Form **8082**

(Rev. December 2011) Department of the Treasury Internal Revenue Service

Notice of Inconsistent Treatment or Administrative Adjustment Request (AAR)

(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.

OMB No. 1545-0790

Attachment Sequence No. **84**

Name	(s) shown on return				Identifying number							
Pa												
1	I Check boxes that apply: (a) ☐ Notice of inconsistent treatment (b) ☐ Administrative adjustment request (AAR)											
2	Identify type of pass-through entity:											
	(a) ☐ Partnership (b) ☐ S corpo	ration	(c) 🗌 E	state (d)	Trust	(e) 🗌 F	REMIC					
3	Employer identification number of pass			Internal Revenue				-throu	ıgh entity	filed its re	eturn	
4	4 Name, address, and ZIP code of pass-through entit			6 Tax year of pass-through entity								
			7	Your tax year	/ / to /				/	/ /		
						/	/	to	/	/		
Par	t II Inconsistent or Administrati)						
	(a) Description of inconsistent or administrative adjustment request (AAR) items (see instructions)		stency is in, to correct es that apply Treatment of item	(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)			
8_												
_ 9												
10												
11			<u> </u>	<u> </u>								
Par	t III Explanations—Enter the Par continue your explanations			er before each	explar	nation. If	more s	pace	is need	led,		

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Part III	Explanations	(continued)	•