



THE COUNCIL OF THE CITY OF BINGHAMTON  
STATE OF NEW YORK

Date: February 19, 2014

Sponsored by Council Members: Berg, Matzo, Motsavage, Webb, Papastrat, Rennia, Mihalko

Introduced by Committee: Finance

RESOLUTION

*entitled*

A RESOLUTION AUTHORIZING VARIOUS  
AMENDMENTS TO THE 2014 TAX ROLL, FOR  
PROPERTIES PURCHASED BY NEW YORK  
STATE

WHEREAS, applications to correct tax levy and tax rolls have been duly filed with or by the Assessor of the City of Binghamton; and

WHEREAS, pursuant to Real Property Tax Law §554 the Assessor of the City of Binghamton wishes to cancel taxes for various properties purchased by New York State as set forth in the attached "Exhibit A".

NOW, THEREFORE, the Council of the City of Binghamton, duly convened in regular session, does hereby:

RESOLVE that pursuant to Real Property Tax Law §554 the Council of the City of Binghamton, as the tax levying body for the City of Binghamton, hereby authorizes the Mayor to execute any and all documents necessary to cancel taxes for various properties purchased by New York State as set forth in the attached "Exhibit A", for the Assessor of the City of Binghamton correct the tax roll, and for the Assessor to provide the corrected tax levy and tax rolls to the Broome County Real Property Tax Services.

I hereby certify the above to be a true copy  
of the legislation adopted by the Council  
of the City of Binghamton at a meeting  
held on 2/19/14. Approved by the  
Mayor on 2/20/14.

A handwritten signature in black ink, appearing to read "Douglas Holmes".

Introductory No. R14-8

Permanent No. R14-8

Sponsored by City Council Members:

Berg, Matzo, Motsavage, Webb, Papastrat, Rennia, Mihalko

A RESOLUTION AUTHORIZING VARIOUS AMENDMENTS TO THE 2014 TAX ROLL, FOR PROPERTIES PURCHASED BY NEW YORK STATE

The within Resolution was adopted by the Council of the City of Binghamton.

FEBRUARY 19, 2014

Date

Augusta Volmer

City Clerk

FEBRUARY 20, 2014

Date Presented to Mayor

2/20/14

Date Approved

Michael J. Smith

Mayor

	Ayes	Nays	Abstain	Absent
Motsavage	✓			
Mihalko	✓			
Rennia	✓			
Webb	✓			
Papastrat	✓			
Matzo	✓			
Berg	✓			
Total	7	0	0	0

Code of the City of Binghamton

Adopted  Defeated

7 Ayes 0 Nays 0 Abstain 0 Absent



NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE  
OFFICE OF REAL PROPERTY TAX SERVICES

RP-554 (9/04)

APPLICATION FOR CORRECTED TAX ROLL  
FOR THE YEAR 20 14

**Part I:** To be completed in duplicate by Applicant. APPLICANT MUST SUBMIT BOTH COPIES TO COUNTY DIRECTOR OF REAL PROPERTY TAX SERVICES. (In Nassau and Tompkins Counties, submit to Chief Assessing Officer). NOTE: To be used only prior to expiration of warrant for collection. For wholly exempt parcel, attach statement signed by assessor or majority of board of assessors substantiating that assessor(s) have obtained proof that parcel should have been granted tax exempt status on tax roll.

Lucik Frank Jr & Robert F  
 Ia. Name of Owner \_\_\_\_\_ Day( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_  
 66 Dickinson Street \_\_\_\_\_ 2. Telephone Number \_\_\_\_\_  
 Binghamton NY 13905 \_\_\_\_\_ 157 Prospect St  
 Ib. Mailing Address \_\_\_\_\_ 3. Parcel Location (if different than Ib.) \_\_\_\_\_  
 144.62-1-15 \_\_\_\_\_

4. Description of real property as shown on tax roll or tax bill (Include tax map designation) \_\_\_\_\_  
 5. Account No. 00000119970 \_\_\_\_\_ 6. Amount of taxes currently billed \$32.12 \_\_\_\_\_

7. I hereby request a correction of tax levied by City of Binghamton  
 (county/city/school district; town in Westchester County; non-assessing unit village)  
 for the following reasons (use additional sheets if necessary): Parcel is now owned by State of New York - wholly exempt - need to cancel tax

01-17-14 \_\_\_\_\_  
 Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**PART II:** For use by COUNTY DIRECTOR: Attach written report (including documentation of error in essential fact) and recommendation. Indicate type of error and paragraph of subdivision 2, 3 or 7 of Section 550 under which error falls.

