Form **8986**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

(Required Under Sections 6226 and 6227)

Go to *www.irs.gov/Forms-Pubs/About-Form-8986* for instructions and the latest information.

OMB No. 1545-0123

Check if this form is:
☐ 1. Original ☐ 2. Corrected ☒ 3. Reserved

Tracking Number

Audit Control Number (if applicable)

Part I Information About Entity Submitting This Form

A Check the box to indicate which entity is submitting this form.
☐ 1. Audited BBA partnership
☐ 2. Pass-through partner (direct or indirect) of an audited BBA partnership
☐ 3. BBA partnership that filed an administrative adjustment request (AAR)
☐ 4. Pass-through partner (direct or indirect) of a BBA partnership that filed an AAR

B Type of return filed by the entity that submitted this form:
☐ 1. Form 1065 ☐ 2. Form 1120-S ☐ 3. Form 1041
☐ 4. Other (enter form number) _____

Part II Information About the Audited Partnership or Partnership That Filed an Administrative Adjustment Request

A 1. Partnership's name

2. Street address | 3. City or town

4. State or province | 5. Country code | 6. ZIP or foreign postal code

C Partnership's tax identification number (TIN)

D Review year of the partnership is for tax year ended (MM/DD/YYYY)

B If the partnership representative (PR) is an individual, enter information about the PR. Otherwise, enter information about the designated individual (DI).
Check appropriate box. ☐ PR ☐ DI

1. First name | 2. Last name

3. Street address | 4. City or town

5. State | 6. ZIP code

7. Area code and phone number

E Adjustment year of the partnership is for tax year ended (MM/DD/YYYY)

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 (MM/DD/YYYY)

Part III Information About the Pass-Through Partner (Only fill out this section if this statement is being submitted by a pass-through partner.)

A 1. Pass-through entity's name

2. Street address | 3. City or town

4. State or province | 5. Country code | 6. ZIP or foreign postal code

B Pass-through partner's tax identification number (TIN)

C Pass-through partner's tax year end to which the adjustments relate (MM/DD/YYYY)

D Name of the entity that issued the statement to the pass-through partner (if different from the partnership in Part II)

E TIN of the entity that issued the statement to the pass-through partner (if different from the partnership in Part II)

Part IV Information About the Partner Receiving This Statement

A 1. Partner's name, if an entity

2. Partner's first name, if an individual | 3. Partner's last name, if an individual

4. Street address | 5. City or town

6. State or province | 7. Country code | 8. ZIP or foreign postal code

B Partner's tax identification number (TIN)

C Check if:
☐ 1. General partner or LLC member manager
☐ 2. Limited partner or other LLC member
☐ 3. Domestic partner
☐ 4. Foreign partner

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, SEP, Keogh, etc.) or other tax-exempt entity, check here . . . . . ☐

E **Partner's share of profit, loss, and capital:**

	As Reported	Change	Corrected
Profit	%	%	%
Loss	%	%	%
Capital	%	%	%

Part IV Information About the Partner Receiving This Statement (cont.)

F Partner's share of liabilities at year end:	As Reported	Change	Corrected
Nonrecourse	$	$	$
Qualified nonrecourse financing	$	$	$
Recourse	$	$	$

G Partner's capital account analysis:	As Reported	Change	Corrected
Beginning account balance	$	$	$
Capital contributed during the year	$	$	$
Current year increase (decrease)	$	$	$
Withdrawals and distributions	$	$	$
Section 736 payments received	$	$	$
Ending account balance	$	$	$

Part V Partner's Total Reviewed Year Income, Gain, Loss, Deduction, Credits, and Other Items (Fill in applicable items and use Part VI to explain any changes.)

Schedule K-1/K-3				(e)	(f)	(g)	(h)
(a) Line number	(b) Line title	(c) Code*	(d) As reported	Check if statement in Part VI. See inst.	Approved modifications (if applicable)	Reviewed year adjustments net of approved modifications	As corrected (column (d) combined with column (g))
			$	☐	$	$	$
			$	☐	$	$	$
			$	☐	$	$	$

Part VI **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) Line no./code	(b) Statement		
		+	X