## Note: Form 8918 (Rev. December 2011) begins on the next page.

The zip code for where to file the completed Form 8918 has changed from 84404 to 84201.

The complete address to which it should be mailed is:

Internal Revenue Service OTSA Mail Stop 4915 1973 Rulon White Blvd. Ogden, Utah 84201

## **Material Advisor Disclosure Statement**

OMB No. 1545-0865

► See separate instructions.

Department of the Treasury Internal Revenue Service

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Note. The reportable transaction number will be s	sent to the material	advisor's address belo	OW.	10.11.10.002.01.12.1
Material Advisor's Name (see instructions)			Identifying number	Telephone number
Number, street, and room or suite no.				
City or town, state, and ZIP code				
A Contact person name (last name, first name, mid	dle initial)	Title		Telephone number
B Is this a protective disclosure? (see instructions	,	<u> </u>	e 6a instructions.	
C Is this the original Form 8918 for this report If "Yes," go to line 1. If "No," enter the reportable Reportable Transaction Number ▶		☐ Yes ☐ No r previously issued for	this reportable transac	ction or tax shelter.
Name of reportable transaction (see instruc-	ctions)			
2 Identify the type of reportable transaction.  a ☐ Listed c ☐ Contractual protecti  b ☐ Confidential d ☐ Loss  3 If you checked box 2a or 2e, enter the publ	on <b>e</b> $\square$ Transa	ction of interest		of interest ▶
4 Enter the date the Material Advisor became			·	instructions) ►
5 If you are a party to a designation agreeme	ent, identify the other	er parties (see instructi	ons).  Identifying num	nber (if known)
Address (Number, street, and room or suite no.)				
Address (Number, Street, and room of Suite no.)				
City or town, state, and ZIP code				
Contact name				Telephone number
6a Provide a brief description of the type of m	aterial aid, assistar	nce, or advice you prov	rided (see instructions).	
<b>b</b> Describe the role of any other entity(ies) or this transaction and include each entity's a				
7a To obtain the intended tax benefits generat	ed by the transaction			
Is a related entity(ies) or individual(s) neede Is a foreign entity(ies) or individual(s) neede Is a tax-exempt entity(ies) needed?		□ No □ No □ No		
<b>b</b> If you answered "Yes" to any of the above of existence if a particular country is require	questions, describe	the role of each indivi	dual or entity. Also ide	ntify the individual's or entity's country
8a To obtain the intended tax benefits generat individual(s) or entity(ies) that has a net ope				ocated directly or indirectly to an
<b>b</b> If "Yes," describe the role of each individua	l or entity in the tra	nsaction.		

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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	at apply (see instructions).						
	Deductions	Exclusions from gross income	e Tax credits	Other				
	☐ Capital loss	☐ Nonrecognition of gain	Deferral					
	Ordinary loss	Adjustments to basis	Absence of adjustmen	nts to basis				
11	Timing of Tax Benefits—If you checked one or more boxes on line 10, check the applicable box(es) below to identify the period in which sucl tax benefits are claimed. Check each box that applies.							
		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							