

**Notice of Inconsistent Treatment or Amended Return
(Administrative Adjustment Request (AAR))**

**(For use by partners, S corporation shareholders, REMIC
residual interest holders, and TMPs)**

► See separate instructions.

OMB No. 1545-0790

Attachment
Sequence No. **84**

Name(s) shown on return

Identifying number

Part I General Information

1 Notice of (check boxes that apply): **(a)** ☐ Inconsistent treatment **(b)** ☐ Amended return (administrative adjustment request (AAR))

2 If you are a TMP filing an AAR on behalf of the pass-through entity, are you requesting substituted return treatment? (see instructions) ☐ **Yes** ☐ **No**

3 Check applicable box to identify type of pass-through entity: **(a)** ☐ Partnership **(b)** ☐ S corporation **(c)** ☐ REMIC

4 Identifying number of pass-through entity **6** Tax shelter registration number (if applicable) of pass-through entity

5 Name, address, and ZIP code of pass-through entity **7** Internal Revenue Service Center where pass-through entity filed its return

8 Tax year of pass-through entity / / to / /

9 Your tax year / / to / /

Part II Inconsistent or Amended (Administrative Adjustment Request (AAR)) Items

(a) Description of inconsistent or amended (administrative adjustment request (AAR)) items (see instructions)	(b) Inconsistency is in, or amendment (AAR) is to (check boxes that apply)		(c) Amount as shown on Schedule K-1, Schedule Q, or similar statement, or your return, whichever applies (see instructions)		(d) Amount you are reporting		(e) Difference between (c) and (d)	
	Amount of item	Treatment of item						
10								
11								
12								
13								

**Part III Explanations—Enter the Part II item number before each explanation. If more space is needed, continue
your explanations on the back.**

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Part III Explanations (continued)[illegible]