Form **8886**

(Rev. December 2019)

Department of the Treasury
Internal Revenue Service

Reportable Transaction Disclosure Statement
(For California purposes ONLY! (Copy of Federal 8886 form))

▶ **Attach to your tax return.**
▶ **See separate instructions.**
▶ **Go to** *www.irs.gov/Form8886* **for instructions and the latest information.**

OMB No. 1545-1800

Attachment
Sequence No. **137**

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

2 Identify the type of reportable transaction. Check all boxes that apply. See instructions.
a ☐ Listed   **c** ☐ Contractual protection   **e** ☐ Transaction of interest
b ☐ Confidential   **d** ☐ Loss

3 If you checked box 2a or 2e, 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 this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(ies). See instructions. (Attach additional sheets, if necessary.)

a Type of entity · · · · · · · · · · · · · · · ▶ ☐ Partnership ☐ Trust   ☐ Partnership ☐ Trust
☐ S corporation ☐ Foreign   ☐ S corporation ☐ 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	ZIP Code
b Name		Identifying number (if known)	Fees paid $
Number, street, and room or suite no.	City or town	State	ZIP Code

EEA

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