Date application received: 1-17-14 \_\_\_\_\_ Period of warrant for collection of taxes: 1-1-14 \_\_\_\_\_  
 Last day for collection of taxes without interest: \_\_\_\_\_  
 Recommendation:  Approve application\*  Deny Application  
1-17-14 \_\_\_\_\_ Suzanne M. Pajdak \_\_\_\_\_  
 Date \_\_\_\_\_ Signature of County Director \_\_\_\_\_

\* If box is checked, this copy is for assessor and board of assessment review of city/town/village of \_\_\_\_\_ which are to consider attached report and recommendation as equivalent to petition filed pursuant to section 553.

**PART III:** For use by TAX LEVYING BODY or OFFICIAL DESIGNATED BY RESOLUTION 14-8 (2/19/14) :  
 (Insert Number or Date)

APPLICATION APPROVED Amount of taxes currently billed: \$ \$32.12  
 Notice of approval mailed to applicant on (enter date): \_\_\_\_\_ Corrected tax: \$ \_\_\_\_\_  
 Order transmitted to collecting officer on (enter date): \_\_\_\_\_

APPLICATION DENIED Reason: \_\_\_\_\_

Seal of Office \_\_\_\_\_  
2/19/14 \_\_\_\_\_ Richard L. Stiel \_\_\_\_\_  
 Date \_\_\_\_\_ Signature of Chief Executive Officer or Official Designated by Resolution \_\_\_\_\_

**Part IV. For use by COLLECTING OFFICER:**

Payment may be made without interest and penalties ONLY if (1) the application has been filed with the County Director during the period when taxes may be paid without interest (see "Date application received" in Part II of this form) AND (2) the corrected tax is paid within eight days of the date on which the notice of approval is mailed to the applicant (see Part III of this form). If either of these conditions is not satisfied, interest and/or penalties must be paid on the corrected tax.

---

Order from tax levying body received:

Corrected tax due:

\$ \_\_\_\_\_

\_\_\_\_\_ Date

Interest and penalties (if applicable):

\$ \_\_\_\_\_

Total corrected tax due:

\$ \_\_\_\_\_

Tax roll corrected:

Tax bill corrected:

Application and Order annexed to tax roll:

Payment of corrected tax received:

\_\_\_\_\_ Date

\_\_\_\_\_ Date

\_\_\_\_\_ Date

\_\_\_\_\_ Date

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Collecting Officer



NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE  
OFFICE OF REAL PROPERTY TAX SERVICES

RP-554 (9/04)

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FOR THE YEAR 20 14

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Lucik Frank Jr & Robert F  
1a. Name of Owner  
66 Dickinson Street  
Binghamton NY 13905  
1b. Mailing Address  
144.62-1-14

Day( ) Evening ( )  
2. Telephone Number  
159 Prospect St  
3. Parcel Location (if different than 1b.)

4. Description of real property as shown on tax roll or tax bill (Include tax map designation)  
5. Account No. 00000119980  
6. Amount of taxes currently billed \$2,312.89  
7. I hereby request a correction of tax levied by City of Binghamton  
(county/city/school district; town in Westchester County; non-assessing unit village)  
for the following reasons (use additional sheets if necessary): Parcel is now owned by State of New York - wholly exempt - need to cancel tax

01-17-14  
Date  
Signature of Applicant

PART II: For use by COUNTY DIRECTOR: Attach written report (including documentation of error in essential fact) and recommendation. Indicate type of error and paragraph of subdivision 2, 3 or 7 of Section 550 under which error falls.

Date application received: 1-17-14  
Period of warrant for collection of taxes: 1-1-14  
Last day for collection of taxes without interest:

Recommendation:  Approve application\*  Deny Application  
1-17-14  
Date  
Signature of County Director

\* If box is checked, this copy is for assessor and board of assessment review of city/town/village of which are to consider attached report and recommendation as equivalent to petition filed pursuant to section 553.

