## 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	Identifyi	Identifying number									
Pa	rt I General Information											
1	Check boxes that apply: (a) \( \subseteq \) No	onsister	ent treatment (b) Administrative adjustment request (AAR)									
2	Identify type of pass-through entity:											
	(a) ☐ Partnership (b) ☐ S corpo	ration	(c) $\square$ E	Estate	e <b>(d)</b> 🗌 Tro	ust	(e) [	REMIC				
3	Employer identification number of pass		· · —		ernal Revenue S		. , -		ss-throu	gh entity	filed its re	eturn
4	Name, address, and ZIP code of pass-	through e	ntity 6	<b>i</b> Ta	ax year of pass-	-throu	ıgh en	tity				
	, , ,	J						1	to	/	/	
			7	Y	our tax year		,	/	to	/	/	
Par	t II Inconsistent or Administrati				uest (AAR) It	ems	,	,		,		
	(a) Description of inconsistent or administrative adjustment request (AAR) items (see instructions)	(b) Inconsistency is or AAR is to correc (check boxes that appears of item Treatment		Sc y) si trus	(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		eporting	(e) Difference between (c) and (d)		
8_												
9												
10												
11												
Par	t III Explanations—Enter the Pa continue your explanations			er be	efore each ex	plan	ation	. If more	space	is need	led,	
	oommuo jour onpumuuono											

Part III	Explanations	(continued)	