

Department of the Treasury  
Internal Revenue Service

For calendar year 1997, or fiscal year beginning.....,1997, and ending ..... ,19 .....

**1997**

▶ See instructions on back.

Name of partnership	Employer identification number
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**Part I Partnership Return Information**

1 Gross receipts or sales less returns and allowances (Form 1065, line 1c) . . . . .	1	
2 Gross profit (Form 1065, line 3) . . . . .	2	
3 Ordinary income (loss) from trade or business activities (Form 1065, line 22) . . . . .	3	
4 Net income (loss) from rental real estate activities (Form 1065, Schedule K, line 2) . . . . .	4	
5 Net income (loss) from other rental activities (Form 1065, Schedule K, line 3c) . . . . .	5	

**Part II Declaration of General Partner or Limited Liability Company Member**

<b>Please Sign Here</b>	<p>Under penalties of perjury, I declare that the above amounts (or the amounts on the attached listing) agree with the amounts shown on the corresponding lines of the electronic/magnetic media portion of the 1997 U.S. Partnership Return(s) of Income. I have also examined a copy of the return(s) being filed via electronic/magnetic media with the Internal Revenue Service, and all accompanying schedules and statements. To the best of my knowledge and belief, they are true, correct, and complete. If I am not the transmitter, I consent that the return(s), including this declaration and accompanying schedules and statements, be sent to the Internal Revenue Service by the return transmitter. I also consent to the IRS' sending the EMMRO and/or transmitter an acknowledgment of receipt of transmission and an indication of whether or not the return is accepted, and, if rejected, the reason(s) for the rejection.</p>		
	<table style="width:100%"> <tr> <td style="width:60%">▶ _____ Signature of general partner or limited liability company member</td> <td style="width:40%">▶ _____ Date</td> </tr> </table>	▶ _____ Signature of general partner or limited liability company member	▶ _____ Date
▶ _____ Signature of general partner or limited liability company member	▶ _____ Date		

**Part III Declaration of Electronic and/or Magnetic Media Return Originator (EMMRO) and Paid Preparer**  
See instructions.

<b>EMMRO's Use Only</b>	<p>I declare that I have reviewed the above partnership return(s) and that the entries on Form 8453-P are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return(s), and only declare that this form accurately reflects the data on the return(s). A general partner or limited liability company member will have signed this form before I submit the return(s). I will give the general partner or limited liability company member a copy of all forms and information to be filed with the IRS, and have followed all other requirements described in <b>Pub. 1524</b>, Procedures for Electronic and Magnetic Media Filing of Form 1065, U.S. Partnership Return of Income (Including the "Paper-Parent Option") for Tax Year 1997. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above partnership return(s) and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.</p>										
	<table style="width:100%"> <tr> <td style="width:35%">EMMRO's signature ▶ _____</td> <td style="width:10%">Date</td> <td style="width:10%">Check if also paid preparer ▶ <input type="checkbox"/></td> <td style="width:10%">Check if self-employed ▶ <input type="checkbox"/></td> <td style="width:35%">EMMRO's social security number ..... .....</td> </tr> <tr> <td>Firm's name (or yours if self-employed) and address ▶ _____</td> <td colspan="2">EIN ▶ _____</td> <td colspan="2">ZIP code ▶ _____</td> </tr> </table>	EMMRO's signature ▶ _____	Date	Check if also paid preparer ▶ <input type="checkbox"/>	Check if self-employed ▶ <input type="checkbox"/>	EMMRO's social security number ..... .....	Firm's name (or yours if self-employed) and address ▶ _____	EIN ▶ _____		ZIP code ▶ _____	
EMMRO's signature ▶ _____	Date	Check if also paid preparer ▶ <input type="checkbox"/>	Check if self-employed ▶ <input type="checkbox"/>	EMMRO's social security number ..... .....							
Firm's name (or yours if self-employed) and address ▶ _____	EIN ▶ _____		ZIP code ▶ _____								
<b>Paid Preparer's Use Only</b>	<p>Under penalties of perjury, I declare that I have examined the above partnership return(s) and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.</p>										
	<table style="width:100%"> <tr> <td style="width:35%">Preparer's signature ▶ _____</td> <td style="width:10%">Date</td> <td style="width:10%">Check if self-employed ▶ <input type="checkbox"/></td> <td style="width:35%">Preparer's social security number ..... .....</td> </tr> <tr> <td>Firm's name (or yours if self-employed) and address ▶ _____</td> <td colspan="2">EIN ▶ _____</td> <td>ZIP code ▶ _____</td> </tr> </table>	Preparer's signature ▶ _____	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's social security number ..... .....	Firm's name (or yours if self-employed) and address ▶ _____	EIN ▶ _____		ZIP code ▶ _____		
Preparer's signature ▶ _____	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's social security number ..... .....								
Firm's name (or yours if self-employed) and address ▶ _____	EIN ▶ _____		ZIP code ▶ _____								

### Purpose of Form

Use Form 8453-P to:

- Authenticate the electronic or magnetic media **Form 1065**, U.S. Partnership Return of Income;
- Serve as a transmittal for any accompanying paper schedules, statements, and magnetic media; and
- Authorize the electronic or magnetic media filer to transmit via a third-party transmitter.

**Caution:** A tax return is not considered filed unless it is signed. Form 8453-P is the signature document that completes the filing of the Form(s) 1065 filed on electronic or magnetic media.

### Who Must File

Every partnership filing a 1997 Form 1065 via electronic or magnetic media must file a signed Form 8453-P.

### Signature For Multiple-Return Filing

A single signature may be used for a multiple-return filing if the person signing for the partnerships is authorized to sign each return. The signer must attach a multiple-return information listing according to the instructions in **Pub. 1524**, Procedures for Electronic and Magnetic Media Filing of Form 1065, U.S. Partnership Return of Income (Including the "Paper-Parent Option") for Tax Year 1997. The information listing must include the name control of each partnership, its employer identification number (EIN), and the information shown on lines 1 through 5 for each return. **Do not** enter totals from multiple returns on lines 1 through 5.

### Where To File

Send Form 8453-P to Internal Revenue Service Center, Attention: Electronic Filing Section, Stop 983, P.O. Box 4050, Woburn, MA 01889-4050.

### When To File

A partnership must file its return of income by the 15th day of the 4th month following the close of the partnership's tax year. This filing date also applies to returns filed electronically or on magnetic media. For returns filed electronically, the transmitter must send the signed Form 8453-P the same day the transmission is made. For returns filed on magnetic tape or diskette, the transmitter must send the signed Form 8453-P in the same package with the corresponding tape or diskette.

### Declaration of Electronic and/or Magnetic Media Return Originator (EMMRO) and Paid Preparer

The EMMRO is one who deals directly with the partnership and either prepares tax returns or collects prepared tax returns, including Forms 8453-P, for partnerships that wish to have their returns electronically or magnetically filed. The EMMRO's signature is required by the IRS.

A paid preparer who is not also the EMMRO must sign Form 8453-P in the space for **Paid Preparer's Use Only**. A paid preparer who is also the EMMRO should instead check the box in the **EMMRO's Use Only** section labeled "Check if also paid preparer."

**Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping** . . . . . 7 min.
- Learning about the law or the form** . . . . . 5 min.
- Preparing the form** . . . . . 20 min.
- Copying, assembling, and sending the form to the IRS** . . . . . 17 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT** send Form 8453-P to this address. Instead, see **Where To File** on this page.

