2017 Real Estate Withholding Tax Statement

593

	g Agent Information				□SSN or ITIN	N □FEIN	I □CA Corp no. □CA SOS file n
First name Address (apt./ste., room					☐SSN or ITIN	N □FEIN	I □CA Corp no. □CA SOS file n
Address (apt./ste., root							
Address (apt./ste., root			Initial	Last name			
			IIIIIdi	Last name			
	m, PO box, or PMB no.)						
City (If you have a foreign address, see instructions.) State						State	ZIP code
Part II Seller/Tra	nsferor Information (If a trust	, see instr	uctio	ns for Part II.)			
First name		ial Last na					SSN or ITIN
Spouse's/RDP's first na	ame Init	ial Last na	ıme				Spouse's/RDP's SSN or ITIN
		1	1				
Business name (if app	licable)					FEIN [□CA Corp no. □CA SOS file no
Addross (ant late	m PO hov or PMP == \						
Audress (apt./ste., rool	m, PO box, or PMB no.)						
City (If you have a fore	ign address, see instructions.)					State	ZIP code
Only (ii you have a lole	igir address, see mondens.)					Otato	
Property address (If no	street address, provide parcel r	number and	d cour	nty.)			
, , ,	71			,			
Part III Escrow o	r Exchange Information						
	_						
	-						
		xcriange, (or ins	tallment Payment		• /	(mm/dd/yyyy)
· · · —	n (Check One Only):	٦.,					(11111/100/1999)
A U Convention	_	」Boot					
B ☐ Installment	•	」 Failed E	excna	nge			
-	lation (Check One Only):			ined below Oce instructions			
	,			rired below. See instructions.)			
•	33) x Total Sales Price, Boot, (•			
·	· ·	or signatu		quired below. See instructions.)	0-1 0-1-		
_	12.3% x Gain on Sale	on Colo		Bank and Financial Corp. 10.84%			
	rnia Partnership 12.3% x Gain			S Corporation 13.8% x Gain on S Financial S Corporation 15.8% x			
ש בו Gorporation	ii 0.04% X Gaiii Uii Sale		u	Fillaticial S Corporation 15.6% X	daiii dii Sale		
=	fuero this Calley/Transferer				= -		
5. Amount withheid	irom this Seller/Transferor				= 5		
Seller/Transferor Sig	nature – Signature is require	d only wh	en th	e Optional Gain on Sale is elected ab	ove.		
Title and escrow per	sons, and exchange accomm	odators a	re no	ot authorized to provide legal or accor competent tax professional for this p	unting advice for	purpos	es of determining withholding
	<u> </u>			and the consequences for not providing th	•	mation ~	to to fth an now and assemble
	est this notice by mail, call 800.		lion, a	and the consequences for not providing tr	ie requestea iiiiori	nation, g	to tto.ca.gov and search for
Under penalties of perju	ury, I declare that I have examine	ed this form	n, incl	luding accompanying schedules and state pased on all information of which prepare	ements, and to the	best of i	my knowledge and belief, it is tru
on soi, and complete.	Deciaration of bighaigi (ottigi ti	iaii i tiiiille	1 / 15 D	vascu on an information of which prepare	i iias aiiy kiiuwieu	y c .	
	Your signature			Spouse's/RDP's signature			
	•			•			
Sign Here				X			_
Sign Here	X			^			Date