

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.

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.

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

Department of the Treasury
Internal Revenue Service

File electronically with the partnership's tax return. Do not file paper copies.
For calendar year **2010**, or tax year beginning , **2010**, ending , **20**

2010

Name of Partnership

Employer identification number

Part I Tax Return Information (Whole dollars only)

| | | |
|---|--|---|
| 1 | Gross receipts or sales less returns and allowances (Form 1065-B, line 1c) | 1 |
| 2 | Gross profit (Form 1065-B, line 3) | 2 |
| 3 | Taxable income (loss) from passive loss limitation activities (Form 1065-B, line 25) | 3 |
| 4 | Taxable income (loss) from other activities (Form 1065-B, Schedule K, line 2) | 4 |
| 5 | Qualified dividends from other activities (Form 1065-B, Schedule K, line 3) | 5 |

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

- 6a** I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the partnership's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days before the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- b** I elect to receive an email regarding the partnership's payment from the financial agent involved in processing the electronic funds withdrawal. Enter your email address ► _____

If the partnership is filing a balance due return, I understand that if the IRS does not receive full and timely payment of its tax liability, the partnership will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare that I am a general partner or limited liability company member manager of the above partnership and that the information I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the partnership's 2010 federal income tax return. To the best of my knowledge and belief, the partnership's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the partnership's return, this declaration, and accompanying schedules and statements to the IRS. I also consent to the IRS sending my ERO, transmitter, and/or ISP an acknowledgement of receipt of transmission and an indication of whether or not the partnership's return is accepted, any indication of a refund offset, and, if rejected, the reason(s) for the rejection. If the processing of the partnership's return or refund is delayed, I authorize the IRS to disclose to my ERO, transmitter, and/or ISP the reason(s) for the delay, or when the refund was sent.

Sign Here ► _____

Signature of general partner or limited liability company member manager

Date

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above partnership's return and that the entries on Form 8453-B are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The general partner or limited liability company member manager will have signed this form before I submit the return. I will give the general partner or limited liability company member manager a copy of all forms and information to be filed with the IRS, and have followed all other requirements in **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above partnership's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

| | | | | | |
|-----------------------|--|------------|--|---|-------------------------|
| ERO's Use Only | ERO's signature ► _____ | Date _____ | Check if also paid preparer <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's SSN or PTIN _____ |
| | 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 of 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 Use Only | Print/Type preparer's name _____ | Preparer's signature _____ | Date _____ | Check <input type="checkbox"/> if self-employed | PTIN _____ |
| | Firm's name ► _____ | Firm's EIN ► _____ | | | |
| | Firm's address ► _____ | Phone no. _____ | | | |