

Collectables Exchange Worksheet

Exchangor/Taxpayer Information:

Name: _____

Individual(s) Trust

Partnership Corporation State of Formation: _____ Other _____

Contact Person, if not an Individual: _____

Mailing Address: _____

Phone: _____ Email: _____

Replacement Property Information:

Description: _____

Estimated Purchase Price: _____ Closing costs, if any: _____

Loan amount: _____ Lender: _____ Interest Only
 Amortizing

Gallery/Auctioneer/Seller: _____

Purchase location: _____ Expected Purchase Date: _____

Relinquished Property Information:

Description: _____

Estimated Sale Price: _____ Existing Loan Amount, if any: _____

Gallery/Auctioneer/Seller: _____

Sale location: _____ Expected Sale Date: _____

Estimated amounts, if known:

Sale Price: _____

Debt Payoff: _____

Cost Basis: _____

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New Property Gallery or Auctioneer:

Company Name: _____

Contact Name: _____ Reference # _____

Contact Phone: _____ Contact Email: _____

Exchangor's Advisor:

Firm Name: _____

Contact Name: _____ Role: _____

Address: _____

Phone: _____ FAX: _____ Email: _____

Exchangor's Lender:

Firm Name: _____

Contact Name: _____ Role: _____

Address: _____

Phone: _____ FAX: _____ Email: _____

Old Property Gallery or Auctioneer:

Company Name: _____

Contact Name: _____ Reference # _____

Contact Phone: _____ Contact Email: _____