## **2020 Real Estate Withholding Statement**

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AMENDED: ● □						
Part I Remitter Information ● □ REE	Р 🗆	Qualified Intermediary [	☐ Buye	r/Transferee 🗌	Other	
Business name					FEIN	CA Corp no. CA SOS file no.
First name	Initial	Last name				SSN or ITIN
Address (apt./ste., room, PO box, or PMB no.)						
City (If you have a foreign address, see instructions.)	)		State	ZIP code	CX	Telephone number
Part II Seller/Transferor Information	If a	grantor or nongrantor tru	st, chec	k the box that appl	ies.	Grantor 🗌 Nongrantor Trust
First name (Grantor)	Initial	Last name (Grantor)			SSN or	ITIN
Spouse's/RDP's first name (if jointly purchased)	Initial	Last name			Spouse	's/RDP's SSN or ITIN (if jointly owned)
Business/Nongrantor Trust name (if applicable)			<		□ FEIN	☐ CA Corp no. ☐ CA SOS file no.
Address (apt./ste., room, PO box, or PMB no.)						9)
City (If you have a foreign address, see instructions.)		S	tate ZIF	code		Telephone number
Property address (provide street address, parcel number, and county)					Ownership percentage	
<ol> <li>The property qualifies as the selle</li> <li>The seller last used the property</li> <li>The seller has a loss or zero gain</li> <li>The property is compulsorily or in gain under IRC Section 1033.</li> <li>The transfer qualifies for nonrect</li> <li>The seller is a corporation (or a line has a permanent place of busine)</li> <li>The seller is a CA partnership or a that is not a single member LLC</li> <li>The seller is a tax-exempt entity to the seller is an insurance companie.</li> <li>The seller is an insurance companie.</li> <li>The transfer qualifies as either as the transfer of this property is an Copy of the promissory note is a Copy of the promissory note is an Inc.</li> <li>No exemptions apply. Go to Partnerships.</li> </ol>	as the se for Californ Califor	eller's principal residence fornia (CA) income tax purarily converted, and the se treatment under IRC Sectionability company (LLC) class.  Track of the section of the sect	under IF rposes of lier inter on 351 ssified as ess in O ses). qualified withheeck all t exchan must w	n this sale. Complied to acquire proper IRC Section 721 is a corporation), quality A (or an LLC class) I pension/profit shoulding or if no exposes that apply to ge under IRC Sectithhold on the print this sale.	ard to the two ete Part VI, Coperty that will  I. ualified throu sified as a par aring plan, or emptions a the property I ion 1031. cipal portion	omputation. qualify for nonrecognition of  gh the CA Secretary of State or tnership for income tax purposes  charitable remainder trust.  apply (See instructions) being sold or transferred.
If you checked one or more boxes in 1-9, go to escrow or exchange transaction to submit to t If you checked box 10, go to specific line instr If you checked box 11, go to Part V on Side 2. If you checked box 12, go to Part VII on Side 3	he Franc uctions Withhol	chise Tax Board. STOP her on Page 4, Part IV. Iding may be required.	e. Withh	olding is not requi		ne remitter before the close of

