

☐ CORRECTED (if checked)

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|--|------------------|--|---|---|
| FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number | | 1 Date of closing | OMB No. 1545-0997 | |
| | | 2 Gross proceeds | Form 1099-S (Rev. January 2022) | |
| | | \$ | For calendar year 20 ____ | |
| FILER'S TIN | TRANSFEROR'S TIN | 3 Address (including city, state, and ZIP code) or legal description | | Copy B For Transferor This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this item is required to be reported and the IRS determines that it has not been reported. |
| TRANSFEROR'S name | | 4 Transferor received or will receive property or services as part of the consideration (if checked) <input type="checkbox"/> | | |
| Street address (including apt. no.) | | 5 If checked, transferor is a foreign person (nonresident alien, foreign partnership, foreign estate, or foreign trust) <input type="checkbox"/> | | |
| City or town, state or province, country, and ZIP or foreign postal code | | 6 Buyer's part of real estate tax | | |
| Account number (see instructions) | | \$ | | |