



Prince George's County Office of Finance, Treasury Division
Public School System, Classroom Teacher
County Transfer Tax Exemption Affidavit



PURSUANT TO HB 1197, I/WE HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE FOLLOWING STATEMENTS ARE TRUE:
Eligible Purchaser(s) will be taxed at 1% for County Transfer Tax – Pursuant to County Code 10-187(b) (3)

That I/we am/are the purchaser(s) of residentially improved real property described in the attached deed
(“Subject Property”) PROPERTY TAX IDENTIFICATION NUMBER: \_\_\_\_\_

That the purchaser(s) of the Subject Property is/are currently employed as a Prince George’s County Public
School System Classroom Teacher;

That the purchaser(s) of the Subject Property will occupy the property continuously for a period of at least three
(3) years as a principal residence;

That if I/we fail to occupy the Subject Property continuously for a period of at least three (3) years and/or cease
to be a Prince George’s County Public Schools System Classroom Teacher, I/we will notify the Prince George’s
County Office of Finance (“Finance”) within seven (7) working days of the departure from the Subject Property
and/or termination of employment and pay the appropriate County Transfer Tax;

That I/we understand that if I/we fail to truthfully answer or provide information to avoid collection of County
Transfer Tax, I/we may be found guilty of a misdemeanor and upon conviction may be subject to a fine not
exceeding \$5,000.00 or imprisonment not exceeding eighteen (18) months or both; and

I/we authorize Prince George's County to take the appropriate steps necessary to confirm and verify the
information given on this affidavit and confirm and verify my/our employment as a classroom teacher.

Signature of Purchaser(s) \_\_\_\_\_

In the State of \_\_\_\_\_, at the County/City \_\_\_\_\_

I HEREBY CERTIFY, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, the subscriber, a
Notary Public, in and for said State and County/City, personally appeared,
\_\_\_\_\_, known to me to be, (or
satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within affidavit, and
acknowledged that he/she/they executed that same for the purposes therein contained, and further acknowledge
the information therein is correct, and in my presence signed and sealed the same..

My Commission Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

Notary Public Signature

FOR BOARD OF EDUCATION USE ONLY

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

Name: \_\_\_\_\_

Currently employed as a CLASSROOM TEACHER Y / N (Please circle one)

Name of School: \_\_\_\_\_

Employment verified by: \_\_\_\_\_
Sign and Print Name of Human Resources Information Specialist

Contact Phone Number: \_\_\_\_\_ / \_\_\_\_\_
Phone Number Email Address