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TREASURY/IRS AND OMB USE ONLY DRAFT

(Rev. December 2025)

Interest Computation Under the Look-Back Method for Completed Long-Term Contracts

Attachment

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8697 for instructions and the latest information.

Sequence No. 97

OMB No. 1545-1031

For the filing year beginning , a		and ending					. See instructions.				
Name								A Identifying number			
Number, street, and apt., room, or suite no. If a P.O. box, see instructions.							B Check applicable box to show type of taxpayer:				
City or town State		State or province			ZIP	ZIP or foreign postal code			Corporation ndividual Estate or trust	S corporation Partnership	
co Na	you were an owner of an interest in a pass mputation relates, enter the name and en ame of entity	ployer identification number						or more lo	ng-term contra	acts to which this interest	
Par	Regular Method (see	instructions)									
1	Taxable income or loss for the prior years shown on tax			Filing year			Redeterm	nation years		(c) Totals	
	return (or as previously adjusted) before net operating loss or capital loss carrybacks (other than carrybacks that must be taken into account to properly compute interest under section 460) (see instructions). If you were required to file Form 8697 for an earlier year, enter adjusted taxable income for the prior years from line 3, Form 8697, for the most recent filing year that affects the prior years		Year ended			(a) Year ended		(b) Year ended		(Add columns (a) and (b).)	
			mo.	yr.	r	10.	yr.	mo.	yr.		
2	Adjustment to income to reflect (a) the amount of income require post-February 1986 contracts of during the tax year based on the and costs, and (b) the amount of incontracts based on estimated of See instructions and attach a separate contract, unless you interest in a pass-through entity from Schedule K-1 or a similar star	ed to be allocated for completed or adjusted e actual contract price acome reported for such contract price and costs. schedule listing each were an owner of an reporting this amount									
3	Adjusted taxable income for Combine lines 1 and 2. If line 3 is instructions										
4	Income tax liability on line 3 am effect for the prior years (see instru										
5	Income tax liability shown on radjusted) for the prior years (see i required to file Form 8697 for aramount required to be reported of the most recent filing year that affer	nstructions). If you were n earlier year, enter the n line 4, Form 8697, for									
6	Increase or decrease in tax for the interest is due (or is to be refunded line 4	ed). Subtract line 5 from									
7	Interest due on increase, if any, instructions)	shown on line 6 (see									
8	Interest to be refunded on decre line 6 (see instructions)	•									
9a	Net interest to be refunded to you . If line 8, column (c), is greater than line 7, column (c), enter the excess. File Form 8697 separately. Do not attach it to your tax return (see instructions)										
	b Routing number	c Type: Checking Savings									
	d Account number										
10	Net interest you owe . If line 7, co	, , -			enter	the ex	cess. File F	orm 8697	with your		

TREASURY/IRS AND OMB USE ONLY DRAFT

Form 8697 (Rev. 12-2025)

Part	Ц	Simplified Marginal	Impact Metho	d (SMIM) (see	nstruction	ons)					
						Date of e		year to wh		erest		
1	Adjus	ustment to regular taxable income to reflect the					computa	ation relate	es		(d) Totals	
		ence between: (a) the				(a)		(b)		(c)	(Add columns (a),	
		ed to be allocated for pos			Yea	ar ended	Yea	ır ended)	ear ended	(b), and (c).)	
	contra	leted or adjusted during that act price and costs, and	e lax year based or l (b) the amount	of such	no.	yr.	mo.	yr.	mo.	yr.		
		e reported for such cont										
		act price and costs. See										
		ule listing each separate										
		mer of an interest in a pa mount from Schedule K-1										
		ar tax increase or decrea		-								
		in each column by the										
		nstructions)	· ·									
	`	,										
3		justment to alternative minimum taxable income (AMTI) reflect the difference between: (a) AMTI required to be ocated for post-February 1986 contracts completed or										
		ed during the tax year										
	price	and costs, and (b) AMTI r	eported for such c	ontracts								
		on estimated contract										
		ctions and attach a sche act, unless you were an										
	pass-	through entity reporting the	nis amount from S	chedule								
4	Altern	ative minimum tax (AMT)	increase or decre	ease for								
	prior	years. Multiply line 3	in each column	by the								
	applic	able AMT rate (see instruc	ctions)									
5	Enter	the larger of line 2 or line	4. See instructions	if either								
	amou	nt is negative										
	Pass-	through entities: Skip lin	e 6 and enter on lii	ne 7 the								
		nt from line 5.										
6	Overp	ayment ceiling. For each of	column in which lin	e 5 is a								
		gative number, enter your total tax liability for the prior year,										
	as ad	usted for past application	s of the look-back	method								
		fter net operating loss, cap	·									
		cts loss, and credit carryo										
	•	For each column in which ine 6 blank and enter on line	•									
				-								
		se or decrease in tax for										
		st is due (or is to be refu		I .								
		or line 6. Treat both number	•	١								
	this comparison, but enter the amount as a negative number											
8	Interest due on increase, if any, shown on line 7 (see											
		ctions)										
9		st to be refunded on de		own on								
		(see instructions)										
		et interest to be refunded to you. If line 9, column (d), is greater than line 8, column (d), enter the excess. File										
	Form	m 8697 separately. Do not attach it to your tax return (see instructions)										
	b Ro	Routing number										
	d Ac	count number										
						, , , , , , , , , , , , , , , , , , ,						
11		terest you owe. If line 8,	` '.	-		. ,.				•		
Cianat		. See instructions for when										
Signat	ure(s	Lomplete this section Under penalties of perjury, I dea									owledge and helief it is true	
		correct, and complete. Declaration										
Sign		Your signature Date										
Here		Chausa's signature If a !-!	roturn both mint -!-	ın.					Doto			
		Spouse's signature. If a joint return, both must sign Date										
		Droporor's name		Dropers!-	ianat: ::			D-1-			DTIN	
Paid		Preparer's name		Preparer's s	ignature	;		Date		Check if	PTIN	
Preparer Use Only										self-employed		
		Firm's name								Firm's EIN		
		Firm's address								Phone no.		