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Form **8985**

(December 2024)

Pass-Through Statement — Transmittal/Partnership Adjustment Tracking Report

(Required Under Sections 6226 and 6227)

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8985 for instructions and the latest information.

Check if this form is:		_	Incoming Tracking Number Ou		Outgoing Tr	racking Number	Audit Control Number	
Ш	1. Original 2. Corrected 3. Reserv							
Part I Information About Entity Submitting This Form								
A Check the box to indicate which entity is submitting this form. B Type of return filed by the entity that submitted this form: 1. Audited BBA partnership 1. Form 1065 2. Form 1120-S 3. Form 1041								
□ 2. Pass-through partner (direct or indirect) of an audited BBA partnership □ 3. BBA partnership that filed an administrative adjustment request (AAR) □ 4. Other (enter form number) □ 5. Number of Forms 8986 submitted with this Form 8985								
_	3. BBA partnership that filed an administrative adju		, ,	Numl	per of Forms	8986 submitted v	vith this Form 8985	
4. Pass-through partner (direct or indirect) of a BBA partnership that filed an AAR D Check if this form is the summary of all Forms 8985 for this outgoing E This Form 8985 is number								
tracking number outgoing tracking					ng tracking n	number.		
Part II Information About the Audited Partnership or Partnership That Filed an Administrative Adjustment Request								
Α	Partnership's name Street address	3. City or town				C Partnership's tax identification number (TIN)		
		Country code 6. ZIP or foreign postal code					of the partnership is for ed (MM/DD/YYYY)	
В	If the partnership representative (PR) is an				DAL			
	Otherwise, enter information about the designated individual (DI). Check appropriate box. PR DI				out the FIX.	for tax year e	nded (MM/DD/YYYÝ)	
	1. First name	2. Last name			2 2		F Extended due date of the partnership's adjustment year return (MM/DD/YYYY)	
	3. Street address		4. City or town			G Date the partnership furnished the		
	5. State 6. ZIP code					Form 8986 statements to its partners (MM/DD/YYYY)		
	7. Area code and phone number							
P	Part III Information About the Pass-Through Partner (Only fill out this section if this statement is being submitted by a pass-through partner.)							
Α	1. Pass-through entity's name					B Pass-through partner's tax identification number (TIN)		
	2. Street address	3. City or town			C Pass-through partner's tax year end to which			
	4. State or province 5	. Country code	6. ZIP or foreign postal code		ostal code	the adjustments relate (MM/DD/YYYY)		
D							atement to the pass- ne partnership in Part II)	
F	Check if the pass-through partner is:							
	☐ 1. Making a payment at the pass-through partner level							
	Issuing Forms 8986 to its partners							
				Ac	Iditional tax	Penalties	Interest	
	If making a payment, use Part V to show how the payment was figured, and enter the additional tax, penalties, and interest \$				\$	\$		
	Check if:							
	3. An electronic payment was made to the IRS. Enter the electronic confirmation number here:							
	☐ 4. Paying by check or money order. Enter the check number here:					. See instructions for Form 8985-V.		
	der penalties of perjury, I declare that I have exan true, correct, and complete.	nined this return a	and accompa	anying do	ocuments and,	to the best of my k	knowledge and belief, they	
Sig	nature of individual partnership representative or d	ual (see instr	ructions)		Date	Telephone number		
Titl	e N	ame of the persor	of the person signing the form Name of e			ntity partnership representative (if applicable)		

Partners' Total Reviewed Year Income, Gain, Loss, Deduction, Credits, and Other Items (Fill in applicable Part IV items and use Part V to explain any changes.) (g) Reviewed year Schedule K-1/K-3 (e) Check if (h) (f) Approved As corrected (a) Line (d) As reported adjustments net of (b) (c) statement modifications (column (d) combined approved Line title Code* in Part V. (if applicable) with column (g)) number modifications See Inst. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ * See instructions. Totals: \$ \$ **Applicable Penalties** (d) Applicable line numbers above (a) Internal Revenue Code section (e) Total applicable adjustments (b) Penalty description (c) Penalty rate Penalty 1 % % 2 3 % % 4 % 5

Form 8985 (Rev. 12-2024)

Part V Statements. Enter the Part IV line number and code before each statement. Show any computation in detail. See instructions. If more space is needed, continue statements on additional pages. Also use this Part V for the computation required in Part III, Item F (Enter "Part III F" in column (a) and the computation in column (b)).

(a) (b) Line no./code Statement

EASURY/IRS June 12, 2024

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