

Form RD 3550-15
(10-96)

UNITED STATES DEPARTMENT OF AGRICULTURE
RURAL HOUSING SERVICE

Form Approved
OMB No. 0575-0172

TAX INFORMATION

BUYER NAME(S) (1) SELLER NAME (S) (2)

PROPERTY ADDRESS: (3)

This form is completed by closing agent to be used by tax service provider.

I. TAXING AUTHORITY and STATUS:

(4)

Please complete the following information for every taxing authority that will require payment for real estate taxes. Include the following if applicable for your local area: County, City, Town/township, school, etc.

(1) TAXING AUTHORITY

Authority Name: _____ Parcel ID#: _____

Last Installment Due Date _____	Next Due Date _____	Last Amount Paid _____	Estimated Tax Amount _____
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(2) TAXING AUTHORITY

Authority Name: _____ Parcel ID#: _____

Last Installment Due Date _____	Next Due Date _____	Last Amount Paid _____	Estimated Tax Amount _____
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(3) TAXING AUTHORITY

Authority Name: _____ Parcel ID#: _____

Last Installment Due Date _____	Next Due Date _____	Last Amount Paid _____	Estimated Tax Amount _____
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(4) TAXING AUTHORITY

Authority Name: _____ Parcel ID#: _____

Last Installment Due Date _____	Next Due Date _____	Last Amount Paid _____	Estimated Tax Amount _____
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(5) II. STATUS OF ASSESSMENT (check one): Lot Only () Partial Assessment () Fully Assessed ()

(6) III. PROPERTY MAP # _____ Block _____ Lot _____

(7) IV. LEGAL DESCRIPTION:

(8) V. SPECIAL ASSESSMENT(s):

(9) PREPARED BY: _____ (10) DATE OF CLOSING: _____

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U. S. Department of Agriculture, Clearance Officer, STOP 7602, 1400 Independence Avenue, S.W., Washington, D.C. 20250-7602. Please DO NOT RETURN this form to the address. Forward to the local USDA office only. You are not required to respond to the collection of information unless it displays a currently valid OMB number.

(see reverse)

PROCEDURE FOR PREPARATION : RD Handbooks 3550.

PREPARED BY : Closing Agent.

SIGNATURES REQUIRED : Closing Agent.

NUMBER OF COPIES : Original and one copy.

DISTRIBUTION OF COPIES : Original and one copy provided to the loan origination office. Copy faxed to Centralized Servicing Center (CSC) within one day of loan closing. Copy mailed to CSC with other closing documents.

INSTRUCTIONS FOR PREPARATION

- (1) Full name of buyer(s) (applicant(s)/borrower(s)) (First, MI, Last).
- (2) Full name of seller(s) (First, MI, Last).
- (3) Address of property secured by lien instrument(s).
- (4) List all applicable real estate taxing authorities and provide related information as indicated in spaces provided on the form.
- (5) Check as appropriate.
- (6) Indicate property location as indicated on assessment map.
- (7) Provide brief legal description of property under lien.
- (8) Complete if applicable.
- (9) Name of the closing agent (signature on line provided with printed/typed name below line).
- (10) Enter date of closing.