

Reportable Transaction Disclosure Statement

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

Name(s) shown on return (individuals enter last name, first name, middle initial)	Identifying number
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Number, street, and room or suite no.

City or town, state, and ZIP code

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

1a Name of reportable transaction

1b Initial year participated in transaction	1c Reportable transaction or tax shelter registration number (9 digits or 11 digits)
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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"/> Brief asset holding period |
| b <input type="checkbox"/> Confidential | d <input type="checkbox"/> Loss | f <input type="checkbox"/> Transaction of interest |

3 If you checked box 2a or 2f, 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 the transaction through another entity, check all applicable boxes and provide the information below for the entity (see instructions). (Attach additional sheets, if necessary.)

a Type of entity:	<input type="checkbox"/> Partnership <input type="checkbox"/> S corporation <input type="checkbox"/> Trust <input type="checkbox"/> Foreign	<input type="checkbox"/> Partnership <input type="checkbox"/> S corporation <input type="checkbox"/> Trust <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, and ZIP code		

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

