Form <b>8918</b> (Rev. November 2021)	OMB No. 1545-0865				
Department of the Treasury Internal Revenue Service	FOR IRS USE ONLY				
Note. The reportable trar	saction number will be sent to the ma	aterial advisor's add	ress below.		
Material Advisor's Name (see	e instructions)		Individual	Identifying number	Telephone number
Number, street, and room or	suite no.		L	1	
City or town		State			ZIP code
A Contact person name	e (last name, first name, middle initial)	Title	ΔC	OF	Telephone number
B Is this a protective d	isclosure? (see instructions)	No If "Yes	," see line 6a ins	tructions.	+
0	Form 8918 for this reportable transact Io," enter the reportable transaction n Jumber ►		No sued for this rep	ortable transaction or ta	x shelter.
1 Name of reportable	e transaction (see instructions)	oer	18	. 20	21
a Listed b	reportable transaction. Check all the         Confidential       c Contractual         2a or 2e, enter the published guidance	l protection d	Loss e	Transaction of intere	
	Material Advisor became a material ad				
5 If you are a party to	o a designation agreement, identify th	e other parties (see	instructions).		
Name				Individual	Identifying number (if known)
Address (Number, street, and	d room or suite no.)				
City or town		State			ZIP code
Contact name					Telephone number

6a Provide a brief description of the type of material aid, assistance, or advice you provided (see instructions).

**b** Describe the role of any other entity(ies) or individual(s) who you know or have reason to know provided material aid, assistance, or advice to this transaction and include each entity's and individual's complete name, identifying number (if known), and address.

- Is a related entity(ies) or individual(s) needed?
   Yes
   No

   Is a foreign entity(ies) or individual(s) needed?
   Yes
   No

   Is a tax-exempt entity(ies) needed?
   Yes
   No
- **b** If you answered "Yes" to any of the above questions, describe the role of each individual or entity. Also identify the individual's or entity's country of existence if a particular country is required to obtain the intended tax benefits.

DRAFT AS OF
November 18 2021
8a To obtain the intended tax benefits generated by the transaction, is income or gain from the transaction allocated directly or indirectly to an individual(s) or entity(ies) that has a net operating loss and/or unused loss or credits? Yes No
b If "Yes," describe the role of each individual or entity in the transaction.

9 Identify the types of financial instruments used in this transaction (see ins	structions).
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10	Estimated Tax Benefits—Identify the type of tax benefit generated by the transaction that you expect the taxpayer to claim in each year. Check all boxes that apply (see instructions).									
				🗌 Capi	Capital loss			Ordinary loss		
	Exclusions	from gross ind	come	🗌 Nonr	Nonrecognition of gain			Adjustments to basis		
	Tax credits			Defe	Deferral			Absence of adjustments to basis		
	Other								·	
11	Timing of Tax Benefits—If you checked one or more boxes on line 10, check the applicable box(es) below to identify the period in which such tax benefits are claimed. Check each box that applies.									
	Tax benefits generated by the transaction are required to be claimed in the first year of participation by the taxpayer.									
12	12 Enter the Internal Revenue Code section(s) used to claim tax benefit(s) generated by the transaction. (Attach additional sheets if necessary.)									

13 Describe the reportable transaction for which you provided material aid, assistance or advice, including but not limited to the following: the nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years, the years the tax benefits are expected to be claimed, the role of the entities or individuals mentioned in lines 7a or 8a (if any) and the role of the financial instruments mentioned in line 9 (if any). Explain how the Internal Revenue Code sections listed in line 12 are applied and how they allow the taxpayer to obtain the desired tax treatment. Also, include a description of any tax result protection with respect to the transaction.

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	Ur	Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and complete.						
Please Sign								
Here		Signature of Material Advisor	Date	Title				
		Print name						

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