TAXABLE YEAR CALIFORNIA FORM

## 2017 California Like-Kind Exchanges

		-	
	ш.		П
- 4	~	4	
	u	_	•

For	the calendar	year 2017 or fiscal yea	ar beginning (mm/dd/yyyy)	, and ending	(mm/dd/yy	yy)				
Nam	ne(s) as shown or	your California tax return.					ration number			
SSN or ITIN			Spouse's/RDP's SSN or ITI	Spouse's/RDP's SSN or ITIN			FEIN			
Additional information. See instructions.					lifornia Secretary of State file number					
Stre	et address (suite/	room no.)			PMB	no.				
City	(If you have a fore	eign address, see instruction	s.)		State ZIP o	ode	_			
Foreign country name			Foreign province/sta	Foreign province/state/county			Foreign postal code			
В	● ☐ Initial F7 If the "Annual I This exchange	vidual								
Pa		ion on Like-Kind Exchan		itolatoa pai		01 1 2114				
1 2 3 4 5 6	Description of Date like-kind   Date you actua Date like-kind	lly transferred your proper property you received was		ırty (mm/dd/yyyy)		4 5				
			nized Gain, and Basis of Like-Kind P							
7	Fair market val	ue (FMV) of other property	given up	. 7	(	0				
8	Adjusted basis	of other property given up		. 8		00				
9			ty given up. Subtract line 8 from line 7.			. 9	00			
10			eived, plus net liabilities assumed by the penses incurred			. 10	00			
11							00			
12							00			
13	Adjusted basis of like-kind property given up, net amounts paid to other party, plus any exchange expenses not used on line 10				). <b>13</b>	00				
14	•	` '	from line 12			_	00			
15			t less than zero			1 1	00			
16	-	•					00			
17			n -0-, enter here. If zero or less, enter -0			_	00			
18			7				00			
19	•	` '	rom line 14			_	00			
20	Rasis of like-k		btract line 10 from the sum of line 13 an				00			
if your filling sep not return	gn here bu are g this form arately and with a tax irn. See	Under penalties of perjury, Your signature	rights, how we may use your information th for <b>1131</b> . To request this notice by mail, I declare that I have examined this return a if filing jointly, both must sign)	and the consequences for call 800.852.5711.  Indicate the best of my known pate (mm/dd)  Date (mm/dd)	wledge and be	g the reque ief, it is tru ephone ) ephone	e, correct and complete.			
It is	ructions. unlawful orge a	Signature of owner, officer,	or representative	Title	(	)	Date (mm/dd/yyyy)			
spouse's/RDP's signature.		Firm's name		Firm's addres	SS					

8421173 FTB 3840 2017 **Side 1** 

Taxpay	ver name						Тахра	yer ID
Sch	edule A	Properties Giv	ven Up and Received. See instruction	ns.				
Par	t I Propert	ies Given Up.	If you gave up more than three pro	operti	es, 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				State	ZIP code	
В	Yes	. %	Property address (if no street address, provide assessor's parcel number and county)/Description			/Description		
_	□ No		City				State	ZIP code
С	Property address (if no street address, provide assessor's parcel number and county)/Description				7ID and			
	∐ No		City				State	ZIP code
			Properties giver	ı up:	Α	В		С
2	Was this property acquired in a prior tax deferred exchange?			2	☐ Yes ☐ No	☐ Yes ☐ No	)	☐ Yes ☐ No
3	Consideration/Sales price							
4	Selling expenses paid/incurred							
5	Amount rea	Amount realized. Subtract line 4 from line 3 5						
6	California ad	djusted basis.	6					
7	Realized gai	in or (loss). Su	btract 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 Proper	rties Received	I. 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					
	□ Vaa		Property address (if no street address, provide assessor's parcel number and county)/Description					
D	☐ No	<ul><li>☐ Yes</li><li>☐ No</li><li>☐ City</li></ul>		State	ZIP code			
Property address (if no street address, provide assessor's parcel number and county)/Description								
E	□ No	%	City				State	ZIP code
F	Yes	. %	Property address (if no street address, provide assessor's parcel number and county)/Description					
_	□ No	/0	City State :				ZIP code	
Part III Allocation of California Source Deferred Gain. See instructions.								
			Properties recei	ved:	D	E		F
10	properties reenter the an	r <b>eceived.</b> 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		<b>① 1</b> 1	l%