

Reportable Transaction Disclosure Statement

OMB No. 1545-1800

Attachment
Sequence No. **137**

► **Attach to your tax return.**
► **See separate instructions.**

Name(s) shown on return (individuals enter last name, first name, middle initial) Identifying number

Number, street, and room or suite no.	City or town	State	ZIP code
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- A** If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ► Statement number _____ of _____
- B** Enter the form number of the tax return to which this form is attached or related ► _____
Enter the year of the tax return identified above ► _____
Is this Form 8886 being filed with an amended tax return? ► ☐ Yes ☐ No

C Check the box(es) that apply (see instructions). ☐ Initial year filer ☐ Protective disclosure

1 a Name of reportable transaction

1 b Initial year participated in transaction	1 c Reportable transaction or tax shelter registration number (see instructions)
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2 Identify the type of reportable transaction. Check all boxes that apply (see instructions).

- | | | |
|--|--|---|
| a <input type="checkbox"/> Listed | c <input type="checkbox"/> Contractual protection | e <input type="checkbox"/> Transaction of interest |
| b <input type="checkbox"/> Confidential | d <input type="checkbox"/> Loss | |

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ► _____

4 Enter the number of "same as or substantially similar" transactions reported on this form ► _____

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(s) (see instructions). (Attach additional sheets, if necessary.)

- | | | |
|--|--|--|
| a Type of entity | <input type="checkbox"/> Partnership <input type="checkbox"/> Trust
<input type="checkbox"/> S corporation <input type="checkbox"/> Foreign | <input type="checkbox"/> Partnership <input type="checkbox"/> Trust
<input type="checkbox"/> S corporation <input type="checkbox"/> Foreign |
| b Name | | |
| c Employer identification number (EIN), if known | | |
| d Date Schedule K-1 received from entity
(enter "none" if Schedule K-1 not received) | | |

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name	Identifying number (if known)	Fees paid \$
Number, street, and room or suite no.	City or town	State ZIP code
b Name	Identifying number (if known)	Fees paid \$
Number, street, and room or suite no.	City or town	State ZIP code

