

1031 Exchange Replacement Property Worksheet

This worksheet will provide the replacement property information required for your exchange. Please complete the fields below that are relevant to your exchange and submit form via Adobe 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!

I. Exchanger Information

() **The exchanger's information has not changed from the initial 1031 Exchange Information Worksheet.**
(If this is true, please skip Section I. Exchanger Information and proceed to Section II. New Asset Information)

() **The exchanger's information has changed and updated information is filled out below:**

First Name(s): _____

Last Name(s): _____

If Exchanger is an entity, please fill out below (e.g. If Taxpayer is taking title to the New Asset by acquisition of a single member limited liability company that is disregarded for federal tax purposes):

Entity Name: _____

State of Formation: _____

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: _____

II. New Asset Information

() The Seller is an individual taxpayer

() The Seller is an entity

Property Address: _____

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

Seller's First Name(s): _____

Seller's Last Name(s): _____

Entity Name: _____

How much, if any, of the exchange proceeds are needed for an earnest money deposit?: _____

If earnest money deposit is needed, what date is the deposit required by?: _____

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

Sales Price: _____

Closing Date: _____

III. Closing Information

Taxpayer's Closing/Escrow Company Information

Firm Name: _____

Address: _____

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

Agent Name: _____

Phone: _____ Email: _____

Taxpayer's Attorney Information

(If the attorney who represented the Exchanger in the Old Asset Sale is **NOT** being retained for this transaction, please complete new attorney information below)

Firm Name: _____

Address: _____

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

Contact Name: _____

Phone: _____ Email: _____