

1099-S REAL ESTATE TRANSACTION FORM

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|---|--------------------------|---|--------------------------------------|
| Account or Escrow # | Filing Year 20 | | |
| Seller(s) Name(s) | | Business <input type="checkbox"/> | Individual <input type="checkbox"/> |
| | | Trust / Estate <input type="checkbox"/> | Partnership <input type="checkbox"/> |
| Federal I.D. # / Social Security # | | Corporation (Optional) <input type="checkbox"/> | |
| Seller's Mailing Address | | | |
| City | | State | Zip |
| 1. Date of Closing | | 2. Gross Proceeds or Allocation \$ | |
| 3. Address or Legal Description | | | |
| | | | |
| 4. Check Here if the Seller Received or Will Receive Property or Services as Part of the Consideration <input type="checkbox"/> | | 5. Buyer's Part of Real Estate Tax \$ | |

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this item is required to be reported and the IRS determines that it has not been reported. You are required by law to provide us with your correct taxpayer identification number. If you do not provide us with your correct taxpayer identification number, you may be subject to civil or criminal penalties imposed by law. I hereby acknowledge receipt of "SELLER COPY" of this form. Under penalties of perjury, I certify that the number shown on this statement is my correct taxpayer identification number.

| | |
|------|--------------------|
| Date | Seller's Signature |
| Date | Seller's Signature |

| | | |
|---------------------------------------|--------------|-----|
| Filer's Name | | |
| Federal I.D. Number/Social Security # | | |
| Mailing Address | | |
| City | State | Zip |
| Contact Person | Phone Number | |

SUBMIT TO

NATIONAL 1099, INC.
321 GARRISON PLACE
VIRGINIA BEACH, VA 23452-5417
1-800-962-1099 757-498-1099

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| Notes |
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