

Note: The draft you are looking for begins on the next page.

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Form **8082**

(Rev. October 2023)

Department of the Treasury Internal Revenue Service Name(s) shown on return

Notice of Inconsistent Treatment or Administrative Adjustment Request (AAR)

(For use by partners, S corporation shareholders, estate and domestic trust beneficiaries, foreign trust owners and beneficiaries, REMIC residual interest holders, TMPs, and PRs.)

Go to www.irs.gov/Form8082 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. **84**

Identifying number

Par		eneral Information											
1 Check boxes that apply. Yes													
(a) Notice of inconsistent treatment (go to line 2)													
	(b) AAR (choose one below—see instructions)												
	For partnership tax years beginning before January 1, 2018 (unless electing into BBA)												
	☐ TEFRA AAR												
	□ ELPs/REMICs												
	For partnership tax years beginning after December 31, 2017 (or that elected into BBA for tax years beginning after November 2, 2015, and before January 1, 2018)												
	after November 2, 2015, and before January 1, 2018)												
	☐ BBA AAR—go to item A below												
	A Is the partnership revoking the immediately preceding partnership representative (and/or designated individual, if applicable) and designating a successor (including the appointment of a designated												
	individual, if applicable) at the same time that the AAR is being filed? If "Yes," attach Form 8979												
	B Do the adjustments on the AAR result in an imputed underpayment (IU) for the reviewed year? If "Yes," go to item C1. If "No," go to item D												
	C1 Is the partnership making an election under section 6227(b)(2) to have the adjustments taken into account												
	by the reviewed year partners? If "Yes," go to item D. If "No," go to item C2												
	C2 Are there also adjustments that do not result in an IU? (An adjustment does not result in an IU if the result												
	of netting with respect to any grouping or subgrouping that includes the particular adjustment is a net negative adjustment.) If "Yes," go to item D and then answer item E. If "No," go to item E												
	D If the partnership is required to provide statements to the reviewed year partners containing their share of												
	_	the adjustments, by signing I											
	that all statements have been provided to the reviewed year partners as required by the instructions.												
	Partnership Representative Name (or designated individual, if appropriate) Date												
		Partnership Representative Name (or	designated i	ndividual, if	appropriate)	Date							
	E	ls the partnership applying mod	ifications	to the IU	? If "Yes," attach Form	8980							
2	Identify	type of pass-through entity in v	vhich you	are a pa	rtner, shareholder, or m	ember.							
	(a) 🗌 T	EFRA Partnership (b) 🗌 S C	orporatio	n (c) 🗌	Estate (d) Trust	(e) ☐ REMIC (f) ☐ BBA Pa	rtners	ship				
3		er identification number of pass	•										
4	Name, a	address, and ZIP code of pass-t	hrough er	ntity 6	Tax year of pass-throu	ugh entity							
						/ / to	/	/					
				7	Your tax year								
						/ / to	/	/					
Par	t II In	consistent or Administrativ				<u> </u>							
(b) Inconsistency is in, or AAR is to correct Schedule K-1, Schedule Q, or Schedule K-1, Schedule K-1, Schedule Q, or Schedule K-1, Schedule R-1, Schedu								e betwe	en				
	(a) Description of inconsistent or AAR items (see instructions)			strust statement; a foreign		(c)		ference between (c) and (d)					
		(ccc mendencine)	Amount of item	Treatment of item	whichever applies (see instructions)								
					ilistructions)								
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9													
10													
11			<u></u> _	<u></u>									

Exp and	lanatio	ns—Ento odificat	er the Pa ions wer	rt II iten e applie	n numbe d.	er before	each ex	planati	on. Sho	w how t	he IU wa
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