Form **1065X**

(Rev. September 2018)
Department of the Treasury
Internal Revenue Service

Amended Return or Administrative Adjustment Request (AAR)

(For use by filers of Forms 1065, 1065-B, and 1066)

► Go to www.irs.gov/Form1065X for instructions and the latest information.

OMB No. 1545-0123

For tax year ending

(Enter month and year.)

	Name	Employer identification number							
Please	Number street and room availte no (f a D.O. hou and instructions)								
Type or	Number, street, and room or suite no. (If a P.O. box, see instructions.)								
Print	City or town, state, and ZIP code	Telephone number (optional)							
Enter name a	and address used on original return (If same as above, write "Same.")								
Internal Re	evenue Service Center where original return If electronically filed, enter "e-filed."								
	ips and electing large partnerships (ELPs), enter the number of Schedules K-1 being	g filed with this return							
REMICs, 6	enter the number of Schedules Q being filed with this return								
Part I	Check the appropriate box (Choose only 1. See instructions.)								
-	ership tax years beginning before January 1, 2018 (unless electing into BBA) A AAR—go to Section 1	Ps/REMICs—go to Section 1							
	ership tax years beginning after December 31, 2017 (or that elected into BBA for tax e January 1, 2018)	k years beginning after November 2, 2015							
☐ BBA A	AR—go to Section 2								
☐ Partne underp	ip-Partner Amended Return Related to Modification of Another Partnership's Imputership-Partner Amended Return (filed as part of modification of the imputed payment during a BBA audit)—go to Section 3								
Section	1—TEFRA/NonTEFRA Determination (for partnership tax years beginning	before January 1, 2018)							
	e partnership made an election to be treated as an electing large partnership (ELP) \square No	under the provisions of section 775?							
	s," the partnership is not subject to TEFRA. Enter the date of the election ► B through D. Complete items E through G and then go to Part III.	Do not complete							
You must	determine if the partnership is subject to the rules for consolidated audit proceedinugh 6234 (as in effect for tax years beginning before January 1, 2018). See instruction								
B Did the	e partnership have 10 or fewer partners at all times during the tax year? (Note: A hur r for TEFRA purposes.)								
C At all t	times during the partnership's tax year, were all partners U.S. citizens, resident aliens, C corporations, or estates of used partners?								
If the answ	vers to questions B and C are "Yes," the partnership is not subject to TEFRA proce cannot file an Administrative Adjustment Request. See instructions for details.	edings. A partnership that is not subject							
	partnership is not otherwise subject to TEFRA, has the partnership filed Form 8893, nent, or its equivalent, to make an election to be treated as a TEFRA partnership?								
If the answ	wers to questions B and C are "Yes" and the answer to D is "No," then the partners wer to question D is "Yes," enter the tax year that the election to be treated as a Teachip return								
E The pa	artnership is Subject to TEFRA Not subject to TEFRA								
G If you a reques	are a Tax Matters Partner (TMP) or a Partner With Authority (PWA) filing an AAR on sting substituted return treatment? (See instructions.) Yes No	Adjustment Request (AAR) behalf of the pass-through entity, are you							
Go to Pa	rt II								

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Form 1065X (Rev. 9-2018) Section 2—BBA AAR Is the partnership revoking the immediately preceding partnership representative (and/or designated individual, if applicable) and appointing a successor (including the designated individual, if applicable) at the same time that this AAR is being filed? Yes (Attach Form 8979.) □ No B Do the adjustments on the AAR result in an imputed underpayment for the reviewed year? ☐ Yes (If "Yes," go to Question C.) ☐ No (If "No," go to Question D.) Is the partnership making an election under section 6227(b)(2) to have the adjustments taken into account by the reviewed year partners? Yes (If "Yes," go to Question D.) ☐ No (If "No," go to Question E.) D The partnership is required to provide statements to the reviewed year partners containing their share of the adjustments. By signing below, the partnership representative declares, under penalties of perjury, that all statements have been provided to the reviewed year partners as required by the instructions. Partnership Representative (or Designated Individual, if applicable) Date **E** Is the partnership applying modifications to the imputed underpayment? ☐ Yes (If "Yes," attach Form 8980.) ☐ No Go to Part II Section 3—Partnership-partner amended return filed as part of modification of the imputed underpayment during a BBA audit. See instructions. Audited partnership name EIN of audited partnership ____ Reviewed year of audited partnership Audit control number _____ Go to Part II Fill in applicable items and use Part V to explain any changes Part II Amended or Administrative Adjustment Request (a) As originally (b) Net change-(AAR) Items for Partnerships Filing Form 1065 Only reported on Schedule K increase or (decrease)-(c) Correct amount explain in Part V or as previously adjusted (ELPs and REMICs, use Part III) Ordinary business income (loss) 1 1 2 2 3 3 Other net rental income (loss) (see instructions) 4 4 Guaranteed payments 5 5 Interest income Ordinary dividends 6a Qualified dividends 6b Dividend equivalents С 6c 7 7

8

9a

9b

9c

10

11

Net short-term capital gain (loss)

Collectibles (28%) gain (loss)

Unrecaptured section 1250 gain (see instructions) . .

Other income (loss) (see instructions)

.

Net long-term capital gain (loss) . .