PART III: For use by TAX LEVYING BODY or OFFICIAL DESIGNATED BY RESOLUTION 14-8 (2/19/14)  
(Insert Number or Date)

✓ APPLICATION APPROVED  
Amount of taxes currently billed: \$2,312.89  
Notice of approval mailed to applicant on (enter date):  
Order transmitted to collecting officer on (enter date):  
Corrected tax: \$  
APPLICATION DENIED Reason:

Seal of Office  
2/19/14  
Date  
Signature of Chief Executive Officer or Official Designated by Resolution

**Part IV. For use by COLLECTING OFFICER:**

Payment may be made without interest and penalties ONLY if (1) the application has been filed with the County Director during the period when taxes may be paid without interest (see "Date application received" in Part II of this form) AND (2) the corrected tax is paid within eight days of the date on which the notice of approval is mailed to the applicant (see Part III of this form). If either of these conditions is not satisfied, interest and/or penalties must be paid on the corrected tax.

---

Order from tax levying body received:

Corrected tax due: \$ \_\_\_\_\_  
Interest and penalties (if applicable): \$ \_\_\_\_\_  
Total corrected tax due: \$ \_\_\_\_\_

\_\_\_\_\_ Date

Tax roll corrected:

\_\_\_\_\_ Date

Tax bill corrected:

\_\_\_\_\_ Date

Application and Order annexed to tax roll:

\_\_\_\_\_ Date

Payment of corrected tax received:

\_\_\_\_\_ Date

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Collecting Officer



NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE  
OFFICE OF REAL PROPERTY TAX SERVICES

RP-554 (9/04)

APPLICATION FOR CORRECTED TAX ROLL  
FOR THE YEAR 20 14

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Tarr Donald W & Jean M \_\_\_\_\_ Day( ) Evening ( )  
1a. Name of Owner 2. Telephone Number

161 Prospect Street \_\_\_\_\_  
Binghamton NY 13905 \_\_\_\_\_  
1b. Mailing Address 3. Parcel Location (if different than 1b.)

144.62-1-13 \_\_\_\_\_

4. Description of real property as shown on tax roll or tax bill (Include tax map designation) \_\_\_\_\_

5. Account No. 00000119990 6. Amount of taxes currently billed \$2,377.13

7. I hereby request a correction of tax levied by City of Binghamton  
(county/city/school district; town in Westchester County; non-assessing unit village)

for the following reasons (use additional sheets if necessary): Parcel is now owned by State of New York - wholly exempt - need to cancel tax

01-17-14 \_\_\_\_\_  
Date Signature of Applicant

**PART II:** For use by COUNTY DIRECTOR: Attach written report (including documentation of error in essential fact) and recommendation. Indicate type of error and paragraph of subdivision 2, 3 or 7 of Section 550 under which error falls.

Date application received: 1-17-14 Period of warrant for collection of taxes: 1-1-14

Last day for collection of taxes without interest: \_\_\_\_\_

Recommendation:  Approve application\*  Deny Application

1-17-14 \_\_\_\_\_  
Date Signature of County Director

\* If box is checked, this copy is for assessor and board of assessment review of city/town/village of \_\_\_\_\_ which are to consider attached report and recommendation as equivalent to petition filed pursuant to section 553.

**PART III:** For use by TAX LEVYING BODY or OFFICIAL DESIGNATED BY RESOLUTION 14-8 (2/19/14) :  
(Insert Number or Date)

APPLICATION APPROVED Amount of taxes currently billed: \$ 2,377.13

Notice of approval mailed to applicant on (enter date): \_\_\_\_\_ Corrected tax: \$ \_\_\_\_\_  
Order transmitted to collecting officer on (enter date): \_\_\_\_\_

APPLICATION DENIED Reason: \_\_\_\_\_

Seal of Office

2/19/14  
Date

\_\_\_\_\_  
Signature of Chief Executive Officer or Official Designated by Resolution

**Part IV. For use by COLLECTING OFFICER:**

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Order from tax levying body received:

Corrected tax due: \$ \_\_\_\_\_  
Interest and penalties (if applicable): \$ \_\_\_\_\_  
Total corrected tax due: \$ \_\_\_\_\_

\_\_\_\_\_ Date

Tax roll corrected:

\_\_\_\_\_ Date

Tax bill corrected:

\_\_\_\_\_ Date

Application and Order annexed to tax roll:

\_\_\_\_\_ Date

Payment of corrected tax received:

\_\_\_\_\_ Date

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Collecting Officer



NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE  
OFFICE OF REAL PROPERTY TAX SERVICES

RP-554 (9/04)

