**1099-S REPORTING FORM**

Section 6045(e) of the Internal Revenue Code, as amended by the Tax Reform Act of 1986, requires that information regarding certain real estate transactions be reported to the Internal Revenue Service. You are required to provide the closing agent with your correct taxpayer identification number. If you fail to furnish the required information and your correct taxpayer identification number, you may be subject to civil or criminal penalties by law.

**SELLERS INFORMATION:**

# Taxpayer ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Type of Taxpayer ID Number ( ) Social Security Number

 ( ) Employer ID Number

Seller Name Line 1: , LLC

Seller Name Line 2:

Forwarding Address (as of 1/31 next year): Street 3006 Avenue M

City: Brooklyn State: NY Zip:

**FOREIGN DISCLOSURE (MANDATORY REQUIREMENT):**

Is the seller a foreign person (nonresident alien, foreign partnership, foreign estate of foreign trust? ( ) Yes ( ) No­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PROPERTY INFORMATION:**

## Brief Property Block: Lot: Street Address:

Description:

City: Township of State: New Jersey Zip:

Contract Sale Price or

Gross Proceeds: $,000.00 Gross Allocated Proceeds: $

 ( multiple sellers)

Type of Property: ( ) Primary Residence ( ) Other Real Estate

Buyer’s Portion of Real Estate Tax (i.e. tax credits received by Seller) $

Closing Date: April 20, 2018

Exchange of other property or services, (as part of consideration) ( ) Yes ( XX ) No

**SELLER CERTIFICATION:**

Under penalties of perjury, I certify that the above information is correct and that the number shown in this statement is my correct taxpayer identification number. Furthermore, I understand that this information will be furnished to the Internal Revenue Service.

## Date: Signature:

 (Seller) Please indicate if Power of Attorney or Attorney in Fact

## Date: Signature:

**CLOSING AGENT OR ATTORNEY INFORMATION:**

**( all information required by IRS)**

Name: Telephone Number

Address Taxpayer ID Number

City State \_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Your Case/File Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_