**Non-Foreign Certification By** **Individual​​ Transferor**

**(Seller's FIRPTA Affidavit)**

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| --- | --- |
| Transferor: | **​​** |
| Transferee: | **​​** |
| Property: | **​​** |
| Closing Date: | **\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_​​** |

**Before me**, the undersigned authority, personally appeared the person(s) named in paragraph 2(b) below who, after being duly sworn, stated as follows:

1. This certificate is to inform the transferee that withholding Federal Income Tax is not required, upon the sale of the following described real property:

**​​**

2. The undersigned Transferor certifies and declares as follows:

a. I, ​​, am not a foreign person for purposes of United States income taxation, and am not subject to the tax withholding requirements of Section 1445 of the Internal Revenue Code of 1954, as amended.

b. My United States taxpayer identification or Social Security number is:

**​​**

c. My home address is:

**​​**

d. There are no other persons who have an ownership interest in the above described property other than those persons listed above.

3. The undersigned hereby further certifies and declares:

a. I understand the purchaser of the described property intends to rely on the foregoing representations in connection with the United States Foreign Investment in Real Property Tax Act. (FIRPTA).

b. I understand this certification may be disclosed to the Internal Revenue Service by the transferee and that any false statements contained in this certification may be punished by fine, imprisonment or both.

Under penalties of perjury, I state that this declaration was carefully read and is true and correct.

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| STATE OF   I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being duly sworn, make this my affidavit and state:    Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Affiant’s Name   Subscribed and sworn to before me on this 9th day of June, 2021 by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public Signature  My Commission Expires:​​ |