ Yes \_\_\_ No

If the answer is "Yes," submit a list of personal property transferred.\*

7 Did the seller's financing arrangements affect the sale price on Line 11 of Form PTAX-203?\*

\_\_\_ Yes \_\_\_ No

If the answer is "Yes," please explain how the financing affected the sale price.

8 In your opinion, is the net consideration for real property entered on Line 13 of Form PTAX-203 a fair reflection of the market value on the sale date?

\_\_\_ Yes \_\_\_ No

If the answer is "No," please explain.

### Step 2: Complete the requested information.

The buyer and seller (or their agents) hereby verify that to the best of their knowledge and belief, the facts stated in this form are true and correct. Any person who willfully falsifies or omits any information required in this form shall be guilty of a Class B misdemeanor for the first offense and a Class A misdemeanor for subsequent offenses.

Seller's or trustee's name: \_\_\_\_\_ Seller's daytime phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State ZIP

Seller's or agent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Buyer's or trustee's name: \_\_\_\_\_ Buyer's daytime phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State ZIP

Buyer's or agent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* See Instructions.

PTAX-203-A (N-9/99)

This form is authorized in accordance with 35 ILCS 200/31-1 et seq. Disclosure of this information is REQUIRED. This form has been approved by the Forms Management Center. IL-492-0227