

1031 Exchange Information Worksheet

This worksheet will provide the information required to start your exchange. Please complete the fields below that are relevant to your exchange and submit form via Adobe Acrobat and download a copy for your own records. Alternatively, download and email filled out form to 1031CS@nesf.com or fax to 781-982-9558. Thank you!

Exchanger Information

() The exchanger is an individual taxpayer

() The exchanger is an entity

First Name(s): _____

Last Name(s): _____

Taxpayer(s) SSN: _____

If Exchanger is an entity, please fill out below:

Entity Name: _____

State of Formation: _____

TIN: _____

Titleholder (if different from above): _____

Phone: _____

Email: _____

Fax: _____

Mailing Address: _____

Mailing City: _____ Mailing State: _____ Mailing Zip/Postal Code: _____

If contact person is someone other than the Taxpayer or a Representative for the entity, please fill out below:

Contact First Name: _____

Contact Last Name: _____

Contact Title (Or Relationship to Taxpayer/Entity): _____

Contact Phone: _____ Contact Email: _____

Relinquished Property Information

Property Address: _____

Property City: _____ Property State: _____ Property Zip/Postal Code: _____

Purchaser First Name(s): _____

Purchaser Last Name(s): _____

Entity Name: _____

Sales Price: _____

Is Taxpayer providing seller financing?: (Yes/No) _____ If yes, please contact our office for additional documents.

Approximate amount of proceeds that will be received by NES Financial: _____

Is this a tenant-in-common interest? Yes/No _____ If Yes: _____%

Closing Date: _____

Closing Information

Taxpayer's Closing/Escrow Company Information

Firm Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Agent Name: _____

Phone: _____

Email: _____

Taxpayer's Attorney Information

Firm Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Contact Name: _____

Phone: _____

Email: _____