Net section 1231 gain (loss)

10

Form 1065X (Rev. 9-2018) **Deductions** 12 12 Section 179 deduction 13a Contributions 13a 13b Investment interest expense Section 59(e) expenditures . . . 13c С 13d d Other deductions (see instructions) Net earnings (loss) from self-employment 14a b Gross farming or fishing income 14b 14c 15a Low-income housing credit (section 42(j)(5)) . . . 15a Low-income housing credit (other) 15b Credits С Qualified rehabilitation expenditures (rental real estate) 15c d Other rental real estate credits (see instructions) . . . 15d Other rental credits (see instructions) 15e f Other credits (see instructions) 15f 16a Name of country or U.S. possession ► 16b b Gross income from all sources Gross income sourced at partner level 16c Foreign gross income sourced at partnership level Section 951A category 16d Foreign branch category 16e Passive category 16f Foreign Transactions 16g General category Other (attach statement) 16h Deductions allocated and apportioned at partner level Interest expense 16i 16j Deductions allocated and apportioned at partnership level Section 951A category 16k 161 Foreign branch category 16m n General category . . . 16n 0 Other (attach statement) **160** Total foreign taxes (check one) ▶ Paid ☐ Accrued ☐ 16p Reduction in taxes available for credit (see instructions) 16q q Other foreign tax information (see instructions) . . 16r Post-1986 depreciation adjustment Other Information | Alternative Minimum Tax (AMT) Items 17a 17a 17b Adjusted gain or loss Depletion (other than oil or gas) 17c Oil, gas, and geothermal properties—gross income . . . 17d Oil, gas, and geothermal properties—deductions 17e 17f f Other AMT items (see instructions) 18a Tax-exempt interest income 18a b Other tax-exempt income 18b **c** Nondeductible expenses 18c 19a **19a** Distributions of cash and marketable securities . Distributions of other property 19b 20a Investment income 20a Investment expenses 20b Other items and amounts (see instructions) 20c Form 1065X (Rev. 9-2018)

Part	Ш	Amended or Administrative Adjustment Rec	quest	(AAR) Items for	r ELPs a	and REMI	Cs O	nly		
		(a) Description of item being amended or adjusted (see instructions)		(b) As originally reported or as previous adjusted	usly incre	c) Net change- ase or (decrea xplain in Part	ıse) —	(d) Correct amou	nt	
1			1							
2			2							
3			3							
4			4							
5			5							
Tax a	and Pa	ayments (see instructions)	•		·		•			
6	El De	ONLY: Tax and other payments	6							
7		ICS ONLY: Tax on net income from prohibited								
•		actions	7							
8		ICs ONLY: Tax on net income from foreclosure								
0		erty								
_			8							
9		ICs ONLY: Tax on contributions after the startup	_							
			9							
10		tax	10							
11		aid with Form 7004	11							
12	-	aid with (or after) the filing of the original return .					12			
13		ines 11 and 12, column (d)					13			
14		payment, if any, as shown on original return or as la					14			
15	Subtr	act line 14 from line 13					15			
Tax [Due o	r Overpayments (see instructions)								
16	Tax c	lue. Subtract line 15 from line 10, column (d). For de	etails (on how to pay, see	e instructi	ons	16			
17	Over	payment. Subtract line 10, column (d), from line 15					17			
Note:	Amen	ded Schedules K-1 or Schedules Q. File amended	d Sche	edules K-1 or Sche	edules Q	with Form	1065X	(. If the ELP or		
		ng Form 1065X for an administrative adjustment rec							les	
Q to th	ne part	ners or residual interest holders. If the REMIC is no	t filing	for an AAR and is	not subj	ect to the r	ules fo	or consolidated a	ıudit	
procee	edings	under sections 6221 through 6231 (as in effect Nov								
ts resi	idual ir	nterest holders. See instructions for details.								
Part	IV	Imputed Underpayment Under the Centraliz	rad D	artnershin Audi	t Regim	a (see ins	tructi	one)		
ı art			Leu i	ai ti lei si lip Audi	- Inegiiii	(300 1113	liucti	0113)		
1	Impu	ted underpayment				. 1				
2	Total	amount due				. 2				
3	Total	payment				. 3				
4	Balar	ce due (subtract line 3 from line 2)				. 4				
		Under penalties of perjury, I declare that I have filed an origi schedules and statements, and to the best of my knowledge	nal retu	rn and that I have exam	ined this an	nended return	, or AAF	R including accompar	ying	
		preparer (other than taxpayer) is based on all information of				true, correct,	and co	implete. Declaration o	'	
Sign				\						
_		Signature of current Partnership Representative (or	Date	Tit	tle					
Here	•	Designated Individual, if applicable), LLC member, or								
		Partner								
		Print/Type name of Partnership Representative								
		2 Mar. 19 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2								
		Print/Type preparer's name Preparer's signa	ture		Date			PTIN		
Paid		, , , , , , , , , , , , , , , , , , ,					eck ∟ f-emplo	і ІТ		
Prep		[-	,,,,,		
Use (Only	Firm's name					Firm's EIN ▶			
		Firm's address ▶				Phone no.				

Form 1065X (Rev. 9-2018) Page 5 Part V Explanations. Enter the Part II or Part III line number before each item you are changing, and give a reason for the change. For partnerships, show the box number and code used to report the item on Schedule K-1. Show any computation in detail. Also, show how the imputed underpayment was calculated and how modifications were applied. If more space is needed, continue your explanations on additional pages.