



COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF REVENUE  
EXCISE AND LICENSING BUREAU  
200 Arlington Street  
Chelsea, MA 02150 Attn. Deeds Unit

REGISTRY: \_\_\_\_\_

REPORT FOR THE MONTH OF \_\_\_\_\_

DEEDS REG # \_\_\_\_\_

**PART A: Documentary Stamp Sales**

|  |    |
|--|----|
| 1. Sales Total   | \$ |
| 2. Adjustments and Damaged Stamps (No Voided Stamps)                   | \$ |
| 3. Net Sales (Line 1 - Line 2):  |    |
| 4. Less: County Deeds Excise Fund (10.625% of Line 3)                  |    |
| 5. Less: Supplemental County Deeds Excise Fund (See Page 2.)           |    |
| 6. Total Amount deposited to County Deeds Excise Fund (Lines 4 plus 5) |    |
| 7. Net Amount of Deeds Excise Remitted to State (Line 3 minus Line 6)  |    |

**PART B: Community Preservation Act Surcharges**

|  | # Transactions | Amount |
|--|----------------|--------|
| 8. Transactions processed Subject to \$20 Surcharge: |                |        |
| 9. Transactions processed Subject to \$10 Surcharge: |                |        |
| 10. Total of Surcharges Collected (Line 8 plus 9):   |                |        |
| 11. Transactions Not Subject to Surcharge:           |                |        |

**PART C: State Recording Fees**

|   |  |
|---|--|
| 12. State Portion of Recording Fees: Land Court             |  |
| 13. State Portion of Recording Fees: Recorded Land          |  |
| 14. Total State Portion of Recording Fees (Line 12 plus 13) |  |

**Part D: Remittance to State**

|  |  |
|--|--|
| 15. Net amount of Deeds Excise Remitted to State (From Line 7) |  |
| 16. Community Preservation Surcharges (From Line 10)           |  |
| 17. State Portion of Recording Fees (From Line 14)             |  |
| 18. Total Amount Due (Add of Lines 15 through 17)              |  |

Attestation:

I declare under the penalties of perjury that I have examined this form and that all the information herein contained is complete, true and accurate.

\_\_\_\_\_  
Register of Deeds

\_\_\_\_\_  
Date

Return must be filed not later than the 10th day of the month following that for which return is made.

Deeds (3/13)

## Instructions for Deeds Return

| Registry  |  | Directions  |
|---|--|---|
| Dedham<br>Edgartown<br>Fall River<br>Nantucket<br>New Bedford<br>Plymouth<br>Taunton    |  | These registries are to complete Parts A, B, C, and D on the Deeds return. Those subject to collecting Supplemental Deeds Excise, as explained in the schedule below (and MGL Chapter 61 of the Act of 2009, Section 2,) will enter an amount into Line 5. <u>Those NOT retaining Supplemental Deeds will leave Line 5 BLANK.</u> |
| Adams<br>Boston<br>Cambridge<br>Fitchburg<br>Great Barrington<br>Greenfield<br>Lawrence | Lowell<br>Northampton<br>Pittsfield<br>Salem<br>Springfield<br>Worcester | These registries are only to complete Part A, lines 1 - 3, and Part B of the Deeds return.  |
| Barnstable  |  | Complete Part A, Lines 1 - 3, then skip lines 2-6 and enter the amount in Line 3 in Line 7. Then complete Part B, C, and D.   |

### Schedule of Supplemental County Deeds Excise Fund (From Line 5 of the Deeds Return)

Per Chapter 61 of the Act of 2009, Section 2, after the targeted amount in the Supplemental County Deeds Excise Fund is collected in the fiscal year (FY), no further amounts for the Supplemental County Deeds Excise Fund are calculated.

Enter the amount from Line 5 in the appropriate column and line below. Calculate and enter the cumulative FY Supplemental County Deeds Excise Fund collections. When the targeted amount is reached, do not collect any further Supplemental County Deeds Excise.

Note: If the amount of the Supplemental County Excise is calculated using a percentage of Net Sales, then in the month the required total is met, the amount on Line 5 will be LESS THAN the product of Net Sales multiplied by the percentage used to calculate additional retained revenue. In the final month of the Supplemental County Deeds Excise collection, only the amount needed to reach the required total should be entered.

**Amount of Supplemental Deeds to be Collected this Fiscal**

Year: \$

| This Month, Line 5 |  | Cumulative Total |
|--------------------|--|------------------|
| July               |  |                  |
| August             |  |                  |
| September          |  |                  |
| October            |  |                  |
| November           |  |                  |
| December           |  |                  |
| January            |  |                  |
| February           |  |                  |
| March              |  |                  |
| April              |  |                  |
| May                |  |                  |
| June               |  |                  |