A Real Estate Referral Company

8210 Lakewood Ranch Blvd. Lakewood Ranch, FL 34202

Dear Agent,

Realty Solutions is a great source of revenue for you. Realty Solutions is designed for agents that have a "voluntary inactive" Real Estate license and therefore are not members of the local Board of Realtors. If you know anyone like this and you recruit them to Realty Solutions, they will help your business by referring their clients to you. They will receive a referral fee (usually 25%) and you will earn the balance of the commission.

There is no cost to be a part of Realty Solutions. We are independent from Keller Williams Realty Select but we do have an office in their Lakewood Ranch location. If you have any questions or would like more information, please contact us at our information below.

We look forward to assisting you in earning commissions simply by recruiting Real Estate agents who are "voluntary inactive" to become active agents of Realty Solutions. This enables them to refer Real Estate Buyers & Sellers to you!

Sincerely,

Danielle Dustman Administrator <u>danielle@suncoasthomepros.com</u> (941) 556-5151

Kathy Shepard <u>FollowYourPassion123@gmail.com</u> (802) 730-9316

Brooks Carson brooks@sbizsolutions.net (941) 232-0365

Steven L. DuToit stevenldutoit@gmail.com (941) 356-6882

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### **Commission Example**

- 1. Referral fee between agent and referral agent: 25% (this percentage is negotiable between agents)
- 2. Sales price: \$200,000
- 3. Co-broker fee: 3%

Computation - based on 25% Referral Fee

\$200,000 Sale x 3% = \$6,000.00 gross commission

\$6,000.00 Commission x 25% = \$1,500.00 negotiated fee (see #1 above) (Check comes from the closing agent & is made payable to Realty Solutions)

\$1500.00 x 75% = \$1,125.00 split to Referral Agent; 25% to Realty Solutions

\$1,125.00 - \$50.00 (transaction fee) = \$1,075.00 net fee to Referral Agent.

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## **Team Member Information**

Name:	( As it appears on your license)
Address:	
Mailing Address (if different):	
Telephone Numbers:	
Home:	Work:
Cellular:	Fax:
E-Mail:	
Social Security Number:	
License Renewal Date:	
License Number:	

Please attach a copy of your current Real Estate License

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### 8210 Lakewood Ranch Blvd. Lakewood Ranch, FL 34202

SUBJECT: Sarasota Referral Network, LLC DBA Realty Solutions - Licensed Real Estate Broker (Hereafter called Company)

PURPOSE OF THE COMPANY:

The Company was established and is maintained as a marketing tool for Realtors to establish a network of Inactive Real Estate Agents who choose to not actively engage in listing and selling of Real Estate. Company Licensees are able to refer buyers and sellers to a Licensed Real Estate Agent and receive a referral commission through the Company.

It is intended that the sales person shall be an independent contractor and not an employee for Federal Tax Purposes or any other purpose, and shall, at all times during the term of this Agreement, perform his duties and responsibilities without any supervision or control by the broker.

#### COMPANY POLICY:

Associates of the Company are not permitted by the Company to participate in the listing or the sale of property of others. Further, they are not to profess professional knowledge or expertise regarding a Real Estate proposal or transaction. They are, however, encouraged to refer prospective Real Estate matters to any Licensed Realtor. Constant changes in the profession and the severity of the courts and State of Florida require that this policy be strictly enforced by the Company.

The amount of the referral commission to the Company is to be established by the involved Agents. The amount of the referral commission that is paid to you by Realty Solutions shall be 75% of the amount received by the Company. In addition, there will be a \$50 transaction fee deducted per transaction for accounting services.

No commission will be paid by the Company to anyone that has not provided the Company with copies of a valid Florida Real Estate License, evidence of successful completion of required education, including renewals and social security number.

Each Agent shall be responsible for forwarding a copy of their new license and a copy of their education certificate within 30 days of the expiration of their license. If these documents are not received it will be assumed that the Agent no longer desire to be with the Company and they will be terminated

I have read, understand and agree to abide by the Policy stated above.

Your Realty Solution's Sponsor is: \_\_\_\_\_

Signature:	_ Date:
8	

Print name: \_\_\_\_\_\_

Form <b>W-9</b>	
(Rev. December 2014)	
Department of the Treasu	In
Internal Revenue Service	

 Form 1099-S (proceeds from real estate transactions) • Form 1099-K (merchant card and third party network transactions)

#### **Request for Taxpayer Identification Number and Certification**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Give Form to the requester. Do not send to the IRS.

