

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.

For tax year ending

(Enter month and year.)

Please Type or Print	Name	Employer identification number (EIN)
	Number, street, and room or suite no. (If a P.O. box, see instructions.)	
	City or town, state, and ZIP code	Telephone number (optional)

Enter name and address used on original return. (If same as above, write "Same.")

Internal Revenue Service Center where original return was filed. If electronically filed, enter "e-filed."

Partnerships and electing large partnerships (ELPs), enter the number of Schedules K-1 being filed with this return: _____

REMICs, enter the number of Schedules Q being filed with this return: _____

Part I Check the appropriate box (Choose only 1. See instructions.)

For partnership tax years beginning **before** January 1, 2018 (unless electing into BBA)

- TEFRA AAR—go to Section 1
 NonTEFRA—go to Section 1
 ELPs/REMICs—go to Section 1

For partnership tax years beginning **after** December 31, 2017 (or that elected into BBA for tax years beginning after November 2, 2015, and before January 1, 2018)

- BBA AAR—go to Section 2
 NonBBA (see instructions)—go to Part II

Partnership-Partner Amended Return Related to Modification of Another Partnership's Imputed Underpayment (IU)

- Partnership-Partner Amended Return (filed as part of modification of the IU during a BBA audit)—go to Section 3

Section 1—TEFRA/NonTEFRA Determination (for partnership tax years beginning before January 1, 2018)

A Has the partnership made an election to be treated as an ELP under the provisions of section 775?

- Yes No

If "Yes," the partnership is not subject to TEFRA. Enter the date of the election: _____ Do not complete items B through D. Complete items E through G and then go to Part III.

You must determine if the partnership is subject to the rules for consolidated audit proceedings (TEFRA proceedings) under sections 6221 through 6234 (as in effect for tax years beginning before January 1, 2018). See instructions for details.

B Did the partnership have 10 or fewer partners at all times during the tax year? (**Note:** A husband and wife are considered one partner for TEFRA purposes.) Yes No

C At all times during the partnership's tax year, were all partners U.S. citizens, resident aliens, C corporations, or estates of deceased partners? Yes No

If the answers to items B and C are "Yes," the partnership is not subject to TEFRA proceedings. A partnership that is not subject to TEFRA cannot file an AAR. See instructions for details.

D If the partnership is not otherwise subject to TEFRA, has the partnership filed Form 8893, Election of Partnership Level Tax Treatment, or its equivalent, to make an election to be treated as a TEFRA partnership? Yes No

If the answers to items B and C are "Yes" and the answer to D is "No," then the partnership is not subject to TEFRA proceedings. If the answer to item D is "Yes," enter the tax year that the election to be treated as a TEFRA partnership was originally filed with the partnership return: _____

E The partnership is Subject to TEFRA Not subject to TEFRA

F Check the applicable box. See instructions: Amended Return AAR

G If you are a Tax Matters Partner (TMP) or a Partner With Authority (PWA) filing an AAR on behalf of the pass-through entity, are you requesting substituted return treatment? (See instructions.) Yes No

Go to Part II

Section 2—BBA AAR

- A** Is the partnership revoking the immediately preceding partnership representative (and/or designated individual, if applicable) and designating a successor (including the appointment of a 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 IU for the reviewed year?
 Yes (If "Yes," go to item C1.) No (If "No," go to item D.)
- C1** 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 item D.) No (If "No," go to item C2.)
- C2** Are there also adjustments that do not result in an IU? (An adjustment does not result in an IU if the result of netting with respect to any grouping or subgrouping that includes the particular adjustment is a net negative adjustment.)
 Yes (Go to item D and then answer item E.) No (Go to item E.)
- D** If 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 IU?
 Yes (If "Yes," attach Form 8980.) No

Go to Part II

Section 3—Partnership-partner amended return filed as part of modification of the IU 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 AAR Items for Partnerships Filing Form 1065 Only (ELPs and REMICs, use Part III).		(a) As originally reported on Schedule K or as previously adjusted	(b) Net change— increase or (decrease)— explain in Part V	(c) Correct amount
Income (Loss)	1	Ordinary business income (loss)	1			
	2	Net rental real estate income (loss)	2			
	3	Other net rental income (loss) (see instructions)	3			
	4	Guaranteed payments	4			
	5	Interest income	5			
	6a	Ordinary dividends	6a			
	b	Qualified dividends	6b			
	c	Dividend equivalents	6c			
	7	Royalties	7			
	8	Net short-term capital gain (loss)	8			
	9a	Net long-term capital gain (loss)	9a			
b	Collectibles (28%) gain (loss)	9b				
c	Unrecaptured section 1250 gain (see instructions)	9c				
10	Net section 1231 gain (loss)	10				
11	Other income (loss) (see instructions)	11				

