Form **8453-B**

U.S. Electing Large Partnership Declaration for an IRS e-file Return

OMB No. 1545-2058

2007

Department of the Treasury Internal Revenue Service

File electronically with the partnership's tax return. Do not file paper copies.

, 2007, ending

, 20

For calendar year 2007, or tax year beginning

Name o	of Partn	ership				Employer identification number
Doub		T D-4 I4	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
Part	Ш	Tax Return Information	(vvnoie dollars only)			
1 G	iross	receipts or sales less returns	and allowances (Form 1065-	·B, line 1c)		1
2 G	iross	profit (Form 1065-B, line 3)				2
3 T	axabl	e income (loss) from passive	loss limitation activities (Form	n 1065-B, line 25) .		3
4 T	axabl	e income (loss) from other ad	ctivities (Form 1065-B, Sched	ule K, line 2)		4
5 C			rities (Form 1065-B, Schedule Partner or Limited Liabil		nber Mar	5 nager
6a [t: C:	entry to the financial institution axes owed on this return, an contact the U.S. Treasury Fi settlement) date. I also autho	and its designated Financial And account indicated in the tax plant of the financial institution to display the financial Agent at 1-888-353-rize the financial institutions in ation necessary to answer incompared to the financial institutions.	preparation software ebit the entry to this 4537 no later than avolved in the process.	for payments account. 2 busines assing of the	nt of the partnership's federa To revoke a payment, I must s days before the payment e electronic payment of taxe
b [elect to receive an email re lectronic funds withdrawal. E	garding the partnership's painter your email address	yment from the fina	ancial agen	nt involved in processing th
			e return, I understand that if e for the tax liability and all a			
I have amoun true, co and sta of whe	given ts on t orrect, atemen ther or tnersh	my electronic return originator (EF he corresponding lines of the partr and complete. I consent to my EF ts to the IRS. I also consent to the I not the partnership's return is acc	general partner or limited liability corto), transmitter, and/or intermediathership's 2007 federal income tax roots, transmitter, and/or ISP sending RS sending my ERO, transmitter, are cepted, any indication of a refund outhorize the IRS to disclose to my E	e service provider (ISP) eturn. To the best of my g the partnership's return d/or ISP an acknowledgoffset, and, if rejected, til	and the amore knowledge and this declar gement of receive reason(s)	ounts in Part I above agree with and belief, the partnership's return ration, and accompanying schedu eipt of transmission and an indica for the rejection. If the processing
Sign Here	k					
	_	Signature of general partner or limit	ed liability company member manage	r		Date
Part	Ш	Declaration of Electron	ic Return Originator (ER	O) and Paid Prep	arer (see	instructions)
I am or partner compa Applica penaltic	nly a condimited on the condition of the condition and the condition are conditions.	collector, I am not responsible for ited liability company member mamber manager a copy of all forms and Participation, and Pub. 4163, Noerjury I declare that I have exam	ship's return and that the entries o reviewing the return and only decl nager will have signed this form be and information to be filed with the lodernized e-File (MeF) Information ined the above partnership's return d complete. This Paid Preparer decomplete.	are that this form accur efore I submit the return le IRS, and have follower for Authorized IRS e-file an and accompanying so	ately reflects I will give to I will other re Providers. In Chedules and	the data on the return. The gen- the general partner or limited liab equirements in Pub. 3112 , IRS e- lf I am also the Paid Preparer, un statements, and to the best of
ERO'	S Sign	RO's gnature	Date	Check if also paid preparer	Check if self- employed	ERO's SSN or PTIN
Use Only	yc	Firm's name (or yours if self-employed), address, and ZIP code				EIN Phone no. ()
Under penalties of perjury, I declare that I have examined the above partnership's return and accompanying schedules and statements, and to the best my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.						
Paid		Preparer's signature		Date	Check if self- employed	Preparer's SSN or PTIN
Prepa		Firm's name (or yours if self-employed),				EIN
Use (JIIIY	address, and ZIP code				Phone no. (