N	2 Business name/disregarded entity name, if different from above														
be r								4 Exemptions (codes apply only to							
sol		on 🗌 Partnership	🗌 Tri	ist/es	state	inst	certain entities, not individuals; see instructions on page 3):								
ype	single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=	S corporation P=partners	hin) 🕨			Exempt payee code (if any)									
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for								Exemption from FATCA reporting							
int	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <ul> <li>Individual/sole proprietor or Single-member LLC</li> <li>Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶</li> </ul> Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.         Other (see instructions) ▶ <ul> <li>Address (number, street, and apt. or suite no.)</li> <li>G City, state, and ZIP code</li> </ul>							code (if any)							
P of	Other (see instructions) ►		-				(Applies to accounts maintained outside the U.S.)								
ecit	5 Address (number, street, and apt. or suite no.)		Reques	ters	name	e and a	Iddi	ress (	ption	ial)					
Sp	6 City, state, and ZIP code														
See															
	7 List account number(s) here (optional)						_								
Par	t I Taxpayer Identification Number (TIN)						-								
	your TIN in the appropriate box. The TIN provided must match the nam			Soc	cial s	ecurity	/ nu	umbe	r						
backu	p withholding. For individuals, this is generally your social security nur nt alien, sole proprietor, or disregarded entity, see the Part I instruction	nber (SSN). However, fo	ora						٦.	Γ			T		
entitie	s, it is your employer identification number (EIN). If you do not have a r	number, see How to ge	ta				L			L					
	n page 3.			or											
	If the account is in more than one name, see the instructions for line 1 ines on whose number to enter.	and the chart on page	4 for	Em	ploye	er iden	tifi	catio	1 num	ibe	ər	_	-		
guidei						-									
Part	Certification	an a								1		_			
Contraction of the local distance	penalties of perjury, I certify that:														
1. The	number shown on this form is my correct taxpayer identification num	ber (or I am waiting for	a numb	er to	be	issued	d to	o me)	; and	1					
2. l ar	n not subject to backup withholding because: (a) I am exempt from ba	ckup withholding, or (b	)   have	not l	beer	n notifi	ed	by th	ne Int	ter	nal Re	eveni	ue		
Ser	vice (IRS) that I am subject to backup withholding as a result of a failu longer subject to backup withholding; and	re to report all interest	or divide	ends	, or (	(c) the	IR	Sha	s noti	ifie	d me	that	l am		
3. I ar	n a U.S. citizen or other U.S. person (defined below); and														
4. The	FATCA code(s) entered on this form (if any) indicating that I am exempt	ot from FATCA reportin	g is con	rect.											
Certifi	ication instructions. You must cross out item 2 above if you have been	en notified by the IRS th	at you a	are c	urre	ntly su	ıbje	ect to	bac	ku	p wit	nhold	ling		
becau	se you have failed to report all interest and dividends on your tax retur st paid, acquisition or abandonment of secured property, cancellation	n. For real estate transa	actions,	item	2 d	oes no	ot a	apply	. For	m	ortga	ge	d		
genera	ally, payments other than interest and dividends, you are not required t														
	tions on page 3.														
Sign Here	Signature of U.S. person ►	Da	te Þ												
	eral Instructions	<ul> <li>Form 1098 (home monotonic) (tuition)</li> </ul>	rtgage in	terest	t), 10	98-E (s	stuc	lent lo	an in	tere	est), 1	098-T	-		
	references are to the Internal Revenue Code unless otherwise noted. developments. Information about developments affecting Form W-9 (such	• Form 1099-C (cancele													
	as legislation enacted after we release it) is at www.irs.gov/fw9.														
	Purpose of Form An individual or entity (Form W-9 requester) who is required to file an information An individual or entity (Form W-9 requester) who is required to file an information An individual or entity (Form W-9 requester) who is required to file an information														
return v	ridual or entity (Form W-9 requester) who is required to file an information with the IRS must obtain your correct taxpayer identification number (TIN) nay be your social security number (SSN), individual taxpayer identification	to backup withholding.	See Wha	t is b	e req acku	uester p withf	wit	hall ling?	N, you on pa	u n ge	night b 2.	e sub	oject		
number	(ITIN), adoption taxpayer identification number (ATIN), or employer	By signing the filled-on 1. Certify that the TIN		-	n is n	orrect	lor	VOUS	re wa	itin	n for		hor		
	ation number (EIN), to report on an information return the amount paid to other amount reportable on an information return. Examples of information	to be issued),	,00 ale	Si Au li	9 13 0	Sneul	101	you a	e wa	autti	9 101 8	a nulli	ncl		
returns	include, but are not limited to, the following:	2. Certify that you are													
	1099-INT (interest earned or paid)	<ol> <li>Claim exemption fr applicable, you are also</li> </ol>	om back certifvin	up w a tha	ithho t as a	Iding if	yo	u are	a U.S	. ex	xempt	paye	e. If of		
	1099-DIV (dividends, including those from stocks or mutual funds) 1099-MISC (various types of income, prizes, awards, or gross proceeds)	any partnership income withholding tax on forei	from a L	J.S. tr	rade	or busi	nes	s is n	ot sub	bje	ct to th	ne			
	1099-B (stock or mutual fund sales and certain other transactions by	4. Certify that FATCA													
brokers		exempt from the FATCA													

Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

Cat. No. 10231X

#### State of Florida Department of Business and Professional Regulation Florida Real Estate Commission Change of Status for Sales Associates and Broker Sales Associates Form # DBPR RE 11

Check the box for the relevant transaction in Section I and complete the applicable additional section(s) only. Leave the sections that are not relevant to your desired transaction blank. If you have any questions or need assistance in completing this form, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395. For additional information see Instructions at the end of this form.

#### Section I – Transaction Types

	TRANSACTION TYPES	
Add Employee [3020] Terminate Employee [4020]	<ul><li>Become Inactive [4020]</li><li>Change Employer [9007]</li></ul>	

#### Section II – Associate Information

ASSOCIATE INFORMATION					
License Number:					
Last/Surname	First	Middle	Suffix		
Primary Phone Number	Primary E-Mail A	ddress			

#### Section III - Broker or Company Information

COMPANY INFORMATION						
Last/Surname (Qualifying broker)	First	Middle	Suffix			
License number of real estate compa	any:					
Name of real estate company:						
Primary Phone Number	Primary E-Mail Address					
Signature of qualifying broker that is	adding or terminating emplo	oyee:				

#### Section IV - Affirmation By Written Declaration

#### **AFFIRMATION BY WRITTEN DECLARATION**

I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.

Signature:

Date:

Print Name:

DBPR RE 11 Change of Status- Sales Associates and Broker Sales Effective: April 2012 Incorporated by Rule: 61-35.027

### A Real Estate Referral Company

### 8210 Lakewood Ranch Blvd. Lakewood Ranch, FL 34202 (941) 556-5151

### **Referral Information Form**

Receiving Office	Sending Office:
To Agent:	From Agent:
Firm Name:	Firm Name: Realty Solutions
Address:	Address: 8210 Lakewood Ranch Blvd
City, State, Zip	City, State, Zip: Lakewood Ranch, FL 34202
Business Phone:	Business Phone: 941-556-5151
Cell Phone:	Cell Phone:
Email:	Email:
Seller Name:	When to make initial contact:
Address:	Property Address to be listed:
City, State, Zip:	
Business Phone:	
Cell Phone:	Email:
Home Phone:	
Buyer Name:	Size and Type of Desired Home:

Buyer Name:	Size and Type of Desired Home:
Current Address:	Price Range:
City, State, Zip:	Primary, Second or Investment Property:
Business Phone:	If Primary will current home need to be sold first?
Home Phone:	Financing Required:
Cell Phone:	
Preferred Location:	When to make initial contact:
Number of Family:	Special Interests:
Adults:	
Children:	Ages:

Realtor's Acceptance of Referral				
Prospect's Name:	Comments:			
Date Contacted:				
Date of First Appointment:				
WE ACCEPT THIS REFERRAL AND WHEN THE SALE IS CONSUMMATED				
WE AGREE TO SEND% (OF THE GROSS COMMISSION) REFERRAL FEE				
WE WILL ECLOSE DETAILS OF THE SALE WITH THE CHECK				

Receiving Sales Associate Signature:	Date://	Receiving Broker's Signature:	Date://