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1031 Information Sheet

Please fax a copy of all real estate contracts with this form to 239-466-5496

Name of Titleholder/Client: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Telephone: _____ Fax: _____

Seller's Federal ID (social security) # _____

Date of Birth: _____

Relinquished Property

Date of Closing: _____ Selling Price of Property: _____

Closing Agent & Contact Phone #: _____

Relinquished Property Street Address: _____

City: _____ State: _____ Zip: _____

Realtor: _____

Replacement Property (if identified at time of sale of relinquished property)

Date of Closing: _____ Purchase Price of Property: _____

Closing Agent & Contact Phone #: _____

Replacement Property Street Address: _____

City: _____ State: _____ Zip: _____

Other Comments: _____