

**Virginia Department of Taxation**  
**Nonresident Real Property Owner Registration**

(Do not complete if exemptions on Form R-5E apply)

**Maximum Charge to Complete This Form is \$10 - See General Instructions**

**Part I. Nonresident Payee**

SSN, Fed. Employer Identification #, or Virginia Business Account #	
Name	
(If Trust) Name and Title of Fiduciary	
Address (of Fiduciary if Trust) Number & Street or Rural Route & Box #	
City or Town, State and ZIP Code	

PARTNERSHIPS, S-CORPORATIONS, ESTATES and TRUSTS must provide the above information on all nonresident partners, shareholders, and beneficiaries on Form R-5P. Substitute schedules may be used provided the same format is followed.

**Part II. Type of Entity (check one and enter total shares)**

Individual	<input type="checkbox"/>	C-Corp.	<input type="checkbox"/>
Trust/Estate	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
LLC	<input type="checkbox"/>	S-Corp	<input type="checkbox"/>
Check here if filing a unified individual income tax return for nonresident shareholders or partners. <input type="checkbox"/>			
Total number of partners, shareholders or beneficiaries ..... Total _____			

**Part III. Property Information**

If more than one piece of property is being rented or sold, attach a separate schedule listing the legal description of each property.

Legal Description	
Address (Number and Street or Rural Route and Box Number)	
City or County	ZIP Code

Indicate type of property such as:  Residential;  
 Commercial;  Agricultural;  Other - Describe \_\_\_\_\_

If the property is disposed of by the non-resident payee, indicate the use of the property by the non-resident payee immediately prior to disposal:

Primary Residence;  Secondary Residence (Vacation Property, etc.) ;  Leased or Rented property to third-party;  Other - Describe \_\_\_\_\_

**Part IV. Check either Sales and/or Rentals and complete the appropriate information**

<input checked="" type="checkbox"/> Rental
Average Gross Monthly Rental Income....\$ _____
First date property placed in service by nonresident payee..... / / _____ (mon/day/year)
<input type="checkbox"/> Sales
Gross Proceeds From Sale .....\$ _____
Date of Closing..... / / _____ (mon/day/year)
Installment Sale: Date Payments Begin..... / / _____ (mon/day/year)
Date Payments End..... / / _____ (mon/day/year)

**Part V. Broker or Real Estate Reporting Person**

SSN, Fed. Employer Identification #, or Virginia Business Account # 54-1629834
Name Peake Management, Inc.
Address ( Number & Street) 450 N Washington St. Ste M
City or Town, State and ZIP Code Falls Church, VA 22046

For Assistance:

Write to: Department of Taxation  
 Office of Customer Services  
 P. O. Box 1115  
 Richmond, VA 23218-1115  
 Call: 804-367-8031  
 Internet: www.tax.virginia.gov  
 To get forms: 804-236-2760 or 2761

I, the undersigned, do declare under penalties provided by law the information provided in Parts I, II, III, IV and V is true, correct and complete to the best of my knowledge and belief. Further, I acknowledge that the maximum fee allowed for completing this form is \$10.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail this certificate to: Department of Taxation, P. O. Box 2390, Richmond, VA 23218-2390**