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FOR THE YEAR 20 14

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Klodowski Rose & Urdanick Helen

1a. Name of Owner

Day( ) Evening( )

2. Telephone Number

135 Virginia Ave

Johnson City NY 13790

1b. Mailing Address

163 Prospect St

3. Parcel Location (if different than 1b.)

144.62-1-12

4. Description of real property as shown on tax roll or tax bill (Include tax map designation)

5. Account No. 00000120000

6. Amount of taxes currently billed \$2,634.12

7. I hereby request a correction of tax levied by City of Binghamton  
(county/city/school district; town in Westchester County; non-assessing unit village)

for the following reasons (use additional sheets if necessary): Parcel is now owned by State of New York - wholly exempt - need to cancel tax

01-17-14

Date

*Suzanne P. [Signature]*  
Signature of Applicant

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Period of warrant for collection of taxes: 1-1-14

Last day for collection of taxes without interest: \_\_\_\_\_

Recommendation:  Approve application\*  Deny Application

1-17-14  
Date

*Suzanne P. [Signature]*  
Signature of County Director

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PART III: For use by TAX LEVYING BODY or OFFICIAL DESIGNATED BY RESOLUTION 14-8 (2/19/14) :  
(Insert Number of Date)

APPLICATION APPROVED

Amount of taxes currently billed: \$ 2,634.12

Notice of approval mailed to applicant on (enter date): \_\_\_\_\_

Corrected tax: \$ \_\_\_\_\_

Order transmitted to collecting officer on (enter date): \_\_\_\_\_

APPLICATION DENIED Reason: \_\_\_\_\_

Seal of Office

2/19/14  
Date

*[Signature]*  
Signature of Chief Executive Officer  
or Official Designated by Resolution

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Order from tax levying body received:

Corrected tax due:

\$ \_\_\_\_\_

\_\_\_\_\_ Date

Interest and penalties (if applicable):

\$ \_\_\_\_\_

Total corrected tax due:

\$ \_\_\_\_\_

Tax roll corrected:

\_\_\_\_\_ Date

Tax bill corrected:

\_\_\_\_\_ Date

Application and Order annexed to tax roll:

\_\_\_\_\_ Date

Payment of corrected tax received:

\_\_\_\_\_ Date

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Collecting Officer



NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE  
OFFICE OF REAL PROPERTY TAX SERVICES

RP-554 (9/04)

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Mcgovern Philip & Rose Mary  
1a. Name of Owner  
Day( ) Evening ( )  
2. Telephone Number

240 Jeffrey Dr  
Binghamton NY 13901  
1b. Mailing Address  
144.62-1-11  
165 Prospect St  
3. Parcel Location (if different than 1b.)

4. Description of real property as shown on tax roll or tax bill (Include tax map designation)

5. Account No. 00000120010  
6. Amount of taxes currently billed \$1,911.35

7. I hereby request a correction of tax levied by City of Binghamton  
(county/city/school district; town in Westchester County; non-assessing unit village)

for the following reasons (use additional sheets if necessary): Parcel is now owned by State of New York - wholly exempt - need to cancel tax

01-17-14  
Date  
Signature of Applicant

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Last day for collection of taxes without interest:

Recommendation:  Approve application\*  Deny Application

1-17-14  
Date  
Signature of County Director

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**PART III:** For use by TAX LEVYING BODY or OFFICIAL DESIGNATED BY RESOLUTION 14-8 (2/19/14):  
(Insert Number or Date)

APPLICATION APPROVED  
Amount of taxes currently billed: \$1,911.35

Notice of approval mailed to applicant on (enter date):  
Order transmitted to collecting officer on (enter date):  
Corrected tax: \$

APPLICATION DENIED Reason:

Seal of Office  
2/19/14  
Date  
Signature of Chief Executive Officer or Official Designated by Resolution

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---

Order from tax levying body received:

Corrected tax due:

\$ \_\_\_\_\_

\_\_\_\_\_ Date

Interest and penalties (if applicable):

\$ \_\_\_\_\_

Total corrected tax due:

\$ \_\_\_\_\_

Tax roll corrected:

\_\_\_\_\_ Date

Tax bill corrected:

\_\_\_\_\_ Date

Application and Order annexed to tax roll:

\_\_\_\_\_ Date

Payment of corrected tax received:

\_\_\_\_\_ Date

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Collecting Officer