

Tax Year

Work Request Notification

To:	Symbols:	Agreed:	Date:
1. Scanned by:	SE:W:CAR:MP:T: :		
2. Section Chief:	SE:W:CAR:MP:T: :		
3. Reviewer:	SE:W:CAR:MP:T: :R		
4. Review Chief:	SE:W:CAR:MP:T: :R		
5. Branch Chief:	SE:W:CAR:MP:T:		
6. Senior Technical Advisor: Bob Erickson	SE:W:CAR:MP:T		
7. *TPCC Circulations Email sent to Distribution List by:			
8. Initiator (Tax Law Specialist):	SE:W:CAR:MP:T: :	Completed:	

Attached is a marked up draft that can be used to develop any necessary Work Requests for the processing year. The major changes are as follows:

This Notification is for changes due to:

Legislation or Chief Counsel guidance:

A Program change initiated by:

We do not anticipate the need for any further changes that would require a Work Request.

We may need to make further changes that would require a Work Request.

If you have any questions, please contact the TLS shown below, or the reviewer on line 3 (above).

From:	Signed:	Email:	Phone Number:
SE:W:CAR:MP:T: :	Date:	Room:	Fax Number:

Amended return for small partnerships

Form **8082**

(Rev. December 2005)

Notice of Inconsistent Treatment or Administrative Adjustment Request (AAR)

OMB No. 1545-0790

Department of the Treasury
Internal Revenue Service

(For use by partners, S corporation shareholders, estate and domestic trust beneficiaries, foreign trust owners and beneficiaries, REMIC residual interest holders, and TMPs)
► See separate instructions.

Attachment Sequence No. **84**

Name(s) shown on return

Identifying number

Part I General Information

- 1 Check boxes that apply: (a) Notice of inconsistent treatment (b) Administrative adjustment request (AAR)
- 2 If you are a tax matters partner (TMP) filing an AAR on behalf of the pass-through entity, are you requesting substituted return treatment? (see instructions) Yes No
- 3 Identify type of pass-through entity:
 (a) Partnership (b) Electing large partnership (c) S corporation (d) Estate (e) Trust (f) REMIC
- 4 Employer identification number of pass-through entity 6 Tax shelter registration number (if applicable) of pass-through entity
- 5 Name, address, and ZIP code of pass-through entity 7 Internal Revenue Service Center where pass-through entity filed its return
- 8 Tax year of pass-through entity _____ / _____ / _____ to _____ / _____ / _____
- 9 Your tax year _____ / _____ / _____ to _____ / _____ / _____

Part II Inconsistent or Administrative Adjustment Request (AAR) Items

(a) Description of inconsistent or administrative adjustment request (AAR) items (see instructions)	(b) Inconsistency is in, or AAR is to correct (check boxes that apply)		(c) Amount as shown on Schedule K-1, Schedule Q, or similar statement, a foreign trust statement, or your return, whichever applies (see instructions)	(d) Amount you are reporting		(e) Difference between (c) and (d)	
	Amount of item	Treatment of item					
10							
11							
12							
13							

Part III Explanations—Enter the Part II item number before each explanation. If more space is needed, continue your explanations on the back.

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