



1099 Reporting Service

Provided by Signature Information Solutions LLC

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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 imposed by law.

(PLEASE PRINT OR TYPE) [] **CORRECTED FORM**

SELLER INFORMATION:

Taxpayer ID Number: _____ Type of Taxpayer ID Number: [] Social Security Number
[] Employer ID Number

Seller Name Line 1: _____

Seller Name Line 2: _____
(cont'd.) Line 2 provided for spouse, trustee or business name of sole proprietorship. Use a separate form to report multiple sellers.

Forwarding Address (as of 1/31 next year): Street: _____

City: _____ State: _____ Zip: _____

PROPERTY INFORMATION:

Brief Property Description: Block _____ Lot _____ Street Address _____
City _____ State _____ Zip _____

Contract Sale Price or Gross Proceeds: \$ _____ Gross Allocated Proceeds: \$ _____
(multiple sellers)

Buyer's Portion of Real Estate Tax (i.e., tax credits received by seller): \$ _____

Type of Property: [] Principal Residence [] Other Real Estate

Closing Date: _____ Exchange of other property or services (as part of consideration): [] Yes [] No

SELLER CERTIFICATION:

Under penalties of perjury, I certify that the above information is correct and that the number shown on 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

CLOSING AGENT OR ATTORNEY INFORMATION:
[all information required by IRS]

_____ CJ Account Number

Name _____ Telephone Number _____

Address _____ Taxpayer ID Number _____

City _____ State _____ Zip _____ Your Case/File Number _____