



CLIENT WORKSHEET

Complete and Fax to: (516) 794-2726

ECA 1031 SERVICES CORP.

100 Quentin Roosevelt Boulevard, Suite 101, Garden City, NY 11530

TAXPAYER/EXCHANGOR #1		
Name:		
Address:		
City, State, Zip:		
Work Phone:	Home Phone:	Fax:
E-mail:		
SSN/TIN:		

TAXPAYER/EXCHANGOR #2		
Name:		
Address:		
City, State, Zip:		
Work Phone:	Home Phone:	Fax:
E-mail:		
SSN/TIN:		

TAXPAYER'S LAWYER		
Name:		
Address:		
City, State, Zip:		
Work Phone:	Assistant:	Fax:
E-mail:		

PROPERTY:	
Title Owner of Property:	
Address:	
City, State, Zip:	
Buyer's Name:	
Closing Date:	
Sale Price:	
Estimated Net Proceeds:	
Property Type:	<input type="checkbox"/> Commercial property <input type="checkbox"/> Investment property <input type="checkbox"/> Other

1. Are you ready to do an exchange? Yes No When are you selling your property? _____
2. Is the property held for investment or productive use in a trade or business? Yes No
3. Does the property include any significant items that are not traditionally included in the sale of real estate? Yes No
Explain: _____
4. Will you be providing seller financing on the sale of your property? Yes No
5. What type of property are you looking to purchase? Commercial Multi-family Residential Raw Land Other
6. Do you have a replacement property in mind? Yes No
7. When do you plan on purchasing the replacement property? Immediately 1 Month 2-3 Months 3-6 Months
8. Is the buyer of the property related to the seller/exchangor? Yes No