

## Request to Revoke Partnership Level Tax Treatment Election

For tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

Partnership name, address, and ZIP code	Employer identification number
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**Revocation**

We, the partners of the above named partnership, request permission to revoke the election to have the provisions of subchapter C of chapter 63 of the Internal Revenue Code apply with respect to this partnership. We understand that the revocation of this election will not become effective without IRS consent. All partners, who were partners at any time during the tax year shown above, have signed this form.

**Partners' Signatures**

All partners, who were partners at any time during the tax year shown above, must sign below.

Under penalties of perjury, I declare that I was a partner during the taxable year as stated above and my signature confirms my agreement with the request for revocation. I have examined this consent statement, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature	Date

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Purpose of Form

Form 8894 is used only by small partnerships revoking a prior election to be governed by the unified audit and litigation procedures as set forth in section 6231(a)(1)(B)(ii). A "small partnership" is defined as any partnership having 10 or fewer partners each of whom is an individual (other than a nonresident alien), a C corporation, or an estate of a deceased partner. For this purpose, a husband and wife (and their estates) are treated as one partner.

**Note.** If the partnership does not qualify as a small partnership for the tax year shown (after a revocation of the prior election), a revocation cannot be made and will not be accepted.

### Where To File

Form 8894 must be sent to the address below.

Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201

The form must be filed at the address listed above by the due date (including extensions) of the partnership return for the tax year shown. Notification will be sent as to the acceptance or denial of the request for revocation.

### Who Must Sign

Each partner who holds or held an interest in the partnership during the tax year for which the revocation is filed must sign the form. This includes all partners during the year, not just those who were partners at the end of the tax year. This will be deemed to have occurred if all partners listed on the Schedules K-1 of the Form 1065 filed for the revocation year, sign the request.

A husband and wife are generally considered as one partner, and should both sign the election. One spouse may sign for the other if acting under a power of attorney, which, if not previously filed, must accompany this form. Corporate partners should name the corporation, with the signature of the appropriate corporate officer. Attach a continuation sheet if more signature space is needed.

## Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

**Recordkeeping** . . . . . 1 hr., 25 min.

**Learning about the law or the form** . . . . . 12 min.

**Preparing and sending the form to the IRS** . . . . . 13 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where To File*, above.