

1031 Exchange Replacement Property Information Worksheet

This worksheet will provide JTC Americas (formerly NES Financial) with the information required to start your exchange. In order to process your request, please complete the following instructions:

1. Answer the fields below that are relevant to your exchange.
2. After clicking "Submit Form" on pg. 2, the pdf application will automatically open your email application and create a draft email.
3. Please send the completed form to Justin Amos via email at justin.amos@jtcgroup.com, or via fax to 781-982-9558. We also recommended that you download a copy of this worksheet for your own records, thank you!

I. Exchanger Information

The Exchanger's information has not changed from the initial 1031 Exchange Information worksheet. (If true, please skip section I. Exchanger Information)

The Exchange'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 I 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: _____

If you need assistance filling out this form or have any other questions, please call us at 1 888 992 1031.

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II. New Asset Information

The Seller is an individual taxpayer

The Seller is entity

Property Address: _____

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

Seller First Name(s): _____

Seller Last Name(s): _____

Entity Name: _____

How much, if any, of the exchange proceeds are needed for an earnest 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, what percentage? _____

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: _____