Form **8979**
(Rev. September 2025)
Department of the Treasury
Internal Revenue Service

Partnership Representative Designation or Resignation

Go to *www.irs.gov/Form8979* for instructions and the latest information.

OMB No. 1545-0123

Type or Print	Name of Partnership	**Employer identification number**
	Number, street, and room or suite no. If a P.O. box, see instructions.	Tax Year Ending / /
	City or town, state, and ZIP code. If a foreign address, enter city, province or state, postal code, and country. Follow the country's practice for entering the postal code.	

Check here if this form is being filed with an Administrative Adjustment Request (Form 8082 or Form 1065X) . . . . . ☐

Part I Reason for Filing

The person signing this form affirmatively states that (check applicable box):

1 ☐ The partnership is designating an individual partnership representative (PR) or designating an entity PR and appointing a designated individual (DI) if the designated PR is an entity. In doing so, any prior designation/appointment is revoked. Complete Part II and sign Part IV, Section A.

2 ☐ The partnership representative or designated individual is resigning. Complete Part III and sign Part IV, Section B.

Part II Designation and/or Appointment by the Partnership With or Without Revocation

Note: *If an entity partnership representative is designated, a designated individual must be appointed. If an individual partnership representative is designated, there will be no designated individual; therefore, do not complete the lines for the designated individual.*

Name of partnership representative that is being designated				**Taxpayer identification number**
Street address				
City or Town	State or Province	Country Code	ZIP or Postal Code	Area code and telephone number

Last Name of Designated Individual	First Name	Middle Initial	Suffix	**Taxpayer identification number**
Street address				
City or Town	State or Province	Country Code	ZIP or Postal Code	Area code and telephone number

Part III Resignation

Name of partnership representative or designated individual that is resigning			**Taxpayer identification number**
U.S. Street address			
City or Town	State	ZIP Code	U.S. Area code and telephone number

Part IV Signature Section

Section A—Signature for Designation and/or Appointment by the Partnership, With or Without Revocation

The undersigned declares under penalties of perjury that:
I am duly authorized by the partnership or LLC to (1) revoke the designation of the partnership representative or the appointment of the designated individual and/or (2) make a designation of a partnership representative (and appointment of a designated individual, if applicable).

Signature of authorized person or individual who can legally bind the authorized person under applicable state law — Date (mm/dd/yyyy) / /

Print/Type name of authorized person

If the authorized person is an entity, enter the name and title of the signing individual who can legally bind the authorized person under applicable state law

Section B—Signature for Resigning Partnership Representative or Designated Individual

Signature of resigning partnership representative or designated individual — Date (mm/dd/yyyy) / /

Print/Type name of resigning partnership representative or designated individual