Remitter Name					SSN, ITIN, FE	IN, CA corp no., or CA SOS file no.
Part V Buyer/Transferee Information Complete if you checked box 11 in Part IV for		stallment agreement.				
First name (Grantor)	Initial	Last name (Grantor)				SSN or ITIN
Spouse's/RDP's first name (if jointly purchased)	Initial	Last name				Spouse's/RDP's SSN or ITIN
Business/Nongrantor Trust name (if applicable)					FEIN	CA Corp no. CA SOS file no.
Address (apt./ste., room, PO box, or PMB no.)					X	<b>&gt;</b>
City (If you have a foreign address, see instruction	ons.)		State	ZIP code	Telephone	number
Principal Amount of Promissory Note	Install	ment Amount		Interest Flate	%	Repayment Period  Number of months
Buyer's/Transferee's Acknowledgment to Read the "Buyer/Transferee" Information be			the per	jury statement and sign.	70	Number of months
I acknowledge that I am required to withh	old on t	he principal portion	of each	installment payment to the	seller/transfer	or for the above shown California
real property either at the rate of 3 1/3% (	.0333)	of the total sales pric	e or th	e Alternative Withholding Ca	lculation, as s	pecifed by the seller/transferor
on Form 593, Real Estate Withholding Sta	tement,	of the principal port	tion of	each installment payment. I	will complete	Form 593 for the principal
portion of each installment payment and s	end on	e copy of each to the	Francl	nise Tax Board along with Fo	rm 593-V, Pay	ment Voucher for Real Estate
Withholding, the withholding payment, an	d give o	one copy of Form 59	3 to the	seller/transferor. I will send	l each withhold	ding payment to the Franchise
Tax Board by the 20th day of the month fo	llowing	the month of the ins	stallme	nt payment. If the terms of t	he installment	sale, promissory note, or
payment schedule change, I will promptly	inform	the Franchise Tax Bo	oard. I	understand that the Franchis	e Tax Board m	nay review relevant escrow
documents to ensure withholding complia						
of each installment payment and do not se						
copy of Form 593 to the seller/transferor b			1011101	ii ooo to tiid i fanonise fax i	Jourd by the d	do date, of it i do not some one
	Jy Liio u	do dato.		<u> </u>		
Part VI Computation Complete this part if you checked and certif	ied box	3 in Part III, or to cal	culate	an alternative withholding ca	lculation amo	unt.
13. Selling price						• 13
<b>14.</b> Selling expenses						14
15. Amount realized. Subtract line 14 from						
16. Enter the price you paid to purchase th						
<b>17.</b> Seller/Transferor-paid points				- ,		
18. Depreciation						
19. Other decreases to basis						
20. Total decreases to basis. Add line 17 through line 19						
<b>21.</b> Subtract line 20 from line 16						
				_		
<b>2.</b> Cost of additions and improvements						
<b>24.</b> Total increases to basis. Add line 22 ar						
<b>25. Adjusted basis.</b> Add line 21 and line 2						
<b>26.</b> Enter any suspended passive activity losses from this property <b>26</b>						
28. Estimated gain or loss on sale. Subtra				•		
certify on Side 3. No withholding is req	ıuırea. I	i you nave a gain, go	to line	29 and 30 to calculate your	withinolaing	

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Form 593 2019 Side 2

Remitter Name	SSN, ITIN, FEIN, CA corp no., or CA SOS file no.					
29. Alternative withholding calculation amount. Check the applicable box for the filing type.  Individual 12.3% Corporation 8.84% Bank and Financial Cor Non-California Partnership 12.3% S Corporation 13.8% Financial S Corporation Multiply the amount on line 28 by the tax rate for the filing type selected above and enter the amoun alternative withholding calculation amount. If you elect the alternative withholding calculation amount appropriate box on line 35, Boxes B-H, and enter the amount on line 36	nt 15.8%  Int here. This is the lint, then check the lint					
line 35 below and enter the amount on line 36	30					
Part VII Escrow or Exchange Information						
<b>31</b> . Escrow or Exchange Number						
<b>32</b> . Date of Transfer, Exchange Completion, Failed Exchange, or Installment Payment						
33. Total Sales Price, Failed Exchange, or Boot Amount \$ x Ownership Percentage	% ● 33					
34. Type of Transaction (Check One Only):  A ☐ Conventional Sale/Transfer  B ☐ Installment Sale Payment  D ☐ Failed Exchange  35. Withholding Calculation (Check One Only):  Total Sales Price Method  A ☐ 31/3% (.0333) x Total Sales Price, Boot, or Installment Sale Payment						
Alternative Withholding Calculation Election  B □ Individual 12.3% x Gain on Sale  C □ Non-California Partnership 12.3% x Gain on Sale  D □ Corporation 8.84% x Gain on Sale  E □ Bank and Financial Corp. 10.84% x Gain on Sale  36. Amount Withheld from this Seller/Transferor						
Title and escrow persons, and exchange accommodators are not authorized to provide legal or ac withholding amounts. Transferors are strongly encouraged to consult with a competent tax profess						
To learn about your privacy rights, how we may use your information, and the consequences for not profitb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.						
Under penalties of perjury. Thereby certify that the information provided above is, to the best of my knowledge, true and correct. I further certify that:						
Check the applicable box(s):  The sale is fully exempt from withholding as indicated by a check mark(s) in Part III.						
The sale is fully or partially exempt from withholding as indicated by a check mark(s) in Part IV.						
☐ The seller has elected the Alternative Withholding Calculation as indicated by a check mark in Part VII, line 35 (B-H).						
The Buyer/Transferee understands and accepts the withholding requirements as stated on the Buyer in Part V. This box should only be checked by those who are involved in an installment sale.	r's/Transferee's Acknowledgment to Withhold					
Seller's/Transferor's signature	Date					
Seller's/Transferor's spouse's /RDP's signature	Date					
Sign x						
Here It is unlawful to force    Buyer's/Transferee's signature   X	Date					
It is unlawful to forge a spouse's/RDP's signature  Buyer's/Transferee's spouse's/RDP's signature  Date						
Preparer's name and Title/Escrow business name	Telephone Number					

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Form 593 2019 Side 3