

Example 5A - Multiple unit dwellings with multiple owners

YEAR _____

Seller did not live in any of the units.

CALIFORNIA FORM _____

2007 Real Estate Withholding Tax Statement

593-B

Attach to Form 593, Real Estate Withholding Remittance Statement

Copy A FOR FRANCHISE TAX BOARD

Part I Withholding Agent (Payer/Sender) Check one: Escrow/Title Company Accommodator/Intermediary Buyer

Name, Mailing Address, (number and street, PO Box, rural route, Apt. no., suite, room, or PMB no.), City, State, and ZIP Code

All Right Escrow
1234 Main Street
Anytown, CA 95000

FEIN CA Corp. No

99-1100000

SSN or ITIN

Seller or Transferor (Complete one 593-B for each seller, unless husband and wife)

Name, Mailing Address, (number and street, PO Box, rural route, Apt. no., suite, room, or PMB no.), City, State, and ZIP Code

Henry Halfowner
999 Pet Lane
Terrier, CA 92111

SSN or ITIN

500-11-0011

Spouse's SSN or ITIN (if jointly owned)

FEIN CA Corp. No

Harry owned 50% interest in a four-plex, which sold for \$840,000.

Escrow or Exchange Information

1 Escrow or Exchange Number 56987PP	2 Date of Transfer, Exchange Completion, Exchange Failure, or Installment Payment 09/10/2007	3 Total Sales Price \$ 840,000.00	4 Ownership Percentage 50 . 00 %
5 Address (or parcel number and county) of the California real property transferred 1122 Poodle Court Terrier, CA 92111	6 Withholding Method Selected Check one: <input checked="" type="checkbox"/> Total Sales Price (complete box 7a and 7b, skip box 8 and 9) <input type="checkbox"/> Alternative Election (skip box 7a and 7b, complete box 8 and/or 9)	7a Amount Subject to Withholding (Total Sales Price) \$ 420,000.00 Check One: <input checked="" type="checkbox"/> Total Sales Price x Ownership % <input type="checkbox"/> Installment Sale Payment <input type="checkbox"/> Boot <input type="checkbox"/> Failed Exchange (Total Sales Price x Ownership %) <input type="checkbox"/> Failed Exchange (Less Boot at Sale)	
7b Amount Withheld From This Seller (Total Sales Price) \$ 13,986.00 (.0333 x Amount subject to withholding from box 7a)	8 Amount Withheld From This Seller (Alternative Election) \$ _____ Enter the amount from Form 593-E, line 17. Check One (see instructions): <input type="checkbox"/> 9.3% Individual <input type="checkbox"/> 8.84% Corporation <input type="checkbox"/> 10.84% Bank and Financial Corporation <input type="checkbox"/> 1.5% S Corporation <input type="checkbox"/> 3.5% Financial S Corporation	9 Installment Withholding Percent _____. _____. _____. _____. _____. _____. % (Percent from Box 9 instructions) Apply this percent to all installment payments.	

No signature required if this box is checked.

Preparer: Name and Title (please type or print)

Pati Perfect, Escrow Officer

Telephone Number

(916) 555-1212

Part II Election and Certification of Seller or Transferor (Complete and Sign if you elect the Alternative Withholding Amount and you checked "Alternative Election" in box 6 and completed box 8 and/or 9.)

Title and escrow persons and exchange accommodators are not authorized to provide legal or accounting advice for purposes of determining withholding amounts. Transferors are strongly encouraged to consult with a competent tax professional for this purpose.

Under penalties of perjury, I elect the alternative withholding and hereby certify that the information provided above is, to the best of my knowledge, true and correct. I understand that the Franchise Tax Board may review relevant escrow documents to ensure withholding compliance.

Seller's name (type or print) _____

Seller's signature _____ Date: _____

Spouse's name (if jointly owned) _____

Spouse's signature (if jointly owned) _____ Date: _____