Deductions	12	Section 179 deduction	12			
	13a	Cash contributions	13a			
	b	Noncash contributions	13b			
	c	Investment interest expense	13c			
	d	Section 59(e) expenditures	13d			
	e	Other deductions (see instructions)	13e			
Self-Employment	14a	Net earnings (loss) from self-employment	14a			
	b	Gross farming or fishing income	14b			
	c	Gross nonfarm income	14c			
Credits	15a	Low-income housing credit (section 42(j)(5))	15a			
	b	Low-income housing credit (other)	15b			
	c	Qualified rehabilitation expenditures (rental real estate)	15c			
	d	Other rental real estate credits (see instructions)	15d			
	e	Other rental credits (see instructions)	15e			
	f	Other credits (see instructions)	15f			
Foreign Transactions	16	Attach Schedule K-2 (Form 1065), Partners' Distributive Share Items—International, and check this box to indicate that you are reporting items of international tax relevance <input type="checkbox"/>				
Alternative Minimum Tax (AMT) Items	17a	Post-1986 depreciation adjustment	17a			
	b	Adjusted gain or loss	17b			
	c	Depletion (other than oil or gas)	17c			
	d	Oil, gas, and geothermal properties—gross income	17d			
	e	Oil, gas, and geothermal properties—deductions	17e			
	f	Other AMT items (see instructions)	17f			
Other Information	18a	Tax-exempt interest income	18a			
	b	Other tax-exempt income	18b			
	c	Nondeductible expenses	18c			
	19a	Distributions of cash and marketable securities	19a			
	b	Distributions of other property	19b			
	20a	Investment income	20a			
	b	Investment expenses	20b			
c	Other items and amounts (see instructions)	20c				
	21	Total foreign taxes paid or accrued	21			

Note: Amended Schedules K-1: See instructions for when required.

Part III Amended or AAR Items for ELPs and REMICs Only

(a) Description of item being amended or adjusted (see instructions)		(b) As originally reported or as previously adjusted	(c) Net change— increase or (decrease)— explain in Part V	(d) Correct amount
1		1		
2		2		
3		3		
4		4		
5		5		

Tax and Payments (see instructions)

6	ELPs ONLY: Tax and other payments	6		
7	REMICs ONLY: Tax on net income from prohibited transactions	7		
8	REMICs ONLY: Tax on net income from foreclosure property	8		
9	REMICs ONLY: Tax on contributions after the startup day	9		
10	Total tax	10		
11	Tax paid with Form 7004	11		
12	Tax paid with (or after) the filing of the original return			12
13	Add lines 11 and 12, column (d)			13
14	Overpayment, if any, as shown on original return or as later adjusted			14
15	Subtract line 14 from line 13			15

Tax Due or Overpayments (see instructions)

16	Tax due. Subtract line 15 from line 10, column (d). For details on how to pay, see instructions	16	
17	Overpayment. Subtract line 10, column (d), from line 15	17	

Note: Amended Schedules K-1 or Schedules Q. File amended Schedules K-1 or Schedules Q with Form 1065-X. If the ELP or REMIC is filing Form 1065-X for an AAR, do not furnish the amended Schedules K-1 or Schedules Q to the partners or residual interest holders. If the REMIC is not filing for an AAR and is not subject to the rules for consolidated audit proceedings under sections 6221 through 6231 (as in effect November 1, 2015), the REMIC must furnish the amended Schedules Q to its residual interest holders. See instructions for details.

Part IV IU Under the Centralized Partnership Audit Regime (see instructions)

1	IU	1	
2	Total amount due	2	
3	Total payment	3	
4	Balance due (subtract line 3 from line 2)	4	

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, or AAR including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return or AAR is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of current Partnership Representative (or Designated Individual, if applicable), LLC member, or Partner _____ Date _____ Title _____

Print/Type name of Partnership Representative _____

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.			

