

Single Family Acquired Asset
Management System (SAMS)
Taxing Authority Profile

**U.S. Department of Housing
and Urban Development**
Office of Housing
Federal Housing Commissioner

This Is Not a Request for Tax Bills We are requesting and compiling information for HUD tax bills. To ensure that the bills are paid on time and for the proper tax period, please complete this form. Define only one tax type per form. For additional tax types, please copy this form and complete. Return immediately to the HUD HOC.

If collecting for more than one tax jurisdiction or tax type, please indicate if the tax is consolidated in one bill or individually. Please indicate how bills are accepted (Full/Installments). Lines (1) through (4) under items 21 thru 27 allow for up to four installments to be made in a year for a particular type of tax. Please indicate how bills are accepted: as 1 full payment or in 2, 3, or 4 installments.

Instructions: See instructions on back for required attachments. Send completed form to HUD HOC, Attention: Director, Home Ownership Center

I. DSAE Screen: Tax Authority's TIN & Name (Items 1 - 7)

1. a. <input type="checkbox"/> Add New Payee (complete entire form) or b. <input type="checkbox"/> Change Existing Payee (complete items 2, 3, 7, and any changes)	2. Tax Authority's TIN	3. Tax Authority's name				
	4. HOC Area Identifier	5. HOC Area Name	6. Payee Type TA	7. Payee NAID (if established Payee)		

II. GBNA Screen Tax Authority's Address (Items 8 - 19)

8. Attention (Title Only)			9. Phone Number (Area Code)		
10. Street Address					
11. City			12. State	13. Zip Code + 4	

Remittance Information (only if different from above)

14. Name					
15. Attention (Title Only)					
16. Street Address					
17. City			18. State:	19. Zip Code + 4:	

III. TXTP Screen Tax Type & Period (Items 20 - 32)

20. Tax Type (i.e., Real Estate, City, County) Enter only one code.

Enter Dates as mm/dd/yyyy					1st	2nd	3rd
21. From Period	22. To Period	23. Due Date	24. Penalty Date	25. Discount Date	26. Discount Date	27. Discount Date	
(1)							
(2)							
(3)							
(4)							

28. Tax Year

29. Preparer's Signature (M&M Contractor)	30. Title	31. Date (mm/dd/yyyy)	32. Phone (Area Code)
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IV. For HUD Use Only (Items 33 - 40)

33. Reviewer's Signature (M&M Supervisor/GTR)	34. Title	35. Date	36. Phone (Area Code)
37. Approver's Signature (HOC Director or designee)	38. Title	39. Date	40. Phone (Area Code)

Public reporting burden for this collection of information is estimated to average 12 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. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information enables HUD to record and process financial transactions in its automated Single Family Acquired Asset Management System (SAMS) to dispose of acquired single-family properties. HUD reimburses M&M Contractors for their services in maintaining, marketing, and selling HUD homes, and HUD collects funds associated with the sales of these properties. The information enables HUD to create and maintain sound financial management practices and effective internal controls over the property disposition program. A response is required to obtain or maintain a benefit.

Instructions for Completion of Form SAMS-1110 (Please use typewriter or print in ink)

The File ID No. should be a sequential number assigned by the originator of the form. Enter today's date in next block.

1. **Check One:** Indicate whether tax authority is being added, modified, or deleted.
2. **Tax Authority's TIN:** Indicate the Tax Identification Number or the Federal Tax Exemption Number. These numbers have previously been assigned by the IRS.
3. **Tax Authority's Name:** Indicate the name of the taxing authority.
4. **HOC Area Identifier:** Enter the HUD Area identifier (e.g., P1 for Philadelphia Area 1).
5. **HOC Area Name:** Enter the HUD HOC Area name (e.g., Philadelphia Area 1).
7. **Tax Authority's NAID:** Enter the name/address identifier (NAID) if established payee.
8. **Attn:** Indicate the title of the contact person for the taxing authority.
9. **Phone Number:** Indicate the phone number of the taxing authority.
- 10-13. **Tax Authority's Address:** Indicate the address of the taxing authority.
- 14-19. **Remittance Information:** Indicate the remitter name and mailing address only if different from above.
20. **Tax Type:** Indicate the type of tax (i.e., RE = Real Estate) using the codes below.

Tax Type Codes

AG	Agriculture Tax	OT	Other Tax
BD	Bond Tax	PA	Parish Tax
BO	Borough Tax	PL	Pilot Tax
CA	Central Appraisal Ag	PP	Personal Property
CC	Central Coll. Agency	RD	Road Tax
CI	City Tax	RE	Real Estate/Property
CM	Combined Tax	RF	Refuse
CO	County Tax	S1	Subdiv Maint/Escrow
CS	City and School Dist	S2	Subdiv Maint/Non-Esc
EX	Excise Tax	SA	Special Assessment
FI	Fire District	SH	School Tax
GR	Ground Rent Tax	SR	Shelter Rent Tax
GV	Government Tax	SW	Solid Waste Tax
HS	Hospital Tax	TO	Town Tax
IR	Irrigation District	UT	Utility District Tax
JC	Jr College Sch Dist	VI	Village (Incorp) Tax
LI	Loan Improvement	WF	Waste Fee District
LV	Levee Tax	WM	Water Meters
MH	Mobile Home	WS	Water and Sewer
MN	Minerals Tax	XX	Exempt from taxes
MS	Miscellaneous Tax		

21-22. **From Period/To Period:** Actual period covered by a payment. This may be a calendar year or fiscal year or a part thereof.

23. **Due Date:** Date that the tax payment is due.

24. **Penalty Date:** Last payment date on which payment may be rendered without penalty.

25-27. **Discount Dates:** Indicates up to three discount dates which may be allowed for early payment. Please indicate discount date if available.

28. **Tax Year:** Year relating to the from period/to period dates which together show a taxing authority's billing cycle.

29-32. **Preparer's Signature:** Enter legible signature, title, phone number, and date signed.

33-36. **Reviewer's Signature:** Enter legible signature, title, phone number, and date signed.

37-40. **Approver's Signature:** Enter legible signature, title, phone number, of the Director, Home Ownership Center or designee and date signed.

If the taxing authority has the capability to accept an automated interface for requesting bills or payment, please provide the specifications. Please provide the format the taxing authority requires for the tax bills requested.