Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

	Name of eligible entity making election	Employer identification number
Type	Number, street, and room or suite no. If a P.O. box, see instructions.	
or		
Print	City or town, state, and ZIP code. If a foreign address, enter city, province or state, postal code and cour	ntry. Follow the country's practice for entering the
	postal code.	
► Che	eck if: 🗌 Address change	

- 1 Type of election (see instructions):
- **a** Initial classification by a newly-formed entity. Skip lines 2a and 2b and go to line 3.
- **b** Change in current classification. Go to line 2a
- 2a Has the eligible entity previously filed an entity election that had an effective date within the last 60 months?
 - Yes. Go to line 2b.
 No. Skip line 2b and go to line 3.
- 2b Was the eligible entity's prior election for initial classification by a newly formed entity effective on the date of formation?
 - Yes. Go to line 3.
 No. Stop here. You generally are not currently eligible to make the election (see instructions).
- 3 Does the eligible entity have more than one owner?

Yes. You can elect to be classified as a partnership or an association taxable as a corporation. Skip line 4 and go to line 5.
 No. You can elect to be classified as an association taxable as a corporation or disregarded as a separate entity. Go to line 4.

- 4 If the eligible entity has only one owner, provide the following information:
- a Name of owner
- b Identifying number of owner ► _____
- 5 If the eligible entity is owned by one or more affiliated corporations that file a consolidated return, provide the name and employer identification number of the parent corporation:

For Paperwork Reduction Act Notice, see page 4.

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6	Type of entity (see instructions):		
a b			
С	A domestic eligible entity with a single owner electing to be disregarded as a separate entity.		
d	d A foreign eligible entity electing to be classified as an association taxable as a corporation.		
е	A foreign eligible entity electing to be classified as a partnership.		
f	A foreign eligible entity with a single owner electing to be disregarded as a separate entity.		
7	If the eligibility entity is created or organized in a foreign jurisdiction, provide the foreign country of organization ►		
8	Election is to be effective beginning (month, day, year) (see instructions)		
9	Name and title of contact person whom the IRS may call for more information 10 Contact person's telephone number		

Consent Statement and Signature(s) (see instructions)

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Under penalties of perjury, I (we) declare that I (we) consent to the election of the above-named entity to be classified as indicated above, and that I (we) have examined this consent statement, and to the best of my (our) knowledge and belief, it is true, correct, and complete. If I am an officer, manager, or member signing for all members of the entity, I further declare that I am authorized to execute this consent statement on their behalf.

Signature(s)	Date	Title