

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:	Tr	acking Number	er	Audit Control Number (if applicable)				
	8	Reserved							
	art I Information About Entity Su								
	Check the box to indicate which entity is s	ubmitting this fo	orm. B	Type of return file	d by the entity that su	ubmitted this form:			
	Audited BBA partnership				LID.				
	2. Pass-through partner (direct or indirect) of an				☐ 2. Form 1120-S	☐ 3. Form 1041			
	3. BBA partnership that filed an administrative a			4. Other (enter	form number)				
	4. Pass-through partner (direct or indirect) of a BBA								
P	art II Information About the Audite	d Partnership	or Partnersl	nip That Filed an	Administrative Adj	ustment Request			
Α	1. Partnership's name	$\prod$	ВЦ	C Partnership's tax identification number (TIN)					
	2. Street address		3. City or to	own					
						ne partnership is for			
	State or province	5. Country cod	e 6. ZIP or fo	oreign postal code	tax year ended (MM/DD/YYYY)				
_									
В	If the partnership representative (PR) is Otherwise, enter information about the de Check appropriate box.   PR DI	E Adjustment year for tax year ende	of the partnership is d (MM/DD/YYYY)						
	1. First name 2. Last name				F Extended due date of the partnership's				
			4		adjustment year return (MM/DD/YYYY)  G Date the partnership furnished the				
	3. Street address		4. City or to	own					
	5. State		6. ZIP cod	e		ments to its partners			
				(MM/DD/YYYY)					
	7. Area code and phone number								
Pa	art III Information About the Pass-	Through Part	ner (Only fill	out this section if	this statement is be	eing submitted by			
	a pass-through partner.)								
Α	Pass-through entity's name			B Pass-through partner's tax identification number (TIN)					
	2. Street address	3. City or to	own						
				C Pass-through partner's tax year end to which					
	4. State or province	5. Country cod	e 6. ZIP or fo	oreign postal code	the adjustments relate (MM/DD/YYYY)				
D	Name of the entity that issued the statement partner (if different from the partnership in		he entity that issued the statement to the pass- partner (if different from the partnership in Part II)						
	partiter (if different from the partitership in	(ii dilielelit ilolli tile partilelsilip ili Fait il)							
P:	art IV Information About the Partr	er Receiving	This Staten	nent					
	1. Partner's name, if an entity	B Partner's tax ident	ification number (TIN)						
^	1. I dither 3 hame, if an entity	D Tartifer 5 tax facilit	moditori ridiriber (Tilv)						
	2. Partner's first name, if an individual	s last name if	an individual	C Check if:					
	2. I dither 3 mathame, if an marviada	last name, if an individual		1. General partner or LLC member manager					
	4. Street address	5. City or to	own	2. Limited partner or other LLC member					
	4. Officer address	3. Oity of town		☐ 3. Domestic partner					
	6. State or province 7. Country		e 8 ZIP or fo	oreign postal code	4. Foreign partner				
	o. class of province	7. Country code   6. Zii on foreign postal code							
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								
E	Partner's share of profit, loss, and capi	Change	Corrected						
-	Profit		As Reported	% %					
	Loss		% %						
	Capital				%				

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Part I		n About the	Partne	r Receiving This	Stateme	ent (	cont.)			r ago i
F Par	tner's share of li	abilities at yea	ar end:				As Reported		Change	Corrected
	nrecourse				Г	\$		\$		\$
Qua	alified nonrecourse	e financing			Г	\$		\$		
Red	course				!	\$		\$		\$
C Do	thouse conital and	saunt analysis					A a Damanta d		Charren	O a manada d
	rtner's capital account analysis: ginning account balance					As Reported			Change	Corrected
	oital contributed du	iring the year	- 7	1.		\$ ¢		\$ \$		5
	rent year increase	(decrease)				\$ \$		\$		
	hdrawals and distr					\$		\$		
	ction 736 payment				Г	\$		\$		<del>,</del>
	ding account balan					\$		\$		\$
Part \				r Income, Gain, L	oss, Ded	ucti	on, Credits, a	nd	Other Items (F	ill in applicable
	items and u			any changes.)	W.					
		Schedule K-1/K	-3		(e)		(f)		(g) Reviewed year	(h)
(a)	(b)		(c)	(d)	Check if statement		Approved		ljustments net of	As corrected (column
Line number	Line ti		Code*	As reported	in Part VI.		nodifications f applicable)		approved	(d) combined with column (g))
Hullibel					See inst.	(.	Гарриоавіо)	-	modifications	9//
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* See ins	tructions.									
					Totals:			\$		\$
				Applicabl	ie Penaiti	es				1
Penalty	(a) (b) Internal Revenue				(c)		<b>(d)</b> Applicable line	(e) Total applicable		
. Snany	Code section		Р	enalty description			Penalty rate		numbers above	adjustments
1								%		
2								%		
3								%		
4								%		
								0/.	í .	

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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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