TAXABLE YEAR

2015 California Like-Kind Exchanges

3840

For	the calendar	year 2015 or fiscal year b	eginning (mn	n/dd/yyyy)	, and endin	g (mm/d	ld/yyyy)				
									ation number		
- R	l or ITIN		Spou	Spouse's/RDP's SSN or ITIN				FEIN			
					-		_				
Additional information. See instructions. Califor							Californi	ornia Secretary of State file number			
Street address (suite/room no.) PMB no											
City	(If you have a fore	eign address, see instructions.)				State	ZIP code	Э			
Foreign country name Foreign province/state/county					county		Foreign	postal co	de	1 1	
A B C	 Individual ☐ Estate ☐ Trust ☐ C corporation ☐ S corporation ☐ Partnership ☐ Limited liability company ☐ Exempt organization Initial FTB 3840 ☐ Amended FTB 3840 ☐ Annual FTB 3840 ☐ Final FTB 3840 (see instructions) If the "Annual FTB 3840" or "Final FTB 3840" box is checked, enter the taxable year the exchange occurred: Does this exchange involve: ⑥ ☐ Real property ☐ Personal property ☐ Related party. If the related party box is checked, enter: Name of the related party: Related party's SSN/ITIN or FEIN: 										
Pa	rt I Informat	ion on Like-Kind Exchange.	See instruction	ns.							
1	Description of	like-kind property given up:									
2	Description of like-kind property given up:										
3			ly acquired (mm					3			
4											
5											
6		illy received the like-kind prop									
Pa		d Gain or (Loss), Recognize									
7	Fair market val	ue (FMV) of other property giv	/en up		7		00				
8	Adjusted basis	of other property given up			8		00				
9	Gain or (loss) recognized on other property given up. Subtract line 8 from line 7.						9		00		
10 Cash received, FMV of other property received, plus net liabilities assumed by the other party, reduced											
		(but not below zero) by any exchange expenses incurred						10		00	
11		FMV of like-kind property received						11		00	
12		Add line 10 and line 11						12		00	
13	•				- '		_ [13		00	
14		or (loss). Subtract line 13 fro								00	
15		Enter smaller of line 10 or line 14, but not less than zero						15		00	
16	•	Ordinary income under recapture rules.						16		00	
17		otract line 16 from line 15. If more than -0-, enter here. If zero or less, enter -0						17		00	
18 19		or (loss). Subtract line 18 fron						19		00	
20		i nd property received. Subtra								00	
	Dusis of like k	To learn about your privacy rig							ted information		
	_	ftb.ca.gov and search for priva	acy notice . To red	quest this notice by mail,	call 800.852.5711.						
	gn here ou are	Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief							, correct and o	complete.	
filir	ng this form parately and	Your signature			Date (mm/d	Date (mm/dd/yyyy)		Telephone			
not	with a tax	Chausala/DDDla aignatura (if fil	ing injustry bath m	unt nimm)	Data (mm/s	dd(aaa)	(Teleph)			
return. See instructions.		Spouse's/RDP's signature (if fil	ing joinly, both m	uət əlgii)	Date (mm/d	Date (mm/dd/yyyy)		one \			
It is unlawful to forge a spouse's/RDP's signature.		Signature of owner, officer, or r	epresentative		Title	Title)	Date (mm.	/dd/yyyy)	
		Firm's name Firm's addre					3				

Taxpay	yer ID										
Sch	edule A	Properties Giv	ven Up and Received. See instruction	ns.							
Par	Part I Properties Given Up. If you gave up more than three properties, attach additional copies of Schedule A.										
1	Is property in California?	Ownership percentage	Property description								
_	Yes	%	Property address (if no street address, provide assessor's parcel number and county)/Description								
Α	□ No		City Stat					ZIP code			
В	Yes	. %	Property address (if no street address, provide assessor's parcel number and county)/Description								
	□ No		City	ZIP code							
С	Yes	%	Property address (if no street address, provide assessor's parcel number and county)/Description								
	□ No		City				State	ZIP code			
	Properties given up: A B							С			
2			d in a prior tax deferred	2	☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No			
3	Consideration/Sales price			3							
4	Selling expenses paid/incurred										
5	Amount realized. Subtract line 4 from line 3										
6	California adjusted basis										
7	Realized gain or (loss). Subtract line 6 from line 5										
8	California source deferred gain. If all property given up was located in California, enter the amount from Side 1, line 19, Deferred gain, adjusted for differences between federal and California law. If multiple properties were given up and the properties were located both in and outside of California, see instructions										
Par	t II Propei	rties Received	1. If you received more than three p	roper	ties, attach additional copie	es of Schedule A.					
9	Is property in California?	Ownership percentage	Property description								
			Property address (if no street address, provide assessor's parcel number and county)/Description								
D	☐ Yes☐ No	%	City				State	te ZIP code			
			Property address (if no street address, prov								
Ε	☐ Yes ———————————————————————————————————	%	City Sta				State	e ZIP code			
								211 0000			
F	Yes	. %	Property address (if no street address, provide assessor's parcel number and county)/Description								
	□ No	/0	City					e ZIP code			
Part III Allocation of California Source Deferred Gain. See instructions.											
		Properties received: D E									
10	properties in enter the an	r eceived. If or nount from Pa	ource deferred gain to nly one property was received, rt I, line 8, in column D. If more ceived, see instructions	10							
11	Apportionm	ent percentag	e for the taxable year of the exchan	ge. Se	ee instructions		① 1 1	l%			