

Form CVYT-1

Real Estate Conveyance Tax Return

Name of city or town			Federal employer identification number		
Address			For the month ending: MM/DD/YYYY		
Address 2					
City, town or post office	State	ZIP code	E-mail address		

Schedule A - Tax and Remittance Computation

1 Total real estate conveyance tax collected from Schedule B, column 1, line 2.....	1		
2 Amount retained by municipality. Multiply line 1 by 47.83% (0.4783).....	2		
3 Net real estate conveyance tax due. Subtract line 2 from line 1.....	3		
4 Total real estate conveyance tax collected from Schedule B, column 2, line 2.....	4		
5 Total mobile and manufactured home conveyance tax collected from Schedule C, line 2.....	5		
6 Amount retained by municipality. Multiply line 5 by 78.57% (0.7857).....	6		
7 Net mobile and manufactured home conveyance tax due. Subtract line 6 from line 5.....	7		
8 TOTAL REMITTANCE DUE. Add lines 3, 4 and 7.....	8		

INSTRUCTIONS

- (1) Pursuant to RI Gen. Laws 44-25-1, Rhode Island imposes a tax on each deed, instrument or writing by which interests in real estate are conveyed to a purchaser, when the value of the transfer is greater than \$100. The tax rate is \$2.30 for each \$500, or fractional part, of the purchase price, equating to a 0.46% tax rate.
- (2) Pursuant to RI Gen. Laws 44-25-1, when the value of the transfer on a residential sale is greater than \$800,000, the tax rate increases an additional \$2.30 for each \$500, or fractional part, of the purchase price in excess of \$800,000. This equates to an additional 0.46% tax rate (for a total tax rate of 0.92%) on the purchase price in excess of \$800,000.
- (3) Pursuant to RI Gen. Laws 31-44-20, Rhode Island imposes a tax on each deed, instrument or writing by which interests in any mobile or manufactured home are conveyed to a purchaser when the value of the transfer is greater than \$100. The tax rate is \$1.40 for each \$500 or fractional part, of the purchase price, equating to a 0.28% tax rate.
- (4) Filing Date: This return is to be filed with the Rhode Island Division of Taxation on or before the 15th day of each month for the previous calendar month. Send to: RI Division of Taxation, One Capitol Hill, Providence, RI 02908.
- (5) Schedules A, B and C must be completed.

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.

Authorized signature	Print name	Title	Date	Telephone number

May the Division of Taxation contact your preparer? YES

Revised 02/2022

Key #36

