TAXABLE YEAR CALIFORNIA FORM

2018 California Like-Kind Exchanges

-	-	-	4
	10	/	
-	-	4	
			ш.

For	the calendar	year 2018 or fiscal year be	ginning (mm/dd/yyyy)	, and ending (mm/	dd/yyyy)	•
Name(s) as shown on your California tax return.			California corporation number			
			0 1 (DDD) 0011 (TIV		====	1 1 1 1
SSN or ITIN			Spouse's/RDP's SSN or ITIN	_	FEIN	
Add	itional information	. See instructions.			California Secre	etary of State file number
Stre	et address (suite/	room no.)			PMB no.	
O:4-	//f h f	-id-l \		04-4-	7IDI-	
City	(if you have a for	eign address, see instructions.)		State	ZIP code	_
Fore	eign country name)	Foreign province/state/cou	nty	Foreign postal of	code
— А	● ☐ Individu	al 🗆 Estate 🗀 Trust 🗀 Cu	corporation \square S corporation \square Par	tnership D Limited liab	ility company	Exempt organization
В	_		40 \square Annual FTB 3840 \square Final FTB		mary company	
			box is checked, enter the taxable year		(yyyy):	
C	This exchange	involves: Real prope	rty 🗆 Personal property 🗀 Related	party. If the "related party	" box is checke	d, enter:
	Name of the re	lated party:		Related party's SS	N/ITIN or FEIN:	
— Pa	rt I Informat	ion on Like-Kind Exchange. S	See instructions.			
1		like-kind property given up:				
2	·	like-kind property received:				
3			acquired (mm/dd/yyyy)	, ()	3	
4			other party (mm/dd/yyyy)			
5			ified by written notice to another party (r			
6			ty from other party (mm/dd/yyyy)			
_			ain, and Basis of Like-Kind Property Re			
7				Seriou: Enter amounts in	00	002 1: 000 motraotions.
8					00	
9			ven up. Subtract line 8 from line 7		100	00
10			plus net liabilities assumed by the othe			
			s incurred		10	00
11					00	
12	Add line 10 and line 11 12 00					
13			amounts paid to other party, plus any exch			00
14						00
15						00
16			enter here. If zero or less, enter -0			00
17 18						00
19			ine 14			00
20	-		line 10 from the sum of line 13 and line			00
_			s, how we may use your information, and the state of the			ested information, go to
Sic	gn here	ftb.ca.gov/forms and search for	1131. To request this notice by mail, call 8 ring schedules and statements, and to the l	00.852.5711. Under penalt best of my knowledge and b	ies of perjury, I de pelief it is true, co	eclare that I have examined
if y	ou are ng this form	Your signature	and to the i	Date (mm/dd/yyyy)	Telephone	στους απα συπιριστο.
ser	parately and				()	
not	with a tax urn. See	Spouse's/RDP's signature (if filin	g jointly, both must sign)	Date (mm/dd/yyyy)	Telephone	
	tructions.			T::	()	lb. / / / / /
to f	unlawful orge a	Signature of owner, officer, or rep	presentative	Title		Date (mm/dd/yyyy)
spc sig	ouse's/RDP's nature.	Firm's name		Firm's address		

Taxpay	er name						Taxpa	yer ID
Sch	edule A	Properties Giv	en Up and Received. See instr	uctions.				
Par	t I Propert	ies Given Up.	If you gave up more than three	e propertie	s, attach additional copies	of Schedule A.		
1	Is property in California?	Ownership percentage			Property descripti			
_	Yes		Property address (if no street address,	provide asse	ssor's parcel number and county).	/Description		
Α	□ No □%	%	City				State	ZIP code
В	Yes Property address (if no street address, provide assessor's parcel number and county)/Description						L	
	□ No		City				State	ZIP code
С	Yes	%	Property address (if no street address, City	provide asse	ssor's parcel number and county)		State	ZIP code
	∐ No							
_			Properties g	iven up:	A	В		С
2			d in a prior tax deferred	2	Yes No	☐ Yes ☐ No		Yes No
3	Consideration	on/Sales price		3				
4		•	urred					
5			line 4 from line 3					
6		•						
7	Realized gai	n or (loss). Su	ubtract line 6 from line 5					
8	amount from	tria source deferred gain. If all property given up was real property located in California, enter the st from Side 1, line 19, Deferred gain, adjusted for differences between federal and California law. iple properties were given up and the properties were located both in and outside of California, see stions. If the exchange included both real and personal property, see instructions						
Par	t II Proper	ties Received	. If you received more than thr	ee propert	ies, attach additional copie	es of Schedule A.		
9	Is property in California?	Ownership percentage		X	Property descript	ion		
	Yes		Property address (if no street address,	provide asse	ssor's parcel number and county).	/Description		
D	□ No	%	City				State	ZIP code
_	Yes		Property address (if no street address,	provide asse	ssor's parcel number and county).	/Description		
E	□ No	%	City				State	ZIP code
F	Yes	. %	Property address (if no street address,	provide asse	ssor's parcel number and county).	·		
	□ No	/0	City				State	ZIP code
Par	Part III Allocation of California Source Deferred Gain. See instructions.							
			Properties r	ecei <u>ved:</u>	D	E		F
10	properties reenter the an	r eceived . If or nount from Pa	ource deferred gain to ly one property was received, rt I, line 8, in column D. If mor eived, see instructions					
11	Apportionm	ent percentage	e for the taxable year of the exc	change. Se	e instructions	(11	%