## **Material Advisor Disclosure Statement**

OMB No. 1545-0865

► See separate instructions.

Department of the Treasury Internal Revenue Service

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Number, street, and room or suite no.    A	Note. The reportable transaction number will be sent to the material advisor's address below.							
City or town, state, and ZIP code  A Contact person name (jest name, first name, middle initial)  B is this a protective disclosure? (see instructions)   Yes   No   If "Yes," see line 6a instructions.  C is this the original Form 8918 for this reportable transaction?   Yes   No   No   Yes," go to line 1. If "No," enter the reportable transaction number previously issued for this reportable transaction or tax shelter. Reportable Transaction Number    1 Name of reportable transaction (see instructions)  2 Identify the type of reportable transaction. Check all the box(es) that apply (see instructions).  a   Listed   c   Confidential   d Loss   3   If you checked box 2 ar 2e, enter the published guidance number for the listed transaction or transaction of interest   5   Confidential   d Loss   3   If you checked box 2 ar 2e, enter the published guidance number for the listed transaction (see instructions)   5   Hyou are a party to a designation agreement, identify the other parties (see instructions).  Some    Identifying number (if known)	Material Advisor's Name (see instructions)		Identifying number	Telephone number				
A Contact person name (last name, first name, middle initial)    Title	Number, street, and room or suite no.							
Is this a protective disclosure? (see instructions)   Yes   No   If "Yes," see line 6a instructions.	City or town, state, and ZIP code							
C is this the original Form 8918 for this reportable transaction?	A Contact person name (last name, first name, middle initial)	Title		Telephone number				
f "Yes," go to line 1. If "No," enter the reportable transaction number previously issued for this reportable transaction or tax shelter.     Paportable Transaction Number ►	B Is this a protective disclosure? (see instructions) Yes	No If "Yes," see lin	e 6a instructions.					
2 Identify the type of reportable transaction. Check all the box(es) that apply (see instructions). a	If "Yes," go to line 1. If "No," enter the reportable transaction number Reportable Transaction Number ▶		this reportable transacti	on or tax shelter.				
a   Listed   c   Contractual protection   e   Transaction of interest   b   Confidential   d   Loss   3   f you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest   •   4   Enter the date the Material Advisor became a material advisor with respect to the reportable transaction (see instructions)   •   5   If you are a parry to a designation agreement, identify the other parties (see instructions).    Address (Number, street, and room or suite no.)	i Marile of reportable transaction (see instructions)							
Address (Number, street, and room or suite no.)  2. Describe the role of any other entity(ies) or individual(s) who you know or have reason to know provided material aid, assistance, or advice to this transaction and include each entity's and individual's complete name, identifying number (if known), and address.  7a To obtain the intended tax benefits generated by the transaction:  Is a related entity(ies) or individual(s) needed?   Yes   No   Is a tax-exempt entity(ies) or individual(s) needed?   Yes   No   Is a tax-exempt entity(ies) needed?   Yes   No   Is a tax-exempt entity is needed?   Yes   No   Is a tax-exempt ent	<ul> <li>a ☐ Listed c ☐ Contractual protection e ☐ Transa b ☐ Confidential d ☐ Loss</li> <li>3 If you checked box 2a or 2e, enter the published guidance nur</li> <li>4 Enter the date the Material Advisor became a material advisor</li> </ul>	action of interest  mber for the listed trans with respect to the repo	saction or transaction of ortable transaction (see in					
Contact name  Telephone number  6a Provide a brief description of the type of material aid, assistance, or advice you provided (see instructions).  b Describe the role of any other entity(ies) or individual(s) who you know or have reason to know provided material aid, assistance, or advice to this transaction and include each entity's and individual's complete name, identifying number (if known), and address.  7a To obtain the intended tax benefits generated by the transaction: Is a related entity(ies) or individual(s) needed?	Name	o. pa. 1100 (000 111011 aut.		er (if known)				
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Is a related entity(ies) or individual(s) needed?								
individual(s) or entity(ies) that has a net operating loss and/or unused loss or credits?	Is a related entity(ies) or individual(s) needed?  Is a foreign entity(ies) or individual(s) needed?  Yes  Is a tax-exempt entity(ies) needed?  Yes  b If you answered "Yes" to any of the above questions, describe	□ No □ No □ No □ the role of each indivi	dual or entity. Also ident	ify the individual's or entity's country				
individual(s) or entity(ies) that has a net operating loss and/or unused loss or credits?								
individual(s) or entity(ies) that has a net operating loss and/or unused loss or credits?								
<b>b</b> If "Yes," describe the role of each individual or entity in the transaction.				ated directly or indirectly to an				
	<b>b</b> If "Yes," describe the role of each individual or entity in the tra	insaction.						

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9	Identify the types of	of financial instruments used in this to	ransaction (see instructions).		
10		efits—Identify the type of tax benefit	t generated by the transaction	that you expect the taxpayer to cla	im in each year.
	Check all boxes that apply (see instructions).				
	Deductions	Exclusions from gross income	Tax credits	Other	
	Capital loss	☐ Nonrecognition of gain	Deferral		
	Ordinary loss	Adjustments to basis	Absence of adjustmen	nts to basis	
11		efits—If you checked one or more b imed. Check each box that applies.	oxes on line 10, check the app	olicable box(es) below to identify the	e period in which sucl
		nerated by the transaction are requir by be claimed in another year by the		ar of participation by the taxpayer.	
12	Enter the Internal F	Revenue Code section(s) used to clai	m tax benefit(s) generated by t	the transaction. (Attach additional s	heets if necessary.)
13	nature of the experare expected to be mentioned in line 9	table transaction for which you procted tax treatment and expected ta e claimed, the role of the entities or (if any). Explain how the Internal F tax treatment. Also, include a descri	x benefits generated by the tra individuals mentioned in lines Revenue Code sections listed i	ansaction for all affected years, the 7a or 8a (if any) and the role of th in line 12 are applied and how the	e years the tax benefit ne financial instrument
	Under penalties o	f perjury, I declare that I have examined the	his return, and to the best of my kn	owledge and belief, it is true, correct, ar	nd complete.
Pleas	e		ı	1	
Sign					
Here	Signature of	Material Advisor	Date	Title	
	Print name				