

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

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Most forms and publications have a page on IRS.gov: <a href="IRS.gov/Form1040">IRS.gov/Form1040</a> for Form 1040; <a href="IRS.gov/Pub501">IRS.gov/Pub501</a> for Pub. 501; <a href="IRS.gov/W4">IRS.gov/W4</a> for Form W-4; and <a href="IRS.gov/ScheduleA">IRS.gov/ScheduleA</a> for Schedule A (Form 1040), for example, and similarly for other forms, pubs, and schedules for Form 1040. When typing in a link, type it into the address bar of your browser, not a Search box on IRS.gov.

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## Form **8986**

(December 2024)

## Partner's Share of Adjustment(s) to Partnership-Related Item(s)

(Required Under Sections 6226 and 6227)

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8986 for instructions and the latest information.

Ch	eck if this form is:	Tra	acking Numbe	er	Audit Control Number (if applicable)			
	9	eserved						
	art I Information About Entity Su							
	Check the box to indicate which entity is s	ubmitting this fo	rm. B	Type of return file	d by the entity that su	ubmitted this form:		
	Audited BBA partnership				/16.			
	2. Pass-through partner (direct or indirect) of an	audited BBA partr	nership	☐ 1. Form 1065	☐ 2. Form 1120-S	☐ 3. Form 1041		
	3. BBA partnership that filed an administrative a	djustment request	(AAR)	4. Other (enter	form number)			
	4. Pass-through partner (direct or indirect) of a BBA	partnership that file	d an AAR					
P	art II Information About the Audite	d Partnership	or Partnersl	nip That Filed an	Administrative Adj	ustment Request		
Α	1. Partnership's name			C Partnership's tax identification number (TIN)				
	2. Street address		3. City or to	own				
					Review year of the partnership is			
	4. State or province	5. Country code	e 6. ZIP or fo	reign postal code	tax year ended (MM/DD/YYYY)			
_								
В	If the partnership representative (PR) is Otherwise, enter information about the decheck appropriate box.   PR DI	E Adjustment year for tax year ende	of the partnership is d (MM/DD/YYYY)					
	1. First name	е		F Extended due date	of the partnership's			
					adjustment year return (MM/DD/YYYY)  G Date the partnership furnished the Form 8986 statements to its partners			
	3. Street address		4. City or to	own				
	5. State		6. ZIP code					
			7	(MM/DD/YYYY)				
	7. Area code and phone number							
P	art III Information About the Pass-	Γhrough Partr	ner (Only fill	out this section if	this statement is be	eing 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 to	own		( /			
			Г	C Pass-through partner's tax year end to which				
	4. State or province	5. Country code	e 6. ZIP or fo	reign postal code	the adjustments relate (MM/DD/YYYY)			
	'	,		5 1				
D	Name of the entity that issued the stateme	y that issued the statement to the pass- r (if different from the partnership in Part II)						
	partner (if different from the partnership in							
Pa	art IV Information About the Partn	er Receiving	This Staten	nent				
A	1. Partner's name, if an entity	<b>B</b> Partner's tax ident	ification number (TIN)					
	2. Partner's first name, if an individual	s last name, if an individual		C Check if:				
				1. General partner or LLC member manager     2. Limited partner or other LLC member     3. Domestic partner				
	4. Street address	5. City or town						
	6. State or province	7. Country cod			☐ 4. Foreign partner			
_	NAM (1 6 22 22 22 22 22 22 22 22 22 22 22 22 2							
D	What type of entity is this partner?							
	☐ 1. Individual ☐ 2. S Corporation ☐ 3. Corporation ☐ 4. Partnership ☐ 5. Other							
_	If this partner is a retirement plan (IRA, SE		or other tax-e	xempt entity, check As Reported				
Е	Partner's share of profit, loss, and capi	Change	Corrected					
	Profit		9					
	Loss	6 %						
	Capital			9	6 %	%		

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Part l		n About the	Partne	r Receiving This	Stateme	ent (	cont.)			1 490
F Pa	rtner's share of lia	abilities at yea	ar end:				As Reported		Change	Corrected
	nrecourse					\$		\$		
Qu	alified nonrecourse	e financing				\$		\$		
Re	course					\$		\$		\$
O D-					L				01	
	rtner's capital account analysis:				As Reported			Change	Corrected	
	nning account balance					\$		\$ \$		
	rrent year increase	(decrease)	_ //-			\$ \$		\$		
	thdrawals and distr					<u>Ψ</u> \$		\$		
	ction 736 payments				Г	<u>Ψ</u> \$		\$	9	
	ding account balan					\$		\$		6
Part				Income, Gain, L	oss, Ded	uctio			Other Items (F	ill in applicable
				any changes.)	W					
		Schedule K-1/K	-3		(e)		(f)		(g)	(h)
(a)	(b)		(c)	(d)	Check if statement		Approved		Reviewed year ljustments net of	As corrected (column
Line	Line ti		Code*	As reported	in Part VI.		nodifications f applicable)	-	approved	(d) combined with column (g))
numbei					See inst.	(1	r applicable)		modifications	Column (g))
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* See ins	structions.									
					Totals:	\$		\$	9	\$
				Applicabl	e Penalti	es				
Penalty	(a) (b)  Internal Revenue Penalty description						(c) Penalty rate		(d) Applicable line	(e) Total applicable
	Code section			,					numbers above	adjustments
1								%		
2								%		
3								%	<u> </u>	
4								%	_	
_	i .	i .					i contract of the contract of	11/		The second secon

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**Statements.** Enter the Part V line number and code before each statement. Show any computation in detail. See instructions. If more space is needed, continue statements on additional pages.

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

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